



Treatment for bladder tumours (transurethral resection of bladder tumour (TURBT))

Information for patients from the Urology Department

You have had a cystoscopy or other examination that has shown that you have an abnormal area (tumour or cancer) in your bladder. The recommended treatment is a transurethral resection of your bladder tumour(s) to investigate the type of tumour(s) you have and treat them.

This leaflet answers some of the questions you might have about this treatment. It explains the benefits, risks, and alternatives to the procedure, as well as what you can expect when you come into hospital. If you have any questions, please speak to your nurse, who will be happy to help you.

How does the bladder work?

Your bladder is located in the lower part of your abdomen and temporarily stores your urine. Urine is the waste fluid produced by your kidneys when they clean your blood. The urine then travels down the ureters from the kidneys and into your bladder. As the bladder fills with urine, the detrusor muscle allows it to expand, like a balloon.

When your bladder is full, you get the urge to pass urine (urinate). The urine then leaves your bladder and travels through your urethra (the tube that carries urine to the outside of your body).

Men also have a prostate gland that sits at the base of their bladder.

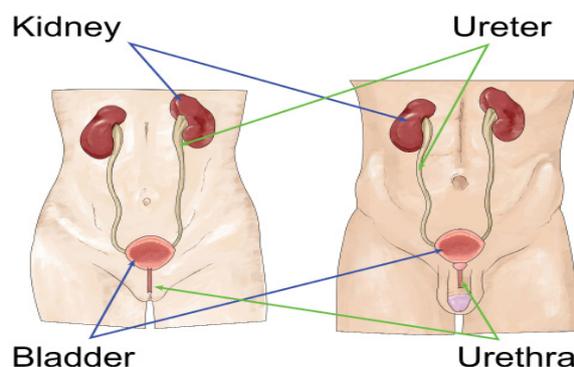


Diagram showing the female and male urinary tract



What is a transurethral resection of a bladder tumour (TURBT)?

A tumour is an abnormal growth and can be classified as benign (not cancer) or malignant (cancer).

A transurethral resection of a bladder tumour (TURBT) is a treatment for bladder tumours. The tumour or tumours are cut away from the bladder wall, removed and then sent for examination. From this, your consultant will be able to find out whether the tumour cells are cancerous, and if they are, what grade and stage the cancer has reached. This information can then be used to help decide any future treatment that you may need.

Why do I need this procedure?

A TURBT is the standard treatment for bladder tumours. **Benign bladder tumours** usually grow very slowly. However, if they are not treated, they could become very large and cause problems by taking up too much space in your bladder or begin to press on other organs in your body.

Malignant tumours continue to grow unless they are removed. They can invade surrounding tissue and spread to other areas of your body, causing further problems.

What are the symptoms of bladder cancer?

Bladder cancer occurs most commonly in people between 50 and 70 years of age. It is the fourth most common cancer in men and eighth most common in women in the UK. The most common symptom of bladder cancer is blood in the urine (haematuria). You may also have symptoms similar to having a urine infection, for example pain when you pass urine and the urge to pass urine more often than usual.

What causes bladder cancer?

The exact causes of bladder cancer are not known. However, you are more likely to develop bladder cancer if you:

- Smoke. Chemicals in tobacco enter the bloodstream and are then filtered out by the kidneys. It is thought that these can cause damage to the bladder lining, which can lead to bladder cancer.
- Have a history of bladder cancer in your family.
- Have previously worked in the dye, chemical, or print industry. Certain chemicals that were used in these industries have been banned as they are now known to cause cancer.
- Have repeated bladder infections, for example cystitis.
- Have previously had bladder cancer.
- Develop a bladder infection called schistosomiasis, caused by a parasite in certain tropical countries.

What are the alternatives to TURBT?

Bladder tumours will always be removed by surgery, if possible. If there is a recurrence of a malignant tumour, we may offer chemotherapy or immunotherapy as a treatment, but a TURBT is the first treatment offered for all bladder tumours.

What happens before the operation?

You will come to hospital for a pre-anaesthetic check before your surgery (preassessment). This involves checking your blood pressure, weight, medications, and taking samples of blood and urine for testing, along with a heart tracing and x-rays, if necessary.

