Transurethral Resection of a Bladder Tumor (TURBT)

For patients at UW Medical Center – Northwest

UW Medicine
UNIVERSITY OF WASHINGTON MEDICAL CENTER

This handout explains how to prepare for a transurethral resection of a bladder tumor. It tells what to expect after surgery and gives important self-care instructions.

Scan with your phone camera for a digital copy of this handout.

What is transurethral resection of a bladder tumor?

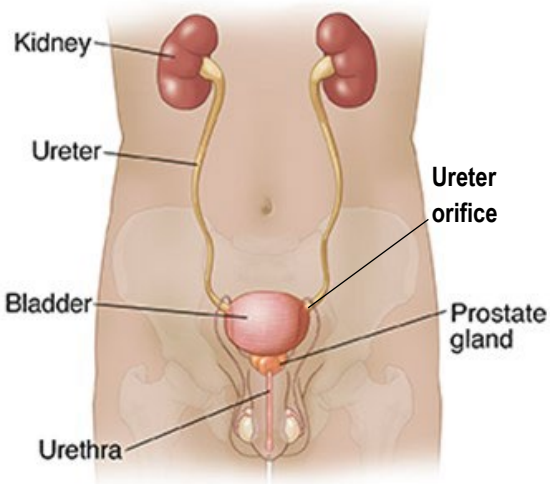
- *Transurethral* refers to a procedure that is done through the *urethra*, the tube that urine passes through when it leaves the bladder.
- *Resection* is surgery to remove part or all of a damaged organ or structure. It most often refers to removing a tumor.
- The *bladder* is a sac where urine (liquid waste) is stored before it leaves the body.
- A *tumor* is a group of cancer cells that forms a lump. A tumor can be *benign* (not harmful) or *malignant* (tending to grow and get worse).

Transurethral resection of a bladder tumor (TURBT) is surgery to both diagnose bladder cancer and remove a tumor from the bladder.

What does the bladder do?

The bladder is part of the urinary system. This system makes, stores called urine. Parts of the urinary system include:

- *Kidneys*, which filter blood to collect waste and make urine
- *Ureters*, small tubes that carry urine from each kidney to the bladder
- The *bladder*, where urine is stored before it leaves the body
- The *urethra*, the tube urine goes through to leave the body



The male urinary system

How does bladder cancer occur?

Cancer is a disease that causes cells to change and multiply out of control. When these cells form a lump of tissue, it is called a tumor. Over time, the cancer cells destroy healthy tissue. The cancer may also spread to other parts of the body.

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We do not know why some cells become cancer. But bladder cancer is strongly linked to cigarette smoking. The longer a person smokes and the more a person smokes, the greater their risk of having bladder cancer.

Bladder tumors grow in different ways:

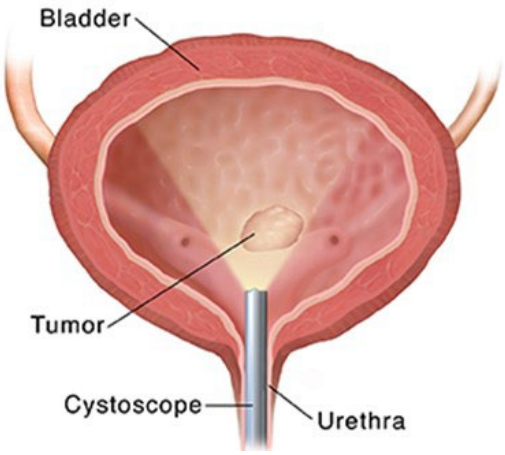
- *Papillary tumors* stick out from the bladder lining on a stalk. They tend to grow into the bladder cavity, away from the bladder wall, instead of deeper into the layers of the bladder wall.
- *Flat tumors* do not stick out from the bladder lining. These tumors are more likely to grow deeper into the layers of the bladder wall.
- *Carcinoma in situ (CIS)* is a patch of cancer cells that is only in the inner layer of the bladder lining and has not spread to deeper tissue. The patch may look almost normal or may look inflamed.

Each type of tumor can be present in one or more areas of the bladder. More than one type can occur at the same time.

What happens during TURBT?

- Your TURBT will be done at UW Northwest Hospital or the Northwest Outpatient Surgery Center.
- For pain control, you will most likely be given *general anesthesia* (sleeping medicine).
- A small tube with a camera attached will be passed through your urethra and into your bladder. This tube is called a *cystoscope*. (See drawing on page 3.)
- We will then look at your entire bladder. We will use a cutting tool through the cystoscope to *resect* (remove) the tumors or abnormal tissue in your bladder.

We will then seal off (*cauterize*) blood vessels in the area to stop the bleeding.



In TURBT, a cystoscope is moved up the urethra and into the bladder.

Stents

If needed, a *stent* (tube) may be placed during surgery in one or both of your ureters. This will help keep your ureters open and keep scars from forming. This is most often done if we remove a tumor or tissue near where the ureters enter the bladder (the *ureter orifices)*.

The stent(s) will stay in place until you are healed. We will remove them in the clinic. This is a simple procedure. You will not need anesthesia.

What happens after surgery?

