

Treatment for Bladder Tumours – transurethral resection of bladder tumour (TURBT)

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What is a TURBT?

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

Why is it needed?

You will already have had a cystoscopy or other examination that has shown you have an abnormal area in your bladder. Your consultant has recommended a TURBT. A TURBT is the standard treatment for bladder tumours.

What is a bladder tumour?

A tumour is an abnormal growth of the body's tissue cells and can be classified as benign (not cancer) or malignant (cancer).

Cancerous Tumours – 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. The most common symptom of bladder cancer is blood in the urine (haematuria). You may also have similar symptoms to having a urine infection, for example pain when you pass urine and the urge to pass urine frequently.

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 blood stream and then are filtered out by the kidneys and into bladder. It is thought that these can cause damage to the bladder lining, which can lead to bladder cancer);
- Previously worked in the dye chemical or print industry (These chemicals were banned in the UK in 1967 as they are now known to cause cancer);
- Have previously had bladder cancer;

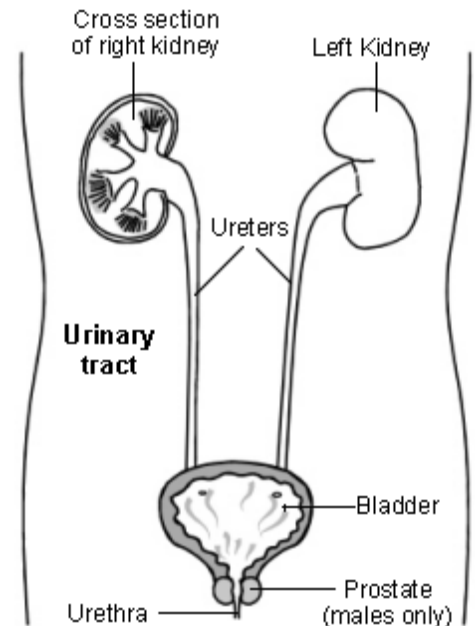
- Develop a bladder infection called schistosomiasis, caused by a parasite in certain tropical countries.

What is the bladder?

The bladder is part of the urinary tract. It is at the bottom of the abdomen. It fills with urine and we pass urine out from time to time through a tube called the urethra. The urethra passes through the prostate gland and penis in men. The urethra is shorter in women and opens just above the vagina.

What does TURBT involve?

When you are anaesthetised your doctor will place a slim fibre optic telescope (cystoscope) up your urethra and into your bladder. This is a special tube that allows your doctor to see your bladder lining. The visible tumour(s) will be cut away from the lining of your bladder using instruments that are passed down the scope. This can cause some bleeding. Once a tumour has been removed, any bleeding is prevented or reduced by using a mild electric current to cauterize (burn) and seal the area where the tumour was.



A TURBT is carried out either under a general or spinal anaesthetic. A general anaesthetic is medicine that will make you unconscious (asleep) during your operation, so you will not feel any pain. A spinal anaesthetic is where a special needle is inserted into your back and anaesthetic is injected around the spinal nerves. This numbs the lower half of your body so you will be awake but will not feel anything from the waist downwards. You can also have sedation with this, which does not put you to sleep but makes you very drowsy. Your doctor will discuss the options with you before the operation.

Depending on the size of your tumour(s) the operation may take between 15 minutes and an hour. The tumour(s) will then be sent for examination. Once the operation is over, you will be taken to the recovery room to allow the anaesthetic to wear off. You will be taken back to your ward when you are fully awake.

What are the alternatives?

If malignant tumours recur, we may offer chemotherapy or immunotherapy as a treatment but a TURBT is the first treatment offered for all 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 pressing 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 the body causing further problems.

Special preparations

You will come into hospital either the afternoon before or, more usually, the morning of surgery.

Please remember to bring in all the medicines that you are taking with you when you come into hospital. If you are taking aspirin or warfarin you may need to stop taking them for a short period. Your doctor will discuss this with you. **Please do not stop taking any medicine unless told to do so by your doctors.**

Your consultant will see you in the morning before the operation to discuss the surgery and answer any questions you may have.

