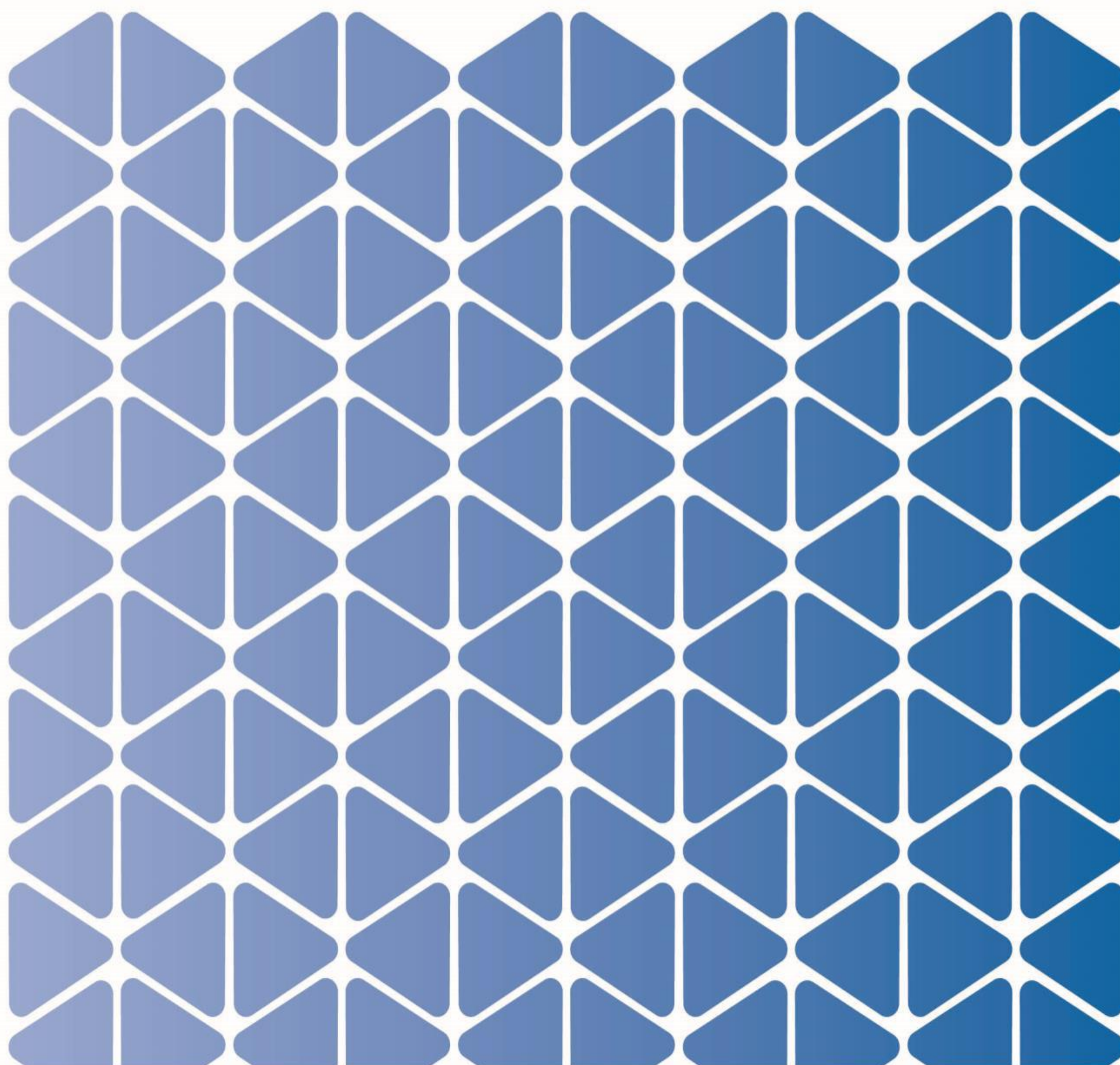
Worcestershire Acute Hospitals NHS Trust

PATIENT INFORMATION

TRANSURETHRAL RESECTION OF BLADDER TUMOUR (TURBT)



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Department of Urology

Your recent tests have shown a growth in your bladder and an operation to remove the growth has been recommended. We suspect that this growth may be a type of cancer.

There are 2 main types of bladder cancer:-

- **Superficial bladder tumours -** These tumours are confined to the inner lining of the bladder.

- **Muscle invasive tumours -** These tumours have spread to the muscle layer of the bladder, or right through the wall of the bladder.

The main cause of bladder cancer is smoking; however, people who have never smoked can also develop bladder cancer. Other causes may include working within the rubber or chemical industries. If you are a smoker, you can really help this disease by trying to give up. It is worth talking to your GP or practice nurse who can offer you support and help with this.

There is strong evidence to suggest that if you give up smoking after diagnosis, this can help to prevent the bladder cancer recurring or progressing. The purpose of the operation is to remove the entire tumour that we can see from the lining of your bladder. This is done by inserting a small telescope through the urethra (water pipe) and into your bladder. The surgeon will examine the whole of your bladder and remove the tumour using diathermy (heat) to cut it away.

