Brighton and Sussex
University Hospitals
NHS Trust

Trans Urethral Resection of Bladder Tumour

Department of Urology

Patient Information

Contents

You have been informed that you have a bladder tumour, and we are suspicious that this is a bladder cancer. We have written this leaflet to answer some of your questions that you may have about this common condition.

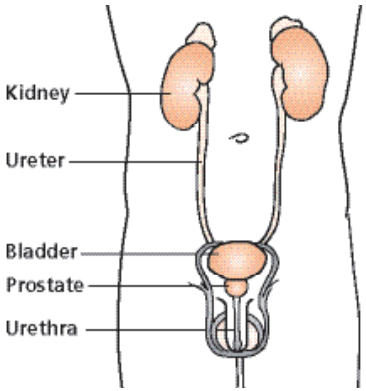
In the case of bladder cancer there are two types of malignant tumours (cancerous): invasive and non-invasive.

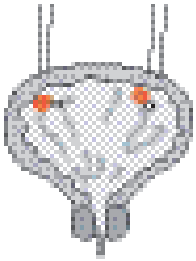
The most common is a non invasive bladder cancer which occurs in 70 - 75% of bladder cancers. The remaining 25 - 30% are invasive bladder cancers.

Where is the bladder and what does it do?

The bladder is a hollow, muscular, balloon-like organ that collects and stores urine. The two kidneys, towards the back under the ribs, produce urine that is carried to the bladder by tubes called ureters. The bladder then stores the urine until it is full enough to empty it through a tube called the urethra. In women the urethra is a very short tube immediately in front of the vagina (birth canal).

In men the tube is longer and passes through the prostate gland and penis. The picture 1 below shows layout for a man.





What is non invasive cancer of the bladder?

The tumours in non invasive bladder cancer look like tiny frilly mushrooms, with their stems attached to the inner lining of the bladder.

They are cancers confined to the inner lining of the bladder and do not extend into the muscle wall, They may develop as a single tumour, or there may be many; they may be small (only a few millimetres across) or large (up to several centimetres).

How is bladder cancer confirmed?

The tumour needs to be removed and analysed under a microscope.

In order to remove bladder tumours it is usual to be given a general or spinal anaesthetic. The surgeon then uses a resectoscope, which is a thin tube fitted with a telescope through which removal of tissue is possible. The surgeon can often tell by looking at the tumours whether they are invasive or non-invasive, but samples are always sent to the laboratory for examination under the microscope. This gives the surgeon further information about the type of tumour, and whether it extends into the bladder wall.

What is the treatment for non invasive bladder cancer?

Surgery

Non invasive bladder cancer only affects the lining of the bladder, and the tumours can usually be removed very easily using a resectoscope. This is called a TURBT (Transurethral Resection of the Bladder Tumour).

This is usually performed under a general or spinal anaesthetic. More information about this is available at your pre-op assessment.

The TURBT is carried out by passing a small camera through your urethra into the bladder. There will be no open wounds. The tumour is shaved off the bladder wall and the area is cauterized (sealed) using electrical current to prevent excessive bleeding.
In this way several tumours can be treated at the same time.
The tumour is then sent to be analysed in the pathology department. (looked at under a microscope). The results should be available in approximately two – three weeks.

Often you are given a treatment straight into the bladder following surgery.

A small amount of fluid containing a special chemotherapy drug called Mitomycin C, helps to prevent these tumours recurring, this is put into the bladder via a catheter. (More information is available in the booklet 'Understanding Bladder Cancer' and 'Intravesical Chemotherapy'.
After an hour or so the drug is drained out through the catheter.

There is no alternative treatment to diagnose a bladder cancer.

What are the risks?

Common

- Mild burning or bleeding on passing urine for a short period after the operation
- Temporary insertion of a catheter for bladder irrigation
- Need for additional treatments to bladder in attempt to prevent recurrence of tumours Including drugs installed into the bladder.

