

Procedure Specific Information Sheet

TURBT

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. Dr Vasudevan has recommended 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, ask Dr Vasudevan.

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.
- 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 Dr Vasudevan removes will be examined under a microscope to find out the type of tumour you have. Dr Vasudevan may 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 Dr Vasudevan 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.

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

If the tumour is a cancer, there is a risk that the tumour 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 Dr Vasudevan 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 and recommend the best form of anaesthesia for you.

You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes less than 30 minutes.

Dr Vasudevan will pass a resectoscope (a small operating telescope) into your bladder through your urethra (tube that carries urine from your bladder). Dr Vasudevan will use the resectoscope to identify and resect any tumours (see figure 1).

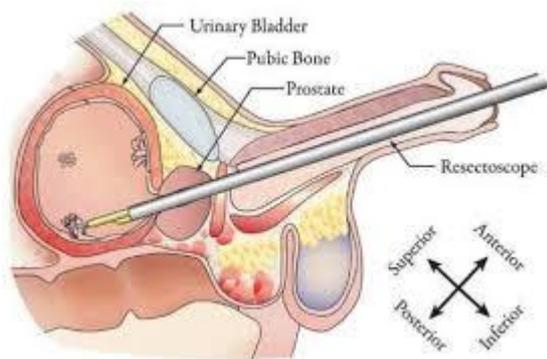


Figure 1

They will seal the raw areas with an electric current (cauterisation). Dr Vasudevan will sometimes use the resectoscope to perform biopsies to find out if you have carcinoma in situ. Dr Vasudevan will remove the resectoscope and will 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?

Dr Vasudevan 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 medication?

Let Dr Vasudevan know about all the medication you take and follow his 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. 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 complication and will improve your long-term health.

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

Regular exercise should help to prepare you for the operation, help you to recover and improve you long-term health.

What complications can happen?

Dr Vasudevan will try to make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death (risk: 1 in 400). You should ask Dr Vasudevan if there is anything you do not understand. Dr Vasudevan may be able to tell you if the risk of a complication is higher or lower for you.

1. Complications of anaesthesia

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

2. General complications of any operation

- Pain is usually only mild and easily controlled with simple painkillers such as paracetamol. However, you can sometimes get severe pain which is usually controlled with strong painkillers.
- Infection. 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 Dr Vasudevan to get your urine formally tested in a laboratory. If it shown to be infected by the laboratory test then you may need treatment with antibiotics.
- Bleeding during or after the operation. Most people will notice blood in their urine. Any bleeding is usually little. The healthcare team can pass water through the catheter and into your bladder to wash out any blood or to remove any blood clots (called a 'bladder washout'). If the bleeding is heavy you may need a blood transfusion (risk: 1 in 50) and, rarely, another operation.
- Blood clot in your leg (deep-vein thrombosis-DVT) (risk: less and 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 injection, medication, or special stockings to wear. Let the healthcare team know straightaway 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. If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, let the healthcare team know straightaway. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

3. Specific complications of this operation

- Narrowing of your urethra (stricture) caused by scar tissue forming. You may need another operation (risk: less and 1 in 200).
- Making a hole in your bladder (risk: 1 in 50). The risk is higher if Dr Vasudevan 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.

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 one to two days. You should be able to go home after the catheter has been removed and you have passed urine. However, Dr Vasudevan may recommend that you stay a little longer. If you are worried about anything, in hospital or at home, contact Dr Vasudevan. He will 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 follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

You may get 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 two 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 Dr Vasudevan. 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.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy.

- **The future**

Dr Vasudevan will tell you what was found during the operation. Results from the examination of the tissue that Dr Vasudevan removed will not be available for 1 to 2 weeks, so you will usually be asked to come back to Dr Vasudevan's office for these results.

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

If the tumour was invasive, Dr Vasudevan will discuss the treatment options with you.

If you have carcinoma in situ or high grade superficial bladder cancer, Dr Vasudevan will probably recommend a course of intravesical immunotherapy 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 Dr Vasudevan 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.