



Greater Midlands Cancer Network

Patient information
Transurethral Resection of Bladder Tumour
(T.U.R.B.T)

Introduction

This leaflet has been written to help you understand the surgery you are about to undergo.

If you have any questions or concerns, please do not hesitate to contact your specialist nurse.

What is a bladder tumour?

Your recent investigations have shown that there are some tumours inside your bladder which we suspect may be a type of cancer.

There are 2 main types of bladder cancer:

- **Superficial none invasive bladder tumours** - These tumours are confined to the inner lining of the bladder.
- **Muscle invasive tumours** - These tumours have spread to the muscle layer of the bladder, or right through the wall of the bladder.

What causes bladder cancer?

The main cause of bladder cancer is smoking. Other causes may include working within the rubber or chemical industries. If you are a smoker, you can really help this disease by trying to give up. It is worth talking to your GP or practice nurse who can offer you help and support with this.

There is strong evidence to suggest that if you give up smoking after diagnosis, this can help to prevent the bladder cancer recurring or progressing.

The Operation

The purpose of the operation is to remove the entire tumour that we can see from the lining of your bladder. This is done by inserting a small telescope through the urethra (water pipe) and into your bladder. The surgeon will examine the whole of your bladder and start to remove the tumour. The procedure takes approximately 20-40 minutes.

All the tissue that is removed will be sent to the pathology department where it will be analysed.

On return to the ward, you will have your blood pressure and pulse recorded at regular intervals for the first few hours. You will have a special catheter, allowing fluid to be flushed into your bladder after surgery, and urine to drain out. It is normal for your urine to be blood stained at this time and for several hours after surgery. Do not be alarmed.

Attached to the catheter are bags of clear fluid, this is bladder irrigation and is needed to ensure any blood or clots are flushed out. This is usually continued until the next morning.

Your doctor may prescribe a drug which will be passed into your bladder through your catheter. This drug is a type of chemotherapy treatment called Mitomycin. A nurse or doctor will explain this to you in more detail. Research has shown that giving this treatment within 24 hours of the tumour being removed can help to prevent other tumours from occurring.

If your urine is very blood stained, then the drug will be withheld until your urine becomes clear.

Benefits

The aim and benefits of having the operation are:

- To obtain evidence/information about your disease
- To enable accurate treatment to begin
- To control the symptoms such as the bleeding

Risks

The risk of not having the operation are:

- The tumour may continue to grow
- The tumour may cause further bleeding and discomfort
- We cannot fully assess what type of tumour you have. This may result in delays in future treatment

The risks that may occur due to the operation include:

- Mild burning or bleeding on passing urine for a short period after the operation
- Infection of the bladder requiring antibiotics
- No guarantee of cancer cure by this operation alone
- Recurrence of bladder tumour and/or incomplete removal of the tumour

The RARE risks of the operation are:

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

Alternatives

Alternative therapy may include:

- Open surgical removal of bladder
- Chemotherapy or radiotherapy

After the operation

The day after the operation, most people feel well enough to get out of bed and walk around the ward. This is important to prevent post-operative complications such as chest infections, or blood clots forming in your legs.

It is important that you drink plenty whilst you have your catheter in. It is advisable to drink a glass of water every hour and all the tea and coffee that you are offered. This will help your urine clear quickly and also helps to prevent urine infections.

Removal of your catheter

Your catheter is held in position by a balloon that is inflated with water. A nurse will remove the balloon by releasing the water. Your catheter will then gently be removed.

Once the catheter has been removed it is important to continue drinking well. The nursing staff will ask you to pass your urine into a bed pan/bottle to measure the amount and observe the colour over several hours.

It is normal to feel that you want to pass urine more often at first. This will settle down after a few hours.

When you are passing urine well, you will be able to go home.

Going home

It is important to continue drinking well when you are at home.

We advise you to drink about 2 pints of water a day, for about 2 weeks after discharge.

It is not unusual to see blood in your urine, from time to time, for up to 2 weeks after surgery. This may become more obvious 10-14 days after surgery. This is because scabs form during the healing process, detach, and are passed out in the urine.

If you notice your urine is blood stained, increase your fluid intake until it clears. However, if you are feeling unwell and the bleeding becomes heavier, please contact the ward nursing staff or your GP.

It is advisable to avoid any heavy lifting for 2-4 weeks after surgery. Also, avoid any sports or driving a car during this time.

Sexual activity should be avoided for 2 weeks.

When will I get my results?

It takes 7-10 days for your consultant to receive your results. Your results will tell the doctors and nurses how best to treat you. We will explain your results to you either at a clinic appointment or by letter if you have agreed to this.

Once your results have been received, your case will be discussed at a Multi-Disciplinary Team (MDT) Meeting. These meetings are held on a weekly basis and consist of a team of experts who examine your case and your results, x-rays, urines and pathology

The team of experts will decide the best treatment plan for you. After the meeting, your consultant will write to you with these decisions or arrange to see you in clinic.

Please feel free to contact your specialist nurse if you have any questions.

Follow-up

Patients who have a superficial tumour may only need regular examinations of the bladder as part of a surveillance programme. These check ups will be every 3 months to start with, then every 6 months, then annually.

You will need to attend check ups for at least 10 years, but looking inside the bladder with a fibre-optic camera is a quick and easy way to check for reoccurrences. If there are reoccurrences, then you will be admitted to hospital within a few weeks to have them removed and examined by the pathology department.

Some bladder tumours are a little more troublesome and may need further treatment such as chemotherapy which is given directly into the bladder. Some bladder tumours require radiotherapy to control them, some need surgery.

If you need further treatment, you will be invited back to the clinic to discuss this with your consultant. The treatment decision is made based on the grade and stage of your tumour. Many people living with cancer may worry about what the future holds.

Concerns about tests, hospital stays and treatment are common. If you need further help or advice, please do not hesitate to contact your specialist nurse / key-worker.

Local Support

Some people find the information given to them following a complicated clinic visit daunting and difficult to remember. Karen Moore or Kay Willard are Clinical Nurse Specialist in Urology who is available for you to call with any worries questions or problems. Please telephone on 01782 679370. (Answer machine available)

Local sources of further information

University Hospital of North Staffordshire
Macmillan Patient Information Centre
Tel: 01782 676333

The **Patient Advice and Liaison Service** would be pleased to offer confidential advice and support if you have any concerns. PALS can be contacted on 01782 552814 or Email patient.advice@uhns.nhs.uk

National sources of further information

Macmillan cancer line 08088082020
www.Macmillan.org.uk

BACUP (cancer information service)
Free phone 0800181199
www.cancerbacup.org.uk

Cancer Help UK
www.cancerhelp.org.uk