



# TURBT

(Trans Urethral Resection of Bladder Tumour)

UHN

## Information for Patients

- TGH
- PMH

Please visit the UHN Patient Education website for more health information:

[www.uhnpatienteducation.ca](http://www.uhnpatienteducation.ca)

© 2012 University Health Network. All rights reserved.

This information is to be used for informational purposes only and is not intended as a substitute for professional medical advice, diagnosis or treatment. Please consult your health care provider for advice about a specific medical condition. A single copy of these materials may be reprinted for non-commercial personal use only.

Author: Leah Jamnicky, RN and Division of Urology

Reviewed by: Susan Stehle, Jennifer Harris, Liz Allan, Rebecca McKinney, Monica Zarello, Audrey Bunce

Created: 01/2006 (02/2012)

Form: D-5238

## What is a TURBT?

TURBT stands for Trans Urethral Resection of Bladder Tumour. In this operation, we remove the superficial growth/tumour from your bladder, the organ that stores your urine. We use an instrument called a resectoscope to do your surgery. We pass the resectoscope up your urethra into your bladder to remove the growth.

We may also do random bladder biopsies to test the rest of your bladder. We send the specimens to a pathologist (a doctor who analyzes tissue). After the pathology (specimen) results are back, your surgeon will review further follow up and treatment options with you. This usually done at your 4 week appointment.

Tumors in the bladder can be **benign** (not cancer) or **malignant** (cancer). Benign tumors are not as harmful as malignant tumors:

- **Benign growths:** are usually not a threat to life can be treated or removed and usually don't grow back don't invade the tissues around them and don't spread to other parts of the body.
- **Malignant growths:** may be a threat to life, if not managed. Usually can be removed but can grow back.

## What happens before your operation?

Please inform the healthcare team of any special tests you may have had, any medical issues or if you have been seen by a specialists an example would be a cardiologist. This will help us in coordinating your care in an efficient manner.

**Please inform your healthcare team if you are taking Aspirin, any anti-inflammatory medication, any other blood thinners such as Coumadin, Plavix**

**You will be called by your surgeons office with a pre admission appointment as well as your surgery date.**

## **Preadmission**

- You will have an appointment in the pre-admission department.
- Please bring your health card and any other insurance cards with you. You will need the policy number of your extended health insurance if you have one.
- If you have any records of previous tests please bring these with you.
- We test your blood and do an ECG (electrocardiogram) and/or a chest x-ray to prepare you for the operation.
- You will be seen by a pharmacist.
- You will be seen by a nurse in the preadmission department who will conduct a full in depth health assessment. They will also review information in regards to the surgery, and answer any questions you may have.
- Dependent on your medical history, you might also have to see an anesthetist and/or a medical doctor during this appointment.

## **Day before your surgery**

- You will need to buy a fleet enema at the pharmacy to use the night before your operation.
- Don't eat or drink for 5 to 6 hours before your operation. (We call this being "NPO.")

## **What to do the morning of your operation**

- Arrive at the hospital 2 hours before your operation is scheduled.
- We will give you an intravenous (IV). This is a small needle that goes in your arm to give you fluids and/or antibiotics.

## **What to expect after the operation**

You will wake up in the Post Anesthetic Care Unit (PACU). Once you are “stable,” we will move you back to the Nursing floor.

### **When you wake up, you will be attached to some tubes:**

- an **IV**
- a **catheter**, which goes up your urethra and drains urine from your bladder. The catheter is also connected to a bag of saline (salt water) solution. This solution flushes the blood and clots from your bladder. We call this Continuous Bladder Irrigation (CBI). It’s normal for your urine to have a pinkish colour for a few days. It is important to keep the catheter clean. Your nurse will show you how to clean your catheter.

## **What does a catheter feel like?**

You may feel like you have to urinate. You may also feel muscle spasms in your bladder. These spasms may come and go. There is a medication that can help to calm them. We usually take the catheter out 1 - 2 days after your operation, depending on the colour of your urine.

When we’ve taken the catheter out, you should drink lots of fluid. This means about 8 glasses of water a day (each glass should be 8 oz). Drinking lots of fluid will help flush out your bladder. It will also water down your urine so you feel less burning when you urinate.

Sometimes during the next 4 weeks, your urine might turn red. This means you need to drink more fluids.

## **How to take care of yourself when you go home**

- You will go home on the day of your surgery or the next morning. How long you stay with us will depend on the extent of your surgery.
- Your healing will take about 4 - 6 weeks.
- Keep drinking lots of fluids during this time.
- Don't lift heavy things such as groceries, grandchildren, pets, etc.
- Don't do heavy exercise (shoveling snow, gardening, jogging, golfing, skiing, etc.).  
You can go for walks.
- Don't take long car trips. Keep them short. Stop to urinate when you need to.
- Don't strain when you're having a bowel movement.
- Eat food that is high in fibre (bran, fruits, vegetables). This prevents constipation.
- Take mild laxatives like Metamucil, Prodiem, or Milk of Magnesia if necessary.
- Do not take anti-inflammatory medication for 2 weeks after surgery. This may cause bleeding.
- Do not use enemas or suppositories.
- You should not have sex for 2-3 weeks after your operation as may cause some bleeding.

You may return to work once you feel ready. We usually recommend taking a week to allow your body to heal.

## **What are the side effects from this operation?**

For a few weeks after surgery you might have to urinate often. You might also feel burning when you urinate.

Your urine may be pink off and on for a few days. Drink lots of fluids to prevent this.

## **Please call your doctor or the Nursing station if:**

- you bleed heavily when you urinate and this lasts for more than 24 hours.
- your temperature goes higher than 38°C and/or you feel chills.
- you can't urinate.
- you feel pain in your abdomen (bladder area) or on your sides near your kidneys.

### **Important:**

Go to your nearest emergency department if you have pain, redness, or swelling in your calf or leg.

## **What causes bladder tumours?**

Research shows that several factors might increase your risk of developing bladder tumours. These are:

- cigarette smoking
- some people have a higher risk of bladder cancer because of cancer-causing chemicals in their workplace. Working in the chemical, dye, rubber, petroleum, leather, metal textile, or printing industries may be at risk of bladder cancer. Also at risk are hairdressers, machinists, printers, painters, and truck drivers.
- being treated with the drug Cytosan (cyclophosphamide) for another malignant (cancerous) disease
- having Schistosomiasis (an infection of the intestinal or urinary tract from a parasite)

Having a family member with bladder cancer may slightly increase the risk of developing bladder cancer.

## **Your follow-up appointment**

- Before you leave the hospital, we will make a follow-up appointment for you.
- The type of on going follow-up that you will need depends on the results of your pathology report.

## **How to contact us:**

### **Toronto General Hospital**

Nursing Unit 6A West

416-340-3521

### **Surgeons**

Dr. Finelli	416-946-2851
Dr. Fleshner	416-946-2989
Dr. Jewett	416-946-2909
Dr. Kulkarni	416-946-2246
Dr. Robinette	416-340-3855
Dr. Trachtenberg	416-946-2100
Dr. Zlotta	416-586-3510