

Patient information

Resection of Bladder Tumour

General information

Martin Corke Day Surgery Unit

Trans urethral resection of bladder tumour

This procedure is done to remove bladder tumours. A telescope is inserted into the bladder and the tumour removed bit by bit using laser or heat diathermy. The tumour fragments are evacuated using suction and sent for pathology analysis. In some patients a special blue chemical (Mitomycin C) is then inserted into the bladder. This is to stop or slow down regrowth of the tumour. It is called intravesical chemotherapy and is left in the bladder for 1 hour. A catheter is usually inserted as part of the procedure.

After the procedure

Before the catheter is removed the Mitomycin C is drained from your bladder. Once the urine is clear the catheter will be removed and you will be asked to pass urine normally. It is normal for the urine to be blood stained. After you have passed urine, we will check your bladder with a scanner to see how much urine remains. Once you are able to pass urine normally and are emptying your bladder sufficiently you will be able to go home.

It is important to wash your hands and genitals after you have passed urine the first time after the Mitomycin is removed. We advise you to bring a wash bag with you to the hospital.

Side effects

Although these side effects are well recognised, please be reassured that most people do not suffer any problems after this procedure.

Common side effects (greater than 1 in 10):

- Mild burning or bleeding on passing urine for a short time after the procedure.

- Temporary insertion of a catheter. You can go home with a catheter and we will arrange for you to return to have it removed.
- Blood or debris in the urine

Occasional side effects (between 1 in 10 and 1 in 50)

- Infection of the bladder requiring antibiotics
- No guarantee of cancer cure by this procedure alone
- Recurrence or incomplete removal of tumour
- Skin rash

Rare side effects (less than 1 in 50)

- Bleeding requiring removal of clots or further surgery.
- Damage to drainage tubes from kidney (ureters) requiring additional treatment.
- Injury to the urethra causing delayed scar formation.
- Perforation of the bladder requiring a temporary urinary catheter or surgical repair

What to do when you get home

Drink twice as much fluid as you would normally for the next 24 - 48 hours to flush your system through and minimise any bleeding unless you are on a recommended fluid restriction for other reasons.

You may notice some burning, urinary frequency and pain in your lower abdomen, but this usually settles over a few days.

If you experience discomfort, simple painkillers such as paracetamol or ibuprofen can help if you are able to take them.

If your work involves heavy lifting or manual work, you should ask for a fit-note and refrain from exertion for 2 - 4 weeks. Heavy exercise should be avoided for 4 weeks after surgery.

Follow up will be arranged once your results have been reviewed in the multi-disciplinary team meeting. This can take up to 2 weeks and a member of the team will contact you to arrange this shortly after the meeting.

If you would like any information regarding access to the West Suffolk Hospital and its facilities, please visit the website for AccessAble (formerly DisabledGo)

<https://www.accessable.co.uk>

