

UR09TURBT

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What is a bladder tumour?

A bladder tumour is a cancerous growth that starts in the lining of your bladder. Bladder tumours can bleed, causing blood in your urine (haematuria).

Sometimes blood clots can form, which may prevent your bladder from emptying. You may have a burning sensation when you pass urine or you may need to pass urine more often.

Your surgeon has suggested a trans-urethral resection of a bladder tumour (TURBT). However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

What types of bladder tumour are there?

Bladder tumours are either non-invasive (superficial) or invasive.

- Non-invasive tumours tend to stay in the lining of your bladder. This is the most common form of bladder cancer and it is not usually life-threatening. However, invasive tumours can develop (risk: 10 to 15 in 100).
- Invasive tumours are cancers that grow into and through your bladder wall. The cancer can spread to other areas of your body.

You may have only one tumour or you may have a number of tumours. The tissue that your surgeon removes will be examined under a microscope to find out the type of tumour you have.

Your surgeon can also perform biopsies (removing small pieces of tissue) on areas of your bladder that appear normal, to find out if you have carcinoma in situ. This is where the cells that make up the lining of your bladder become unstable and are more likely to form tumours.

What are the benefits of surgery?

Your symptoms should improve. Resecting (scraping away) a non-invasive bladder tumour should remove it completely and reduce the risk of you developing an invasive cancer.

If you have invasive cancer, a TURBT will not remove the cancer completely. However, examining the tissue under a microscope will help your surgeon to recommend the best treatment for you.

Are there any alternatives to surgery?

Resecting the tumour is the only dependable way to find out the type of tumour you have and to remove it completely.

What will happen if I decide not to have the operation?

If the tumour is superficial, there is a risk that it will become an invasive cancer. There is a risk that an invasive cancer will grow deeper into the tissues of your bladder and the cancer may spread to other areas of your body.

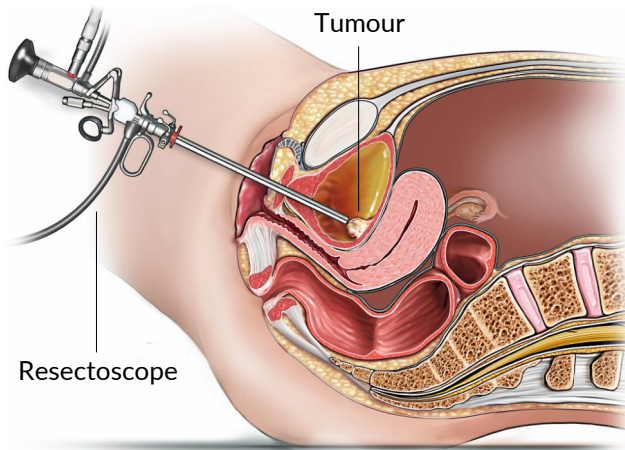
What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

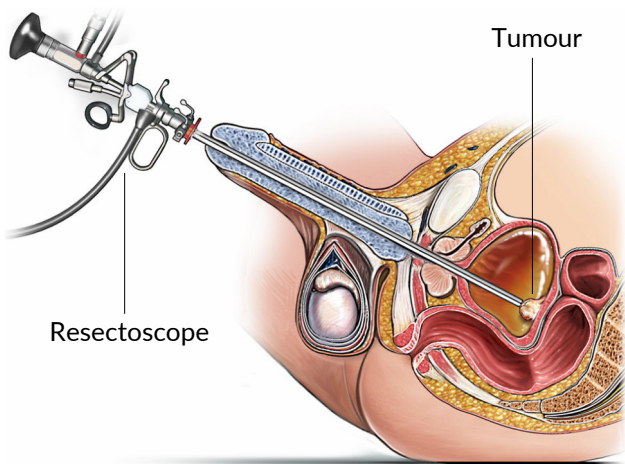
The operation is performed under a general or spinal anaesthetic. Your anaesthetist will discuss the options with you. You may be given antibiotics during the operation to reduce the risk of infection.

The operation usually takes less than 30 minutes. Your surgeon will pass a resectoscope (a small operating telescope) into your bladder through your urethra (tube that carries urine from your bladder).

Your surgeon will identify and resect any tumours, sealing the raw areas with an electric current (cauterisation). They will sometimes use the resectoscope to perform biopsies to find out if you have carcinoma in situ.



A female TURBT



A male TURBT

Your surgeon will remove the resectoscope and will usually place a catheter (tube) in your bladder. This will allow you to pass urine easily and for your bladder to be washed out with fluid to prevent blood clots.

Will I need any other treatment?

Your surgeon may recommend a single dose of chemotherapy given directly into your bladder through a catheter (intravesical chemotherapy).

Even though you may not have an invasive cancer, chemotherapy given this way can reduce the risk of new growths forming in the lining of your bladder.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stop smoking now. Smoking is one of the main reasons why many people have this cancer with smokers 40 times more likely to have it than non-smokers. Stopping now will reduce the risk of new bladder tumours forming. Stopping several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Infection (risk: 2 in 100) which can spread to your blood stream and be life-threatening. If you need to pass urine often and pass only small amounts with a great deal of discomfort, you may have an infection. If your symptoms continue to get worse, contact your GP. You may need treatment with antibiotics.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Bleeding during or after the operation. Most people will notice blood in their urine. Usually there is little bleeding. The healthcare team can pass water through the catheter and into your bladder to wash out any blood or to remove any blood clots. If the bleeding is heavy, you may need a blood transfusion (risk: 4 in 1,000) and, rarely, another operation.
- Blood clot in your leg (deep-vein thrombosis – DVT) (risk: less than 1 in 100). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

Specific complications of this operation

- Difficulty passing urine (risk: less than 4 in 100). You will need a catheter again for a few days.
- Narrowing of your urethra (stricture) caused by scar tissue forming. You may need another operation (risk: 4 in 1,000).
- Making a hole in your bladder (risk: 4 in 1,000). The risk is higher if your surgeon needs to scrape into the wall of your bladder to remove a tumour. It usually takes a few days for the hole to heal, if the catheter is draining well. If the hole does not heal, you may need surgery.

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

Consequences of this procedure

- Pain is usually only mild and easily controlled with simple painkillers such as paracetamol. It is common to have some pain when you pass urine. This usually settles after a few days.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. The catheter will usually be removed after 1 to 2 days. You should be able to go home after the catheter has been removed and you have passed urine. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should

be able to reassure you or identify and treat any complications.

Returning to normal activities

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

You may feel a little stinging the first few times you pass urine. Drink plenty of water as this will help you to pass urine more easily and will reduce the risk of blood clots.

Do not do strenuous exercise for the first week. You should be able to return to work after about 2 weeks.

It is normal to get blood in your urine every now and then while any raw areas in your bladder heal. If your bladder gets full and painful, contact your GP. You may need to come back to the hospital to have a blood clot removed using a catheter.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

The future

The healthcare team will tell you what was found during the operation. Results from the examination of the tissue that your surgeon removed will not be available for a few days so you will usually be asked to come back to the clinic for these results.

If the tumour was non-invasive, you will usually need to have regular cystoscopies (from once every 6 weeks to once a year) to find out if any new tumours have formed.

If the tumour was invasive, your surgeon will discuss the treatment options with you.

If you have carcinoma in situ, your surgeon will probably recommend a course of intravesical chemotherapy to help reduce the risk of new tumours forming.

Summary

A bladder tumour can cause serious problems if left untreated. A TURBT should improve your symptoms and will help your doctor to recommend the best treatment for you.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewer: John Lemberger (FRCS)

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