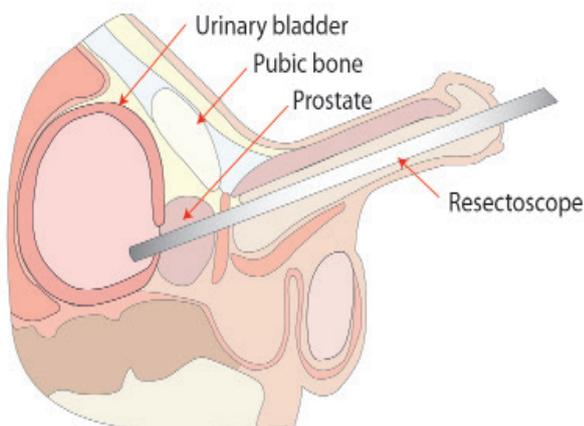
Please remember to bring all the medicines that you are taking with you when you come for this check, and also when you come into hospital for your surgery. If you are taking any medicines that thin your blood, for example aspirin, warfarin, or clopidogrel, you may need to stop taking them for a short period around the time of your surgery. Preassessment staff will discuss this with you.

You will not be able to eat or drink before your surgery. Instructions about this will be given to you at preassessment.

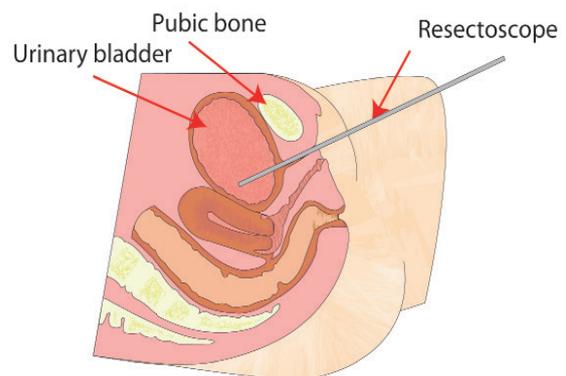
Your consultant or registrar will see you before your operation to discuss your surgery, ask for written consent, and answer any questions that you may still have. We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves. Please remember that you can withdraw your consent for treatment at any time.

What happens during TURBT surgery?

This operation is performed through a special telescope (a cystoscope/resectoscope) which is passed up into the urethra (water pipe).



Male cross section



Female cross section

No incision (cut) is made on the outside. The cystoscope with an electrical cutting device is used to shave down and remove the tumour or growth in your bladder.

How long the operation takes will depend on the size of your tumour.

After the procedure a tube called a catheter is passed up into your bladder, so that urine can be drained. Sterile irrigation fluid is often used to make sure that the catheter does not block and urine drains freely; this is administered via a channel on the urinary catheter. The catheter remains in place until your urine is clear, usually overnight.

You may be given a chemotherapy bladder instillation following surgery called Mitomycin. This is given to treat any stray cells in the bladder that may still be there following surgery.

Will I have an anaesthetic?

Yes. This operation is carried out under a general anaesthetic (you are asleep for the procedure) or spinal anaesthetic (you will be awake but numb from the waist down).

Why do I need a catheter?

A catheter is inserted during surgery and is usually left in place to help to drain your bladder, as there will be some bleeding following your surgery. Urine will be discoloured and bloodstained. The bleeding usually settles down in two to three days, although you can expect to see some blood in your urine for several weeks.

The catheter may also by-pass. This means that blood or urine passes around the outside of the catheter, due to bladder irritation which then leads to involuntary bladder contractions. This can also happen if you strain to have your bowels opened.

Washing with soap and water is sufficient to clean around the area and the end of the catheter.

Note: it is sometimes necessary to go home with a urinary catheter for a few days or weeks to allow your bladder to heal or if you are unable to pass urine after the catheter is removed following surgery. Management of the catheter will be fully explained to you and a date will be given to you to return to have this removed.

What are the risks?

Although serious complications are rare, every surgery has risks. The risks of having a TURBT include the following.

- **Blood in your urine** – this is common and most people experience this.
- **A mild burning sensation when passing urine.** This can last for a few days, but it is not uncommon for it to last several weeks and can be related to the area where the cancer was removed from and/or the size of your tumour. You will be encouraged to drink plenty of water to keep hydrated and flush your system, at least two litres per day.
- **Infection** happens occasionally. Please see your GP if you think you may have a urine infection.
- **Perforation of your bladder** is very rare. If it happens you will need a temporary urinary catheter or open surgical repair.
- **Difficulty in passing urine** directly after your operation once the catheter is removed. If this happens you may need to have a catheter re-inserted and go home with this for a period of time.
- **Deep vein thrombosis (DVT)** (a blood clot, usually in the large leg veins). You will be given anti-embolism stockings before your surgery and it is recommended that you start moving around as soon as possible after surgery.
- **Incontinence of urine** due to urgency and frequency following surgery.
- **Latex allergy** (some catheters are made from latex).

Will the procedure hurt?