Most patients go home the same day as the surgery.

Lab Results

We will send the tumor(s) and tissue we removed to the lab. A *pathologist* (a doctor who examines tissue and diagnoses diseases) will study the tissue. This doctor will share the results with your provider.

The results will show us what kind of cancer you have. Your provider will then work with you to create a treatment plan that will be best for you.

Instilling Chemotherapy

Your treatment after surgery may include *instilling* (slowly dripping) a chemotherapy drug into your bladder. To do this:

- A *catheter* (thin, flexible tube) is inserted into your urethra up to your bladder.
- The liquid medicine is instilled through the catheter.
- The catheter is then removed, leaving the medicine in your bladder.
- When you urinate 1 to 2 hours later, the drug will leave your body in your urine.

How do I prepare for surgery?

7 Days Before

- Starting 7 days before your surgery, unless your provider tells you otherwise, do **not** take any aspirin or aspirin-like drugs such as ibuprofen (Motrin, Advil, and others) or naproxen (Aleve, Naprosyn, and others). These drugs may cause excess bleeding during and after your surgery.
- Make plans to have a responsible adult take you home from the hospital. **You cannot drive yourself home.** The adult may drive you home, or ride with you on a bus or in a taxi.
- Make plans for a responsible adult to care for your children or pets for 2 days after your surgery (see “For Your Safety” below).

Night Before

Starting at midnight the night before surgery, you will need to *fast* (**not eat or drink anything, including water**). Follow the fasting instructions you were given.

What can I expect after surgery?

- You will go home the same day as your surgery.
- You may have a thin tube called a *Foley catheter* in your urethra to carry urine out of your body.
- You should be able to eat regular food.

Voiding Trial

We need to make sure you can urinate normally before you leave the hospital. Most patients are able to urinate without any problems. But, if you have any problems urinating, we will send you home with the Foley catheter in place. When you leave the hospital, we will tell you when to return to the clinic to have the catheter removed or to schedule a voiding trial. For this trial, we will fill your bladder with fluid through a Foley catheter. We will then remove the catheter so that you can urinate.

There will be some blood in your urine after we remove the catheter. This may occur even if the urine you passed earlier was clear.

Self-care at Home

For Your Safety

The medicine you receive during surgery will make it hard to think clearly. It can take 24 to 48 hours for all the effects of the medicine to go away.

For 24 hours after you leave the hospital:

- Do **not** drive or use machinery.
- Do **not** drink alcohol.
- Do **not** make any important decisions or sign any legal documents.
- Do **not** be responsible for anyone else's care.

Blood in Your Urine

It is normal to have blood in your urine after a TURBT. This usually lasts for 1 to 2 weeks after the surgery, but it can last up to 6 weeks. Your urine may be light pink or even bright red, like Kool-Aid or Hawaiian Punch.

Fluids and Food

For 24 hours after you leave the hospital:

- Drink plenty of water to stay hydrated and to help flush any blood out of your urinary system.
- Do **not** eat any heavy or large meals.
- Avoid eating spicy and greasy foods.
- Resume eating your normal foods as you are able to handle them.

Pain Control

- For mild discomfort or moderate pain after surgery, take acetaminophen (Tylenol). Follow the dose instructions on the label.

- Most patients do not need prescription pain medicine after a TURBT. But your doctor may prescribe narcotic medication after this surgery. If you take this:
  - Always take it with food so that you do not get an upset stomach.
  - Consider adding a gentle laxative such as Miralax for constipation
  - Follow the dosing instructions you were given.
  - Do **not** drive while you are taking prescription pain medicine.

Activities

For **2 weeks** after surgery:

- Do **not** lift anything that weighs 10 pounds or more (a gallon of milk weighs almost 9 pounds).
- Do **not** do anything that causes you to strain the muscles in your lower body. This means you should try not to push if you are constipated.
- Do **not** have sex, jog, or do other activities that strain your abdominal or pelvic muscles.

Return to Work

Most patients return to work 1 week after surgery. But, if you must lift anything that weighs more than 10 pounds for your job, arrange to do lighter duty or take 2 weeks off.

When to Call

For 2 to 4 weeks after your TURBT, it is normal to:

- Have blood in your urine
- Feel burning at the tip of your penis when you urinate

Call the General Urology clinic at 206.668.5215 if you:

- Are passing large blood clots
- Have a fever higher than 101°F (38.3°C)
- Have shaking and chills
- Have nausea or vomiting
- Have skin reactions, such as hives or a rash
- Still have blood in your urine 4 weeks after surgery
- Have any concerns that cannot wait until your follow-up visit
- The General Urology clinic is open 8 a.m. to 5 p.m. on weekdays

Urgent Care

If you need help after hours or on weekends or holidays, go to the Emergency Room.

Questions?

Your questions are important. Call or send a MyChart message (non-urgent concerns only) to your doctor or healthcare provider if you have questions or concerns.

Weekdays from 8:00 a.m. to

5 p.m., call the General Urology Clinic at 206.668.5215.

After hours and on weekends or holidays:

- If you need urgent care, go to the Emergency Room.
- If you have questions, call 206.668.5215 to be connected to the triage nurse

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