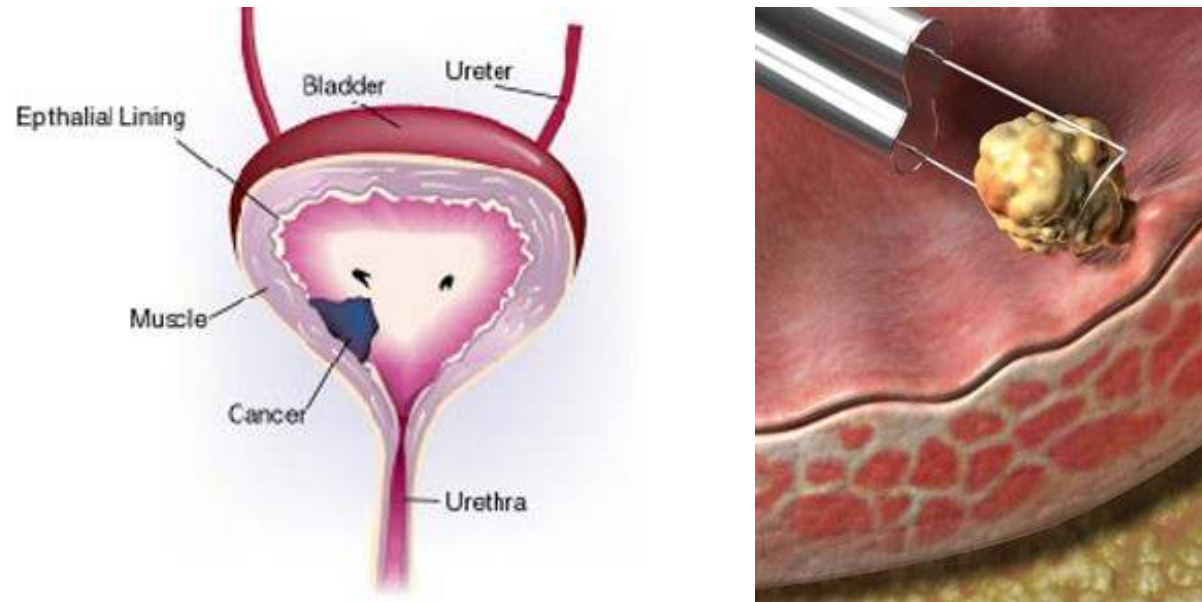


HAVING A TRANSURETHRAL RESECTION OF BLADDER TUMOUR (TURBT)

What is a TURBT?

I have recently found out that you may have a cancer in the bladder, and I've recommended that you have an operation called a TURBT. This means that the growth in your bladder will be removed.

The bladder is a muscular, hollow, balloon type organ situated in the lower abdomen. Urine travels from the kidneys to the bladder via tubes called ureters. When the bladder is full the urine passes out of the body through a tube called the urethra. The urethra opens at the tip of the penis in men.



How is a TURBT performed?

The operation is performed under a general or spinal anaesthetic. The operation is performed through a telescope passed along the water pipe (urethra) with no external cuts or scars. An electrical loop is used to cut away small parts of the tumour, until it has been completely removed. The pieces of the bladder tumour are sent away to the lab for examination.

At the end of the operation, a catheter is left in the bladder, which drains the urine and helps to wash away any blood. You may also be given some chemotherapy into the bladder via the catheter after the operation – this helps to reduce the risk of future tumours developing (see below). This catheter stays in for 24-48 hours.

What type of anaesthetic will I have?

Your anaesthetist will see you in clinic before the operation to discuss the alternatives with you. The anaesthetist will also check that you are fit enough for the anaesthetic. A TURBT is usually done with a general anaesthetic (asleep) or a spinal anaesthetic (an injection in the back to make you numb from the waist down).

Getting ready for the operation

If you smoke, try and cut down or preferably stop, as this reduces the risks of heart and chest complications during and after the operation. If you do not exercise regularly, try and do so for at least half an hour per day e.g. brisk walk or swimming.

You will be sent details of the time and date of your admission before the surgery. If you are a States contract patient you will normally go to Giffard Ward, if you are a private patient you will be admitted to the Victoria Wing.

What are the risks, consequences and alternatives associated with having a TURBT?

Most procedures are straightforward; however as with any surgical procedure there is a chance of side effects or complications.

Common

Temporary mild burning, bleeding or frequency of urination after the procedure
Need for additional treatments to bladder in attempt to prevent recurrence of tumours, including drugs instilled into bladder

Occasional

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

Rare

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

Alternatives to TURBT

Open surgical removal of bladder
Chemotherapy
Radiotherapy

What should I expect after the operation?

After your operation you will normally go back to the ward. You can start eating and drinking as soon as you recover from the anaesthetic.

We often give a bladder treatment after this kind of operation. A drug (called Mitomycin-C) is flushed into the bladder through the catheter to reduce the risk of further tumours growing in the future.

Pain

Because there are no external cuts, this procedure is relatively pain free. You may experience some discomfort from the catheter, but this is usually easily treated with mild painkillers (eg paracetamol).

Catheter

A urinary catheter is a tube that runs from the bladder out through the tip of the penis and drains into a bag. It is important to drain the urine in this way until the urine is clear. Your catheter is usually removed 24-48 hours after your operation.

Once the catheter has been removed, and you are passing water normally, you will be able to go home.

Discharge information and home advice

Bleeding

It is quite normal to see an occasional show of blood after discharge. This is due to the healing of the operation site. If you see blood, simply increase your fluid intake. If you have prolonged bleeding or increasing difficulty passing water, please contact the MSG or your GP.

Pain

Mild painkillers such as Paracetamol should be enough to deal with any pain.

Exercise

You should take it easy for a month, although it is important to take some gentle exercise like walking, as you will be at a slight risk of developing a blood clot in your legs. During the first 4 weeks you should not:

- Lift or move heavy objects

- Dig the garden

- Housework

- Carry shopping

Work

Recovery takes 6-8 weeks from your operation date. Your doctor will be able to advise you when it will be safe to return to work as this depends on your occupation. We can provide a sick note if necessary.

Driving

You should not attempt to drive a car for 2 weeks after your operation. Your insurance company may refuse to meet a claim if they feel you have driven too soon. It is also advisable to contact your insurance company with regards to cover following an operation.

This information has been prepared by Mr Owen Cole MBBS FRCS (Urol), Consultant Urologist at the Medical Specialist Group LLP. www.msg.gq.