

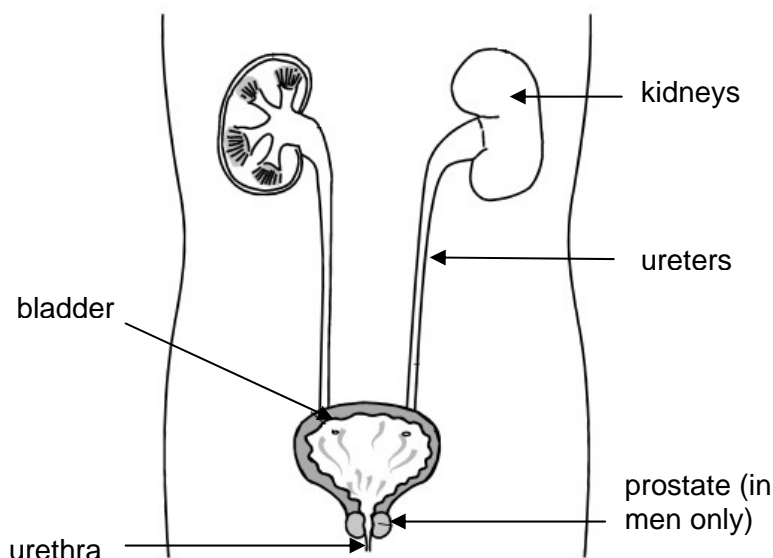
# Treatment for bladder tumours - transurethral resection of a bladder tumour (TURBT)

You have had a cystoscopy or other examination that has shown that you have an abnormal area (tumour) in your bladder. Your consultant has recommended a transurethral resection of your bladder tumour(s) to investigate the type of tumour and 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 (tummy) and temporarily stores your urine. Urine is the waste fluid produced by your kidneys when they clean your blood. As the bladder fills with urine, its muscles allow it to expand, rather like a balloon. When your bladder is full, you get the urge to pass urine (urinate), which leaves the bladder and travels through your urethra, the tube that carries urine to the outside of your body.



Pictured above: the urinary system. Diagram copy EMIS and PiP 2006, as distributed on [www.patient.co.uk](http://www.patient.co.uk)

## 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

Bladder cancer occurs most commonly in people between 50 and 70 years of age. It is the fourth most common cancer in men and the thirteenth 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.

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.

## 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 have recently introduced a new method to look at bladder tumours, called 'blue light' cystoscopy or photodynamic diagnosis. You may find the leaflets **Having a blue light cystoscopy** and **Having a rigid cystoscopy – examining your bladder** useful. Please ask for copies.

## Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

## What happens 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. You should receive the pack, **Welcome – information about your stay**, which gives more information about what to expect during your stay. If you do not receive a copy, ask for one from a member of staff caring for you.

If you are taking any medication, these may need to be temporarily stopped or adjusted around the time of your surgery or treatment, you will be given information on how to do this at your pre-assessment appointment. **Do not make any changes to your usual medicines and continue to take them unless you have been advised to do so.** Please remember to bring them into hospital with you.

If you are taking any medicines that thin your blood, such as antiplatelet medicines (for example aspirin or clopidogrel) or anticoagulant medicines (for examples warfarin or rivaroxaban), please tell your doctor or the nurse as you may need to stop them temporarily before your procedure. Also tell your doctor or nurse if you have diabetes as you may need to alter the dose of your diabetes medicines, as you will need to fast before the procedure.

Please let us know if you are taking any regular medicines (including anything you buy yourself over the counter or any herbal or homeopathic medicines) and if you have any allergies to any medicines. Further information on stopping any medicines will be given to you when you come for pre-assessment. Please ask us if you have any questions

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.

Please do not eat or drink anything (except non-fizzy water) for six hours before your appointment. This means that you cannot suck on sweets or chew gum. You are allowed to drink water up to two hours before your appointment. 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 carried out either 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 involves a special needle being inserted into your back so anaesthetic medication can be 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. For more information please see our leaflet, **Having an anaesthetic** - please ask a member of staff for a copy.

