

TURBT

(Trans Urethral Resection of Bladder Tumour)

Information for patients preparing for surgery

You are having your surgery at:

Toronto General Hospital

or

Toronto Western Hospital



What is a TURBT?

TURBT stands for **T**rans **U**rethral **R**esection of **B**ladder **T**umour. The surgeon does a TURBT to remove a growth or tumour from your bladder. The bladder is the organ that stores your urine. The surgeon uses an instrument called a resectoscope to do your surgery. The resectoscope is passed up the urethra and into your bladder to remove the growth.

We may also do a bladder biopsy to test the rest of your bladder. The tissue we remove is sent to a pathologist (a doctor who analyzes tissue).

Tumours in the bladder can be **benign** (not cancer) or **malignant** (cancer). Your surgeon will talk to you about follow up and treatment options, usually at your 4-week appointment.

Benign tumours: Can be treated or removed. They usually:

- don't grow back
- don't attack the tissues around them
- don't spread to other parts of the body

Malignant tumours: May be a threat to your life, if not managed. Usually they can be removed but can grow back.

What causes bladder tumours?

Several risk factors might increase your chance of getting bladder tumours, including:

- cigarette smoking
- working where there are cancer-causing chemicals, such as in the chemical, dye, rubber, petroleum, leather, metal textile or printing industries
- being exposed to chemicals when working as a hairdresser, machinist, printer, painter or truck driver

- being treated with the drug Cytosan (cyclophosphamide) for another cancer
- Schistosomiasis (a parasitic infection of the intestinal or urinary tract)
- a family member with bladder cancer may slightly increase your chance of getting bladder cancer
- long-term bladder irritation or inflammation

What happens before my surgery?

Please tell your health care team if you had any special tests or medical issues. Let them know if you visited any specialists. An example would be a cardiologist. This will help us coordinate your care efficiently.

Please tell your health care team if you are taking:

- aspirin
- any anti-inflammatory medication
- any other blood thinners such as Coumadin or Plavix

Your surgeon's office will call you with a pre-admission appointment and your surgery date.

What can I expect in Pre-Admission?

<p>Important: Your Pre-Admission appointment will be over the phone during the COVID-19 pandemic.</p>
--

Please have ready:

- your Ontario health card (OHIP)
- any other insurance cards you may have (you will need the policy number of your extended health insurance if you have one)
- any records of previous tests
- any medication you are taking (have your pharmacy's phone number)
- any important health information such as past surgeries or tests

We do a blood test and an ECG (electrocardiogram) and/or a chest x-ray to prepare you for the surgery.

You will be seen by:

- a pharmacist
- a nurse in the Pre-Admission Clinic who does a full health assessment
They also review information about the surgery and answer any questions you have.

Depending on your medical history, you might see an anesthetist or a medical doctor.

The day before my surgery

- Buy a fleet enema at your local pharmacy to use the night before your surgery.
- **Do NOT eat or drink for 5 to 6 hours before surgery.**

The morning of my surgery

Arrive at the hospital **2 hours** before your scheduled surgery time.

We give you an intravenous (IV). This is a small needle that goes in your arm to give you fluids or antibiotics.

What can I expect after the surgery?

You wake up in the Patient Anesthetic Care Unit (PACU). You are attached to some tubes:

- **an IV**
- **a catheter** (thin tube that goes in your penis to drain urine from your bladder)

The catheter is connected to a bag of saline (salt water) solution. Saline flushes the blood and clots from your bladder. We call this Continuous Bladder Irrigation.

Usually patients go home without a catheter. If you are not able to pass urine and go home with a catheter, your nurse will show you how to clean the catheter. It is important to keep the catheter clean.

What does a catheter feel like?

You may feel like you have to urinate (pee). You may also feel muscle spasms in your bladder. Spasms may come and go. We may give you a medication that can help to calm them.

We usually take out the catheter 1 or 2 days after your surgery depending on the colour of your urine. After we take out the catheter, drink lots of fluid. Drink about 8 glasses of water a day (each glass should be 8 ounces). Drinking lots of fluid helps to 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 myself when I leave the hospital



You will probably leave the hospital on the day of surgery or the next morning.



Your healing will take about 2 to 3 weeks.



Keep drinking lots of water as you recover. Do not strain when you pee. This may cause bleeding.



For 2 to 3 weeks:

- Do NOT lift heavy items such as groceries, small children or pets.
- NO heavy exercise or activities such as shoveling snow, gardening, jogging, golfing or skiing. You can go for walks.



NO long car trips. Keep them short. Make stops to pee when you need to.



NO straining when you're having a bowel movement. Eat food that is high in fibre (bran, fruits, vegetables) so you don't get constipated. You can take mild laxatives like Milk of Magnesia. Don't use enemas or suppositories.



Do NOT take any anti-inflammatory medicines for 2 weeks after your surgery. They may cause bleeding.



NO sex for 2 or 3 weeks after your surgery because this may cause some bleeding.



You can return to work once you feel ready. Try to take 1 week off to let your body heal.

What are the side effects of this surgery?

- For a few weeks you might have to urinate often and feel burning when you urinate. To help with the burning feeling, drink more water to help dilute your urine.
- Your urine may be pink sometimes for a few days. Drink lots of fluids to prevent this.



Call your doctor or the nursing station if:

- You bleed heavily when you urinate (pee) and this lasts for more than 24 hours.
- You have a fever (temperature higher than 38° C or 101°F) or you feel chills.
- You can't urinate (pee).
- You feel pain in your abdomen (bladder area) or on your side, near your kidneys.

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



Your follow-up appointment

Before you leave the hospital we will make a follow-up appointment for you. It is usually about 4 weeks after surgery. The type of follow-up appointments you need depend on your test results.

How to contact us

Toronto General Nursing Unit, 10ES: 416 340 3521

Toronto Western Nursing Unit, 9B FP: 416 603 5830

Urologists Toronto General Hospital

Dr. Finelli	416 946 4501 ext. 2851
Dr. Fleshner	416 946 4501 ext. 2899
Dr. Hamilton	416 946 4501 ext. 2909
Dr. Kulkarni	416 946 4501 ext. 2246
Dr. Lee	416 340 3855
Dr. Perlis	416 946 2957 ext. 2957
Dr. Zlotta	416 586 4800 ext. 3910

Urologists Toronto Western Hospital

Dr. Elterman	416 603 5800 ext. 5033
Dr. Hassouna	416 603 5800 ext. 5018
Dr. Radomski	416 603 5800 ext. 5713



Have feedback about this document?

Please fill out our survey. Use this link: bit.ly/uhn-pe

Visit www.uhnpatienteducation.ca for more health information. Contact pfep@uhn.ca to request this brochure in a different format, such as large print or electronic formats.

© 2021 University Health Network. All rights reserved. Use this material for your information only. It does not replace advice from your doctor or other health care professional. Do not use this information for diagnosis or treatment. Ask your health care provider for advice about a specific medical condition. You may print 1 copy of this brochure for non-commercial and personal use only.