Occasional

- Infection of the bladder requiring antibiotics
- No guarantee of cancer cure by this operation alone
- Recurrence of bladder tumour and/or incomplete removal of tumours.

Rare

- Delayed bleeding requiring removal of clots or further surgery
- Damage to drainage tubes from kidney (ureters) requiring additional therapy
- Injury to urethra causing delayed scar formation
- Perforation of the bladder requiring a temporary urinary catheter or open surgical repair.

How long will the operation take?

TURBT normally takes between 30 – 40 minutes to perform, although having an anaesthetic makes this time longer.
The whole procedure takes about 60 minutes.

What else do I need to know?

Catheter

Some patients require a draining tube (catheter) to drain urine from the bladder after the operation. This is usually removed before you go home.

There will be some bleeding from inside, and the urine will be discoloured and blood-stained. The bleeding usually settles down in 1-2 days. The catheter will remain whilst there is evidence of bleeding.

You will be encouraged to clean around the catheter when carrying out your normal hygiene routine – nursing staff are there to help if needed.

Note:

It is sometimes necessary to send some people home with an indwelling urinary catheter for a couple of weeks to allow the bladder to rest before removing the catheter. The management of the catheter will be fully explained to you.

Pain

The operation is not normally painful, you may experience some discomfort and 'soreness'. This will be controlled by analgesia (pain killers) please ask the nursing staff if you need these.

Diet and Fluids

It is advised that you increase your fluid intake up to 2 – 3 litres per day the first week you are at home. Eat normally including all food groups.

Bowels

Ensure you do not get constipated, increase the fibre in your diet or take a regular laxative if required.

Wound (internal)
Bleeding is not uncommon at about 10 days after the operation, when the scab comes away. You need not worry; just increase the amount you drink. If the bleeding is very heavy or it becomes difficult to pass urine, please contact your G.P.

Infection
Infection in the urine occurs occasionally, and may result in a burning sensation, bleeding or increased frequency of passing urine. If this occurs please seek advice from your G.P.

Lifting
Do not carry or lift heavy items for at least 4 weeks, e.g. suitcases, vacuum cleaners, lawn-mowers, shopping etc. Avoid vigorous activity for a similar length of time. Although you have no visible scar, you have had an operation and need to take things gently. Go for regular walks.

Driving
Do not drive for at least 48 hours or until comfortable.

Sex
You may re-commence sexual activity (sexual intercourse) when comfortable. It is not uncommon to not feel like sex for a while afterwards. This is nothing to worry about and should return to normal when you have recovered.

When will I be seen with my results?

You will be seen in the outpatient department with the results. The results will have been discussed with a team of professionals including consultant urologists, consultant oncologist, consultant radiologists and specialist nurses. This allows all the treatment options to have been discussed. This usually takes about three to four weeks.

Once this has taken place you will have an appointment to discuss the results and treatment plans available for you.

Are there any other treatment options?

There are no alternatives for this initial treatment / diagnosis.

What happens if I choose not to do anything?

The suspected tumour will most likely increase in size and severity and this could go on to cause pain, bleeding and possible renal failure by blocking the drainage of urine from the kidneys. This can reduce treatment options at a later date.

Where can I find further information?

Your own General Practitioner.

Useful contacts

The Princess Royal Hospital

The Urology Nursing Team	**01444 441881 Ext. 5457**
Ansty ward	**01444 441881 Ext. 8240 / 8241**

Urology Consultants:

Mr Nawrocki's secretary	**01444 441881 Ext. 5962**
Mr Coker's secretary	**01444 441881 Ext. 8043**
Mr Symes' secretary	**01273 696955 Ext. 7809**
Mr Alanbuki's secretary	**01273 696955 Ext. 7810**
Mr Larner's secretary	**01273 696955 Ext. 7808**

NHS Direct

24 hour advice
Telephone: 0845 4647
www.nhs.direct.uk

Macmillan

www.macmillan.org.uk
0808 808 0000

Notes

Disclaimer
The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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