The operation is not normally painful, but you may experience some discomfort especially from the catheter. This is known as bladder-spasm and is due to the muscle continuing to contract on occasions. Simple painkillers, such as paracetamol, should help with this.

How long will I be in hospital?

You will usually be able to go home about one to two days after surgery, but this will depend on how difficult your resection was.

Can I eat and drink as normal after surgery?

Despite the frequent and urgent need to pass urine following surgery, we advise that you increase the amount you drink in the first few weeks. Decreasing the amount you drink does not necessarily stop the sensation or need to pass urine and can often make the sensation worse. We recommend around two litres of fluid per day.

Eat normally including all food groups but we recommend avoiding drinks and fluids that may irritate your bladder such as caffeine, carbonated (fizzy) drinks, alcohol, and spicy foods. Please avoid constipation. Increase the fibre in your diet or take a mild laxative if you feel this is needed.

I'm bleeding after my surgery, is this normal?

Bleeding is not uncommon for a few days, and often 10 to 14 days after the operation secondary bleeding can start. This is due to healing and is when areas of the bladder wall shed from the operation site and this then becomes apparent when passing urine. You need not be alarmed by this, usually the discharge is a dark brown colour. Increasing the amount of fluid you drink will help flush this through.

If the bleeding is very heavy, persistent, contains fresh blood, or it becomes difficult to pass urine, please contact the ward or the specialist nursing team.

What should I do if I develop an infection?

Infection in the urine happens occasionally, and may result in an increase in the burning sensation, bleeding, or increased frequency of passing urine. Please ask your GP for advice.

When can I go back to my normal activities?

Speak to your doctor about how much time you will need off work after your operation. This will depend on how you recover and the type of work that you do. Usually you will need to take about two weeks off, but if your job involves lifting or heavy work, you may need to take three to four weeks off work.

Gentle exercise is recommended straight away although we advise you not to do anything too energetic, such as playing contact sports, for around a month.

Do not carry or lift heavy items for at least two weeks and by four weeks you should have returned to normal activity unless advised otherwise. Heavy lifting would include such activities as moving/lifting suitcases, lawnmowers, or heavy bags of shopping. Although you cannot see your scar, you need time for things to heal internally.

When can I drive again?

Do not drive for at least one week or until you feel comfortable. Please check with your insurance provider before driving again.

When can I have sex again?

You can have sex again when you feel able, but it may be wise to avoid it for around two weeks.

What if I have problems at home?

Some people experience a mild burning sensation on passing urine and also feel the need to pass urine more often and more urgently after their surgery. This is due to irritation to the nerves and the bladder-lining. This usually settles after a few days, however in some cases this can last for several weeks and irregular passing of blood may also be visible.

If during the first two weeks after surgery you experience any of the following we advise you contact the ward, your specialist nurse, or your GP.

- Develop a temperature (over 38°C), have pain, and persistent burning when you pass urine.
- Do not pass urine for a period of time, leading to pain and discomfort as this may mean you are retaining urine.
- Pass large clots of blood.
- Experience continued bleeding.

When will I receive my results? Will I have a follow-up appointment?

Your results should be available 10 to 14 days after your operation. You will have an appointment in the follow-up clinic, where your doctor will be able to review your results and discuss your future care. Please make sure you have been given this appointment before you leave hospital after your operation.

The results from your TURBT will determine your future follow-up. If you have bladder cancer and do not need any further invasive treatment, you will need to have regular cystoscopies to check the cancer has not returned. To start with these will be every three months and then progressively less often if your bladder remains cancer free.

If you need further treatment, due to the type of cancer found, then this will be discussed with you at your follow-up clinic appointment.

What if I have any questions or concerns?

If you have any questions regarding your condition or treatment, or concerns when you return home please call one of the following.

- **Clarke Ward**, Kent and Canterbury Hospital
Telephone: 01227 78 31 03
- **Bladder Cancer Specialist Nurse** provides support and advice regarding your diagnosis and ongoing treatment.
Telephone: 01227 86 86 66

Further information

- **Macmillan Cancer Support** provides information and support to anyone affected by cancer.
Telephone: 0808 80 80 000
Website: www.macmillan.org.uk
- **Cancer Research UK** provides information on all types of cancer and treatment options, as well as a book list for further information.
Telephone: 0808 800 40 40
Website: www.cancerhelp.org.uk
- **Action on Bladder Cancer (ABC) UK** provides information and support to anyone affected by bladder cancer.
Website: www.actiononbladdercancer.org
- **Fight Bladder Cancer**
Telephone: 01844 35 16 21
Website: fightbladdercancer.co.uk/

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhufft.nhs.uk/patientinformation