

TRANSURETHRAL RESECTION OF BLADDER TUMOUR (TURBT)

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

This leaflet answers common questions about this procedure, but please do ask staff if there is anything further you want to know.

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 either *benign* (not cancer) or *malignant* (cancer).

A TransUrethral Resection of a Bladder Tumour (TURBT) is a treatment for bladder tumours. The tumour or tumours are cut away from the bladder wall using a cystoscope (a thin fibre-optic telescope) that is passed through the urethra. The tumour removed is then sent for further analysis that will enable your doctor to see whether the tumour cells are cancerous and if more treatment is needed.

A TURBT is the standard treatment for bladder tumours. It helps us to find out what type of tumour you have and plan appropriate treatment (if needed).

Pre-assessment clinic

Before the operation you are invited to attend a pre-assessment clinic, where a consultant will see you. They ask you questions about your health; carry out tests (blood tests, blood pressure, urine test etc.) They will also explain the operation to you. Please be prepared to be in the hospital for about half a day for this clinic.

Before the operation

You will come to hospital either on the evening before or the morning of your operation. Please remember to bring with you all the medicines that you are taking. If you are on warfarin or aspirin you may need to stop taking them for a short while. Your doctor will discuss this with you at the pre-assessment clinic.

Please do not stop taking any medicines unless told to do so by your doctor

The consultants see you on the night before or on the morning of your surgery and answer any questions that you may have. You are asked to sign a consent form to confirm that you agree to have the operation and understand what it involves. You will not be able to eat or drink anything for six hours before the operation. About an hour before the operation we will ask you to put on a gown. You are then taken by a nurse to the operating theatre.

Administration of Hexvix for photodynamic diagnosis (PDD)

(Your doctor will discuss this treatment with you if it is relevant to your care).

A fluorescent dye (called Hexvix) is sometimes introduced into the bladder prior to the operation. Hexvix causes bladder tumours to appear bright pink when the bladder is

examined using a blue light. This allows otherwise invisible tumours to be seen so that a more thorough resection can be achieved.

If we plan to use PDD, Hexvix will be introduced into your bladder through a urinary catheter. Once the Hexvix is in your bladder, the catheter is removed. You should not pass urine for at least one hour after removal of the catheter. This allows the tumour(s) to take up this dye and thus improve the images of the tumour(s) during blue light cystoscopy.

Please be aware that this technique does not apply to all TURBTs.

During the operation

You will be taken to an anaesthetic room/theatre where you will be given a general anaesthetic that will make you temporarily unconscious (asleep). On some occasions a spinal anaesthetic (when anaesthetic is injected into the back) will be given instead. This temporarily numbs the lower half of your body so you will be awake but will not feel anything from your waist downwards. A doctor will discuss the options with you before the operation.

A thin fibre-optic telescope is placed up the urethra (water pipe) and into the bladder. This tube allows the doctor to see your bladder lining. The visible tumours will be removed from the lining of your bladder. This can cause some bleeding. If appropriate, a blue light cystoscopy will be performed.

After the operation you will be taken to the recovery room to allow the anaesthetic to wear off. You will then be taken back to the ward. Once on the ward you will be given something to eat and encouraged to drink plenty of fluid (this helps to 'flush through' the bladder).

If there is a lot of bleeding you may have a tube (catheter) inserted into your bladder to allow your bladder to empty and drain any blood. Occasionally the catheter needs to remain in for several days until your urine becomes rose-coloured or clear. On some occasions you will have a bladder washout with a chemical called mitomycin. This chemical 'kills' any abnormal cells in the bladder that may be present after the surgery. (Please see sheet titled "mitomycin treatment").

Once the catheter is removed and you are passing urine satisfactorily you will be discharged home.

Going home

Most patients are able to go home the day after their procedure. Sometimes, at about 7 to 10 days after the operation, you may have a show of blood in your urine. This is quite usual and happens when the 'scabs' from the biopsy sites lift away from the area and a little bleeding occurs. If you drink plenty of fluids then the bleeding should clear.

NOTE: If the bleeding is bright red, has large blood clots present or you cannot pass urine you should attend your local Accident and Emergency Department to be seen by a doctor. And contact your consultant's PA/medical secretary to arrange for an urgent Follow Up Appointment.

What are the risks?

Although serious complications are rare, every surgical procedure has risks. A doctor will discuss the specific risks for the procedure with you in more detail before asking you to sign the consent form.

Risks include:

- Urinary infection
- Bleeding
- Damage to your bladder lining which may need further treatment
- Difficulty in passing urine after the operation
- Complications from anaesthetic, such as nausea
- Pain, which can be controlled with painkillers

Getting your results

You will be seen in clinic once the biopsy results are available (approximately two to three weeks after your procedure). At this appointment we will discuss the results with you, together with any further treatment that may be needed.

Further information

Please contact your named consultant or the private patients unit on 02073717715 during office hours.

Cancerbackup provides information and support to anyone affected by cancer.

Tel: **0808 800 1234** or visit www.cancerbackup.org.uk

Cancer Research UK has a patient information website, with information on all types of cancer and treatment options.

Visit www.cancerhelp.org.uk

If you would like a large print or audio version of this information, please ask a member of staff.