## 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.

The risks of having a TURBT include:

- Blood in the urine – this is common (in more than one in 10 people) and you may experience a mild burning sensation when passing urine for a couple of days after your operation. You will be encouraged to drink plenty of water to keep hydrated and flush your system.
- Infection – this happens occasionally (in between one in 10 and one in 50 people). You will be given antibiotics to treat the infection if this occurs.
- Perforation of the bladder - this is rare (in less than one in 50 people) and will need a temporary urinary catheter or open surgical repair.
- Difficulty in passing urine directly after the operation – this is rare as most patients have a catheter for the first 24 hours after surgery.
- Deep vein thrombosis (a blood clot, usually in the large leg veins). The stockings you are given will help to prevent this, and you may also have an injection – the doctors will assess you and discuss this with you if it is necessary.
- Death is extremely rare, although a potential risk with any general anaesthetic procedure.

## What happens 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 rosé-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 within 48 hours of 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.
- 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.
- not to drive 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 the urology ward, your GP or go to your local accident and emergency (A&E) department if you:**

- **develop a temperature (over 38°C), 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 10–14 days after your operation. 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 this appointment before you leave hospital after your operation.

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.

## Cancer support organisations

**Macmillan Cancer Support** provides information and support to anyone affected by cancer.  
**t:** 0808 808 00 00 **w:** [www.macmillan.org.uk](http://www.macmillan.org.uk)

**Cancer Research UK** has a patient information website, with information on all types of cancer and treatment options, as well as a book list for further information.  
**t:** 0808 800 4040 **w:** [www.cancerhelp.org.uk](http://www.cancerhelp.org.uk)



**Dimbleby Cancer Care** provides cancer support services for Guy's and St Thomas'. We have a drop-in information area staffed by specialist nurses and offer complementary therapies, psychological support and benefits advice for patients and carers.

Dimbleby Cancer Care is located in the Welcome Village of the Cancer Centre at Guy's. **t:** 020 7188 5918 **e:** [DimblebyCancerCare@gstt.nhs.uk](mailto:DimblebyCancerCare@gstt.nhs.uk)

## Contact us

If you want any further information or any help, do not hesitate to contact the urology department. Ring 020 7188 7636 to speak to the bladder cancer clinical nurse specialists, Monday to Friday, 9am to 5pm.

Alternatively, ring switchboard on 020 7188 7188 and ask the operator to bleep 2840 or 1227. Out of hours call Aston Key Ward on 020 7188 8860 or Florence Ward on 020 7188 8818.

Guy's and St Thomas' hospitals offer a range of cancer-related information leaflets for patients and carers, available at [www.guysandstthomas.nhs.uk/cancer-leaflets](http://www.guysandstthomas.nhs.uk/cancer-leaflets). For information leaflets on other conditions, procedures, treatments and services offered at our hospitals, please visit [www.guysandstthomas.nhs.uk/leaflets](http://www.guysandstthomas.nhs.uk/leaflets)

## Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the clinical nurse specialist or other member of staff caring for you or call our helpline.

**t:** 020 7188 8748 9am to 5pm, Monday to Friday

## Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

**t:** 020 7188 8801 (PALS)      **e:** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

**t:** 020 7188 3514 (complaints)      **e:** [complaints2@gstt.nhs.uk](mailto:complaints2@gstt.nhs.uk)

## Language and Accessible Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch:

**t:** 020 7188 8815      **e:** [languagesupport@gstt.nhs.uk](mailto:languagesupport@gstt.nhs.uk)

## NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

**t:** 111

## NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

**w:** [www.nhs.uk](http://www.nhs.uk)

## Get involved and have your say: become a member of the Trust

Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, and to become a member:

**t:** 0800 731 0319      **e:** [members@gstt.nhs.uk](mailto:members@gstt.nhs.uk)      **w:** [www.guysandstthomas.nhs.uk/membership](http://www.guysandstthomas.nhs.uk/membership)

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