

TURBT - Transurethral Resection of Bladder Tumour

TURBT is performed when a transitional cell carcinoma (TCC) of the bladder is found at flexible cystoscopy or on ultrasound.

Procedure

You will be admitted to the hospital on the day of surgery. A urine test will have been done beforehand to ensure there is no active urine infection.

This procedure is usually done under general anaesthesia, although some patients may prefer a spinal anaesthetic, and takes around 30 minutes. If the TCC is particularly large, it may take an hour or longer.

A fine camera (resectoscope) is inserted into the bladder via the urethra. Working instruments can be placed inside this camera to allow resection of the bladder mass, which is performed with diathermy. The area that has been resected is diathermied further to reduce the risk of any bleeding.

Most patients will not require a urinary catheter at the end of the procedure. This is inserted if the tumour is large, or there have been multiple tumours requiring treatment. If a catheter is required, it usually remains in place for 24-48 hours.

Post Procedure

After your procedure, you will wake up in the recovery ward, and after about half an hour will be transferred to Day Stay, or upstairs to the ward. You will be able to eat and drink. The majority of patients will be able to go home the same day, particularly if a catheter is not required.

If you do not have a catheter, you will be able to go home if you are comfortable, able to pass urine, and are eating and drinking. Those patients with a catheter usually stay 1-2 nights. The catheter drains any blood, and avoids the discomfort of trying to pass urine while the bladder heals.

What are the Risks of this Procedure?

All surgical procedures are associated with some risk. General risks include that of urinary infection, blood clot formation and pneumonia but in practice these are rare.

Bleeding

The majority of patients have small lesions, meaning surgery will be minor and recovery uneventful. However, those patients with a larger tumour or multiple tumours have an increased risk of bleeding. This risk is minimised by placing a catheter at the end of the procedure, and running irrigating fluid into the bladder to prevent clot formation. Very occasionally (<1%) , bleeding is such that a return to operating theatre is necessary.

Return to Work

The time needed off work depends on the amount of surgery that was performed. If the tumours were small and surgery was straight forward, you could be back to work within a few days. If there were multiple or large tumours, a longer period of rest is required ie 2 weeks. We will give you advice according to what the surgery entailed.

Follow-up

It takes 7-10 days to get the results from the pathologists. We will let you know by phone as soon as we get the result, and arrange follow up accordingly. Transitional cell carcinomas of the bladder frequently recur, and we will normally follow patients' with a flexible cystoscopy 3 months post-operatively.



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