

UrologyWest

MR. KILIAN WALSH MB BCh (Hons), BAO, FRCSI, MSc (UROL), FRCSI (UROL)

Consultant Urological Surgeon

Tel: 091 767 487

Fax: 091 758 776

Web: www.urologywest.ie

Email: ethnea@urologywest.ie

Suite 6, Consultants Clinic
Bon Secours Hospital
Dublin Road, Galway

University Hospital Galway
Newcastle Road
Galway

Galway Clinic
Doughiska
Galway

INFORMATION LEAFLET: TREATMENT FOR BLADDER TUMOURS TRANSURETHRAL RESECTION OF A BLADDER TUMOUR (TURBT)

You have had a cystoscopy or other examination that has shown that you have an abnormal area in your bladder. Your consultant has recommended a transurethral resection of your bladder tumour(s) to investigate the type of, and to treat any tumour(s) present.

This leaflet answers some of the questions you might have about this treatment. It explains the benefits, risks and alternatives to the procedure, as well as what you can expect when you come into hospital. If you have any questions please speak to your nurse, who will be happy to help you.

Your bladder

Your bladder is located in the lower part of your abdomen and temporarily stores your urine. Urine is the waste fluid produced by your kidneys when they clean your blood. As it fills with urine, the muscles of the bladder allow it to expand, rather like a balloon. When your bladder is full, you get the urge to pass urine (urinate). It then leaves the bladder and travels through your urethra, the tube that carries urine to the outside of your body.

What is a transurethral resection of a bladder tumour (TURBT)?

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

A transurethral resection of a bladder tumour or TURBT is a treatment for bladder tumours. The tumour or tumours are cut away from the bladder wall, removed and then 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 stage the cancer has reached. This information can then be used to help decide any future treatment needed.

Why do I need this procedure?

A TURBT is the standard treatment for 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.

Cancerous tumours

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 are then filtered out by the kidneys. It is thought that these can cause damage to the bladder lining, which can lead to bladder cancer;
- Have a history of bladder cancer in your family;

- Previously worked in the dye chemical or print industry. Certain chemicals that were used in these industries have been banned as they are now known to cause cancer;
- have repeated bladder infections, for example cystitis;
- have previously had bladder cancer
- develop a bladder infection called schistosomiasis, caused by a parasite in certain tropical countries.

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 in the UK. 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.

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. We are also testing a new method to look at bladder tumours, called 'bluelight' cystoscopy or photodynamic diagnosis.

Asking for your consent

If you decide to go ahead, you will be asked to sign a consent form to confirm that you agree to have the procedure and understand what it involves.

Before the operation

You will come into hospital either the afternoon before or the morning of your surgery. Most patients can leave hospital within 48 hours of their procedure. Please remember to bring 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 or registrar will see you on the night before or morning of your operation to discuss the surgery and answer any questions that you may still have. You will not be able to eat or drink anything for six hours before your surgery. This is because you should not have 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. The nursing staff will tell you when you will need to stop eating and drinking. An hour 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. You will then be taken to theatre by a member of the ward staff.

Having an anaesthetic

A TURBT is either carried out 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 medication 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 your waist downwards. You can also have sedation with this, which does not put you to sleep, but makes you feel drowsy. Your doctor will discuss the options with you before the operation.

What are the risks?

Although serious complications are rare, every surgical procedure has risks. Your doctor or nurse will discuss the specific risks for this procedure with you in more detail before asking you to sign the 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 anaesthetic, such as nausea
- deep vein thrombosis – a blood clot, usually in the large veins in the legs

The stockings you are given will help to prevent this and death. It is important to be aware that although extremely rare, death is a potential risk.

During the operation

When you are anaesthetised your doctor will place a slim fibre optic telescope (cystoscope or resectoscope) 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 wall using instruments inserted down the side-channels of the resectoscope. This can cause some bleeding. Once a tumour has been removed, any bleeding is prevented or reduced by using a mild electric current to cauterise (burn) the area where the tumour was. If there is a lot of bleeding, you may have a fine tube (catheter) inserted into your bladder to allow your bladder to empty and to remove any debris. 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, before you leave hospital. 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 and the nurses will encourage you to drink plenty of water.

When can I go back to my normal activities?

You will usually be able to go home about 48 hours after your procedure.

- 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 work.
- You will also be advised to start gentle exercises about a week after your surgery, but please do not do anything too energetic, such as playing contact sports for a month.
- Driving again until you feel comfortable and are able to perform an emergency stop. Please check with your insurance provider before starting to drive again.

What if I have problems at home?

Some people experience a mild burning sensation on passing urine after their surgery. This usually settles after a few days.

However, please contact your GP or go to your local Accident and Emergency (A&E) Department if you:

- **develop a temperature**
- **have pain and persistent burning when you pass urine**
- **do not pass urine for eight hours (unless you are asleep)**
- **pass large clots of blood**
- **have persistent bleeding**

Your results

Your results should be available 14-21 days later. You will have an appointment in the follow-up clinic, where your doctor will be able to review your results and discuss your future care. Please make sure you have been given an appointment before you leave hospital or contact your Consultant's secretary for a review appointment. The results from your TURBT will determine your future follow-up. Your doctor will discuss this with you when you come for your follow-up appointment. 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 appointment.