

Information and Instructions

What is a bladder tumour?

A bladder tumour is a cancerous growth arising from the inner lining of the bladder. Most bladder tumours grow on a small "stalk", the more serious tumours spread widely on the inner surface or invade deeply into the muscle wall of the bladder (<10%)

What is a T.U.R.B.T.?

A TransUrethral Resection of Bladder Tumour is when a telescope is passed into the opening of the urinary tract into the bladder. The tumour is then visualized and cut away with a special electrical knife within the telescope.

What type of Anaesthetic?

General anaesthesia means you are put to sleep for the whole operation. This is the most common type of anaesthetic used for TURBT.

Spinal anaesthesia means the anaesthetist places a needle in the back to cause numbness in the area to be operated on. This may be used in special circumstances such as severe breathing difficulties or cardiac disease.

The anaesthetist will discuss these techniques with you before surgery.

What does the Surgeon do?

Your legs are placed in stirrups at the beginning of the procedure. The surgeon passes the telescope through the urethra into the bladder and then commences to surgically remove the bladder tumour in small pieces. When this has been completed a catheter tube maybe inserted into the bladder to drain away the blood and urine and you may need to stay in hospital for one or more nights. If no catheter is inserted you may go home the same day.

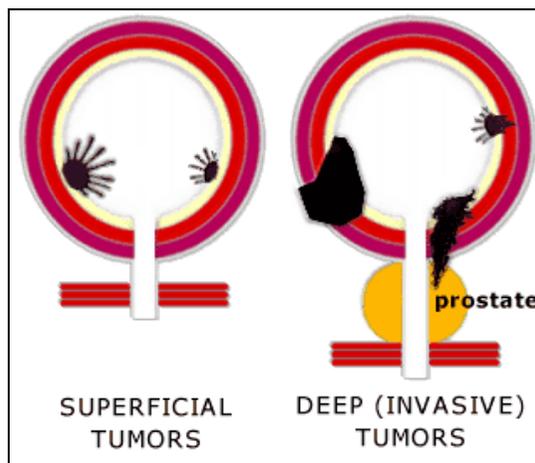


Figure 1 Types of bladder tumours

Are there any Complications?

As with any surgical procedure complications may occur. The major potential problems are post-operative pain, infection and bleeding. Rarely damage to the ureter or bladder may occur.

Other potential problems include breathing difficulties, allergies, cardiac problems and deep vein thrombosis.

What to expect after the Operation

- Some discomfort immediately post-operatively. You will be given pain relief as needed.
- If a catheter is inserted your urine will be blood stained, but do not be alarmed as this is expected. Fluid maybe washed into the bladder to stop it blocking with blood clots. The catheter maybe uncomfortable and you may feel as though you need to pass urine all the time. You may pass blood clots, but this is to be expected.
- An Intravenous drip maybe in your arm for 1-2 days or until fluid and diet recommence. You will need to drink 2-3 litres of fluid per day.
- Hospital stay is generally one night. Very small tumours can be treated as a day case.

TURBT

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Recovery at Home

Urinary Symptoms

- May experience burning, urgency and frequency. These symptoms should subside and may improve with increasing your fluid intake and taking Panadol or Ural as per instructions on packaging.
- Urine may be blood stained and have some small blood clots. This is to be expected but ensure that the flow of urine is not obstructed or there is any heavy bleeding

Activity

- Avoid lifting and straining for 1-2 weeks as this may cause bleeding. Do not do activities such as gardening, lawn-mowing, golf and tennis

Diet and Fluids

- Drink 2-3 litres of fluid per day until bleeding has subsided
- Avoid constipation and straining, you may need to increase fibre in diet

Medication

- Check with doctor before recommencing aspirin/warfarin

Contact doctor if:

- Fever, shivering, shaking
- Excessive blood in urine
- Cloudy/offensive urine
- Difficulty or inability to pass urine
- Worsening of urinary symptoms

Admission Details:

* Hospital _____

* Date _____

* Time _____

FASTING FOR AT LEAST 6 HOURS BEFORE SURGERY

TAKE USUAL MEDIACATION ON MORNING OF SURGERY

DO NOT TAKE ASPIRIN/WARFARIN/PERSANTIN ONE WEEK PRIOR TO SURGERY

Patient Information Leaflet

TRANSURETHRAL RESECTION OF BLADDER TUMOUR (TURBT)



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