

# Having a

# Trans-Urethral Resection of Bladder Tumour

## This leaflet explains

- What the operation is
- What to expect afterwards
- What the risks are

## What is a TURBT?

A TURBT stands for Trans Urethral Resection of Bladder Tumour.

Following your investigations at the clinic, an abnormality has been found in your bladder. This needs to be removed under anaesthetic. Although we cannot be completely sure until it is removed, it is likely to be a bladder cancer.

We understand that this may make you feel anxious. This leaflet aims to give you information about this operation and what to expect afterwards.

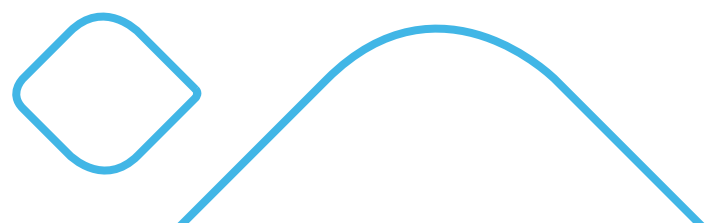
## What is cancer of the bladder?

Bladder cancers grow on the inner lining of the bladder. The majority of these cancers are small and affect only the superficial lining of the bladder. This is known as superficial bladder cancer.

Occasionally, these tumours can grow deeper into the muscle of the bladder wall. This is called invasive bladder cancer.

## Coming into hospital

You will need to come into hospital on the day of your operation. Your admission letter will advise you where to go and at what time you should arrive.



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## How is the operation performed?

You will be given a general anaesthetic and a telescope will be inserted into the bladder through the water pipe. This is similar to when you had your flexible cystoscopy performed. The surgeon will then cut out, or cauterise (burn) the abnormal tissue, using an electrical current. This will then be sent off to the laboratories for examination under a microscope.

## After the operation

It is common for there to be some bleeding following this procedure and it is likely that you will have a catheter (a tube to drain urine away) in your bladder for a few hours. The catheter will be removed when your urine is clear. When you are able to pass urine without difficulties you will be able to go home.

After this procedure some people will have a solution called Mitomycin C flushed into their bladder via the catheter before it is removed. This is a purple liquid that coats the lining of the bladder and aims to reduce the risk of these cancers recurring. Although this is a type of chemotherapy, you will not experience any of the side effects commonly associated with chemotherapy such as sickness and hair loss. It is very unlikely that you will experience these side effects as this is a one off treatment. The nurses on the ward will be able to give you more information about this and a separate information leaflet is available.

## What to expect when you go home

You should be able to return to normal activities quickly, or when you feel well enough after this procedure but you should refrain from heavy lifting for approximately 3 weeks.

## Risks

### Common side effects

It is very common to experience some stinging and burning when you pass urine for a couple of days after the catheter has been removed. Drinking plenty of fluids (approx. 2 litres/day) can help ease this. If the discomfort does not improve or becomes worse, you should see your GP as you may have a urine infection. This can be treated with a course of antibiotics.

It is very common to notice some blood in your urine for anything up to 4 weeks after the procedure. This is quite normal and as long as you are passing urine without difficulty this should improve without any problems.

**If you experience heavy or prolonged bleeding which does not settle or if you experience difficulties in passing urine you should seek advice from your GP.**

### Rare side effects

There is a very small risk (1 in 100) that during this surgery damage can be caused to the bladder or urethra (water pipe) with the surgical instruments. This is rare and is unlikely to cause any significant or permanent problems.

There is a small risk (1 in 20) that you will not be able to pass urine after the catheter is removed (retention of urine). If this happens a new catheter will be inserted. This will usually be removed again whilst still in hospital or very occasionally, you will go home with the catheter in to allow the bladder to settle down. A date for its removal in the Urology Outpatient Department will be organised for you.

## Getting your results and future follow up

Your results will be discussed at our multidisciplinary meeting, which takes place each Wednesday. Once this has happened, we will be in touch to see you in the outpatient clinic. This appointment will be with either your Consultant or Nurse Specialist. It is usually about 3 weeks after your TURBT. If you are worried during this time, you can contact the Nurse Specialist on the numbers below.

This procedure is often the only treatment needed for superficial bladder cancer, but you will require regular cystoscopies to detect if the cancer reoccurs. This will either be done as a flexible cystoscopy in the outpatient department carried out under local anaesthetic unless you cannot tolerate or under a general or spinal anaesthetic in theatre. Your Doctor or Nurse will let you know which you will require.

Invasive bladder cancer requires different treatment, which we will advise you on.

### Further Information

If you have any questions or need further information, please contact us:

Urology reception: (Mon-Fri 9am-5pm) 01225 825990

Urology Outpatient Nurses (Mon-Fri 9am-5pm) 01225 824034

Uro-Oncology Nurse Specialists (Mon-Fri 9am-5pm) 01225 824250

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Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital.

Email [ruh-tr.pals@nhs.net](mailto:ruh-tr.pals@nhs.net) or telephone 01225 825656.