

Patient information

Bladder Tumour Resection (TURBT): Procedure-specific informatio

What is the evidence base for this information?

This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

This procedure involves the telescopic removal of a bladder tumour with heat diathermy

What are the alternatives to this procedure?

Open surgical removal of bladder, chemotherapy or radiation therapy.



What should I expect before the procedure?

If you are taking Aspirin Clopidogrel or other blood thinning medication on a regular basis, you must discuss this with your urologist because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding but this can result in increased clotting, which may also carry a risk to your health. This will, therefore, need careful discussion with regard to risks and benefits.

You will usually be admitted on the day of your surgery. You will normally receive an appointment for pre-assessment, approximately 14 days before your admission, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.

You will be asked not to eat or drink for 6 hours before surgery.

Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection

What happens during the procedure?

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

You will usually be given injectable antibiotics before the procedure, after checking for any allergies.

A telescope is inserted into the bladder and the tumour removed bit by bit using heat diathermy or laser. The tumour fragments are evacuated using suction and sent for pathology analysis. A catheter is usually inserted after the procedure.

What happens immediately after the procedure?

A catheter will normally be inserted into the bladder after this procedure. Before the catheter is removed, it is normal practice in most patients to instil a special blue chemical (Mitomycin C) which reduces the risks of subsequent tumour recurrence in the bladder. This is left in place for 1 hour, usually on the day of surgery.

Once your urine is clear, the catheter will be removed. You will normally be allowed home once you have passed urine satisfactorily.

The average hospital stay is 1-2 days.

Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than 1 in 10)

- Mild burning or bleeding on passing urine for short period after operation
- Temporary insertion of a catheter for bladder irrigation
- Need for additional treatments to bladder in attempt to prevent recurrence of tumours including drugs instilled into the bladder

Occasional (between 1 in 10 and 1 in 50)

- Infection of bladder requiring antibiotics
- No guarantee of cancer cure by this operation alone
- Recurrence of bladder tumour and/or incomplete removal

Rare (less than 1 in 50)

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

Hospital-acquired infection (overall chance of contracting infection during stay at the West Suffolk Hospital (all wards included))

(obtained from West Suffolk Hospital Infection Control Data June 2009)

- MRSA bloodstream infection (0.0000394 cases per bed day occupancy)
- Clostridium difficile bowel infection (0.0004865 cases per bed day occupancy)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after prolonged hospitalisation or after multiple admissions)

What should I expect when I get home?

When you get home, you should drink twice as much fluid as you would normally for the next 24-48 hours to flush your system through and minimise any bleeding.

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

When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

What else should I look out for?

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately.

Are there any other important points?

The results of your biopsies will take 14-21 days to come through. A follow-up appointment will usually be arranged for you before you leave the hospital.

It is normal practice for all biopsies to be discussed in detail at a multi-disciplinary meeting before any further treatment decisions are made. You and your GP will be informed of the results after this discussion.

Depending on the biopsy results, further investigations (e.g. X-ray, CT scan), instillation of drugs into your bladder (chemotherapy/immunotherapy) or a further admission may be arranged for you. Your Consultant or named nurse will explain the details of this to you in hospital.

Is there any research being carried out in this field?

We are currently closely assessing the outcomes of this operation on an ongoing basis. There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

Who can I contact for more help or information?

- Uro-Oncology Nurse Specialist 01284 712735

- Urology Nurse Practitioner 01284 712806
- Urology Nurse Practitioner 01284 713229

Other contacts

Patient Advice & Liaison Centre (PALS)

- Telephone 01284 712557

Chaplaincy

- Telephone 01284 713486

What should I do with this form?

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know.

I have read this information sheet and I accept the information it provides.

Signature.....Date.....

How can I get information in alternative formats?

Please ask if you require this information in other languages contact us on 01284 712555 and we will do our very best to accommodate you

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>



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