You will not be able to eat anything for six hours or drink anything for two hours before surgery. This is because you should not have any food or drink in your stomach when you are given the anaesthetic. If you do, you are more likely to be sick while you are unconscious which can lead to complications.

Before the operation you will be asked to put on a gown and some tight fitting anti-thrombus stockings. These help to prevent blood clots from forming in your legs.

We will then take you to theatre.

How will I feel afterwards?

Once you have recovered from the anaesthetic you will be taken back to your ward. If you feel well enough, you may eat and drink but we suggest you try something light first before attempting to eat a full meal.

If there is a lot of bleeding, you may have a catheter inserted into your bladder to allow your bladder to empty and to remove any debris. Sometimes the catheter is attached to two large bags of saline fluid to flush out your bladder. Occasionally the catheter needs to be kept in for several days if the bleeding is persistent. It will be removed when your urine becomes rose-coloured or clear.

You may wake up with a drip, which is a bag of fluid connected to a small tube in your vein. This will be removed as soon as you are drinking enough to replace your own fluids and the blood in your urine has reduced. We encourage you to drink about two and a half litres (about 5 pints) per day while there is still blood in your urine.

The level of pain experienced after a TURBT can vary. Some people get very little discomfort but you may have some lower abdominal ache and some people feel sore from the catheter. Simple painkillers should easily control this discomfort. Some people experience bladder spasms (contractions) which can be uncomfortable. If you experience these spasms or have a sudden urge to pass urine please let a member of staff know.

What happens after the procedure?

It has been shown that a single dose of a chemotherapy drug called Mitomycin-C can reduce the risk of tumours returning. Mitomycin-C is a purple-coloured solution that can destroy cancer cells. Mitomycin-C may be put straight into your bladder through the catheter. Your doctor may request this additional form of treatment and it would usually happen on the same day as your surgery. If so, the urology specialist nurse will speak to you before your surgery about this.

You will usually be able to go home 24 – 48 hours after your procedure. Sometimes TURBT can be done as a day procedure.

What are the risks?

Although serious complications are rare, every surgical procedure has risks. Your doctor will discuss the specific risks for this procedure with you in more detail before asking you to sign a consent form. Risks include:-

- Infection;
- Bleeding;
- Damage to your bladder lining such as a tear, which may need further treatment;
- Difficulty in passing urine after your operation;
- Complications from general/spinal anaesthesia;
- Deep vein thrombosis – a blood clot usually in the large veins in the legs; the stockings you are given will help prevent this.

Aftercare

You may experience a mild burning feeling or find it uncomfortable to pass urine at first. This is normal and shouldn't last long. Aim to drink plenty of fluid – around two and a half litres.

We advise you to speak to your doctor about how much time you will need off work after your operation. This will depend on your recovery 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.

You may start to take gentle exercise about a week after surgery but please do not do anything too energetic, such as playing contact sports, for about a month.

You should not drive until you feel comfortable and are able to perform an emergency stop. Please check with your insurance provider before starting to drive again.

You may experience further bleeding 10 days to two weeks after surgery. This can happen when the "scab" comes away. Drink extra and it should clear after a day or two. If it is very heavy or you are passing a lot of clots, you will need to go to A&E

Follow-up

Your results should be available around 14 days after your operation. You will have an appointment in the follow-up clinic, where your doctor or nurse will be able to review your results and discuss your future care. 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. These will initially be at three-monthly intervals and then progressively less often if your bladder remains cancer-free. If you need further treatment or your tumour(s) return, your doctor will discuss this with you at your follow-up.

Further information

If you want any further information or any help, do not hesitate to contact the Urology Nurses. Please ring **01271 311877** or **01271 311881** to speak to the urology nurse specialist, Monday to Friday, 9am to 4pm

Out of hours call **Lundy ward** on **01271 322724**

Useful Websites for further information and advice

www.macmillan.org.uk

www.cancerhelp.org.uk (Cancer Research UK)

References

- National Cancer Guidance Group. Improving Outcomes in Urological Cancers. The manual, National Institute for Health and Clinical Excellence 2002
- MDT (Multi-Disciplinary Team) Guidance for Managing Bladder Cancer. British Association of Urological Surgeons.
- Understanding Early (superficial) Bladder Cancer. Cancer backup.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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