



Manchester  
Urology

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## **Bladder Tumour Resection**

*(Transurethral Resection of a Bladder Tumour/Turbt)*

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**An Information Leaflet** *(Written May 2008)*

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## What is a transurethral resection of a bladder tumour?

A transurethral resection of a bladder tumour (TURBT) is removal of an abnormal growth within the bladder. This is done via a telescopic instrument passed into the urethra (the tube leading from the bladder through which you pass urine) which means that there will be no external wound or stitches. The tumour is cut away and a catheter is left in place for about 2 days. The catheter is a plastic tube which drains urine from the bladder via the urethra. The operation is usually carried out under a general anaesthetic (when you are completely asleep) or a spinal anaesthetic (injection given to cause numbing from the waist down).

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## What are the benefits?

To diagnose and treat the abnormal area / tumour in a bladder. The tissue removed is sent to the laboratory for analysis and to check for the presence of cancer cells. Analysis of the tumour will enable us to determine the cause of the abnormal growth and whether or not any further treatment will be required.

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## Are there any risks involved?

### *Common*

- Mild burning or bleeding when passing urine for a short period (approximately 48 hours) after the operation.
- Irritation caused by the temporary catheter which is used to drain urine and irrigate the bladder.
- A need for additional treatment to prevent a recurrence of bladder tumours, which may include drugs being installed into the bladder.

### *Occasional*

1. Infection of bladder, which may require antibiotics
2. Recurrence of bladder tumours and/or incomplete removal of the tumour requiring further surgery.

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### *Rare*

1. Delayed bleeding requiring removal of blood clots or further surgery.
2. Damage to ureters (drainage tubes connecting the kidneys to the bladder) requiring additional surgery or treatment.
3. Injury to the urethra causing delayed scar formation / stricture (narrowing of the urethra).
4. Perforation of the bladder requiring a temporary catheter or open surgical repair.

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## What are the alternatives?

1. Open surgical removal of the bladder.
2. Chemotherapy
3. Radiation therapy
4. Observe/no treatment, although this may affect your health.

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## How long will I be in hospital for?

The usual stay is approximately three days, although this may differ from person to person.

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## What happens to me when I arrive at the ward?

You must not have anything to eat or drink for at least six hours before your operation. If you would normally take tablets during this time, please ask at the pre-operative assessment clinic which you should continue to take.

You may undergo some routine clinical observations, such as blood pressure, pulse, temperature or blood tests.

An anaesthetist will visit you on the ward, to discuss the anaesthetic you will be given and any risks involved.



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## What happens after the procedure?

On return to the ward, you will have a catheter in place to drain the urine from the bladder and allow bladder irrigation (flushing of debris and blood clots out of the bladder).

You will have a drip in your arm to avoid you becoming dehydrated. This will be removed when you are able to eat and drink which is usually later on the same day of your operation.

You will be encouraged to walk around the ward as soon as you are able, to prevent problems such as deep vein thrombosis (blood clot) or chest infection.

The catheter will be removed 1 to 2 days after the operation and you will be discharged home when you are able to pass urine properly.

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## Discharge arrangements

It will be necessary to have arranged for a responsible adult to collect you from hospital and transport you home.

You will be given seven days supply of any newly prescribed medication you may require.

A sick note may be obtained from the ward staff.

You will probably require regular bladder checks to observe for recurrence of the bladder tumour. Any follow-up appointments or treatments you require will be arranged with your local urology department, and sent via a letter to your home address a few weeks after the operation.

A letter will be sent to your GP explaining your operation and treatment.

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## Day to day living

Take things easy; no heavy lifting or driving for one week.

You can return to work and resume normal activities three to four weeks after your operation.

You may pass blood or small clots ten to fourteen days after your operation. This is normal and due to the scab, which may have formed, falling away. Please ensure you drink two to three litres of fluid a day if this happens.

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## If there is a problem

If the bleeding is excessive or you cannot pass urine, please contact your GP immediately.



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For further information or to arrange an appointment with a consultant, please call: 0800 656 9616

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