The procedure takes approximately 20 to 40 minutes and is performed whilst you are under an anaesthetic. There will be no external wound or stitches. All the tissue removed will be sent to the pathology department where it will be analysed.

This leaflet explains some of the benefits, risks and alternatives to the operation. We want you to have all the information you need to make the right decision. Please ask your surgical team about anything you do not fully understand or want to be explained in more detail. We recommend that you read this leaflet carefully. You and your doctor (or other appropriate health professional) will also need to record that you agree to have the procedure by signing a consent form, which your health professional will give you.

Benefits of the procedure

The aim of your surgery is to remove the diseased part of your bladder lining. For most patients this will provide a cure or a significant improvement in urinary symptoms. If you have been told that you have or probably have cancer, surgery gives the best chance of a cure, although treatment may need to be combined with chemotherapy or radiotherapy (or both).

Serious or frequent risks

Everything we do in life has risks. Surgery to remove a bladder tumour is usually a very safe operation. Occasionally complications can arise because of the procedures invasive nature.

The general risks of surgery include problems with:

- Breathing (for example, a chest infection);
- The heart (for example, abnormal rhythm or, occasionally, a heart attack); and
- Blood clots (for example, in the legs or occasionally in the lung).
- Stroke
- Death

Those specifically related to TURBT include problems with:

- Common (greater than 1 in 10):
  - Mild burning or bleeding on passing urine for a short period after the operation once the catheter has been removed.
  - Need for additional treatments to bladder to prevent later recurrences of tumour.

- Occasional (between 1 in 10 and 1 in 50):
  - Infection of the bladder requiring antibiotics.
  - No guarantee of a cancer cure by this operation alone.
  - Recurrences of bladder tumour and/or incomplete removal.

- Rare risks of the operation are (less than 1 in 50%):
  - Delayed bleeding requiring removal of clots or further surgery.
  - Damage to the drainage tubes from the kidneys (ureters) requiring additional therapy.
  - Injury to the urethra causing delayed scar formation
  - Perforation of the bladder requiring a temporary catheter or open surgery repair.

- Hospital-acquired infection
  - Colonisation with MRSA (0.9% - 1 in 110).
  - MRSA bloodstream infection (0.02% - 1 in 5000).
  - Clostridium difficile bowel infection (0.01% - 1 in 10,000).

The rates for hospital-acquired infection may be greater in high-risk patients, for example those patients

- With long-term drainage tubes.
- Who have had their bladder removed due to cancer.
- Who have had a long stay in hospital.
- Who have been admitted to hospital many times.

Most people will not experience any serious complications from their surgery. The risks increase for elderly people, those who are overweight and people who already have heart, chest or other medical conditions such as diabetes or kidney failure. As with all surgery, there is a risk that you may die.

You will be cared for by a skilled team of doctors, nurses and other health-care workers who are involved in this type of surgery every day. If problems arise, we will be able to assess them and deal with them appropriately.

Other procedures; that are available

In order to determine the best way to treat you your consultant needs tissue that can then be examined by the pathologist. The best method of achieving this is by surgery.

Alternative procedures to TURBT:

- Open surgical removal of the bladder.
- Chemotherapy, immunotherapy or radiotherapy.

Your pre-operative assessment

Before you are admitted for your operation, you may be required to attend for a pre-operative assessment, to ensure that you are fit for surgery. It is important that you attend for this appointment to avoid delaying your surgery.

Not all patients require a detailed pre-operative assessment and a health questionnaire is used to determine which patients require a full assessment. You may therefore be asked to complete a health questionnaire immediately after you have been listed for your surgery. The health questionnaire may be on paper or on a tablet/computer. The information required includes all medical conditions, regular medications, allergies to medications and your previous anaesthetic history. The information you give us will be reviewed by the pre-operative assessment team. If you do not require further assessment you will then be given a date for surgery. If you require further assessment you will be given an appointment to attend the pre-operative assessment clinic.

At the clinic, the nursing staff will confirm the medical information you have previously given. You will likely have an examination of your heart and lungs and some further tests may be required, such as a blood test, X-ray, heart test or lung test. If a more detailed assessment or discussion is required, you may see an anaesthetist prior to your admission for surgery. This may require an additional appointment.

If you are taking prescribed medicines, please bring a copy of your repeat prescription to your appointment and a copy of the operation consent form (if you were provided with a copy at your out-patient appointment).

Following your assessment, the staff will provide you with written information regarding preparation for your surgery and a point of contact. It is important that you follow the fasting instructions given on your admission letter.

Being admitted to the ward

You will usually be admitted on the day of your surgery. You will be welcomed on to the ward and your details checked. We will fasten an armband containing your hospital information to your wrist.

You will usually be asked to continue with your normal medication during your stay in hospital, so please bring it with you, in the green bag provided for you at pre-operative assessment.

Your anaesthetic

Your surgery will usually be carried out under a general anaesthetic. This means that you will be asleep during your operation and you will feel nothing.

Before you come into hospital

There are some things you can do to prepare yourself for your operation and reduce the chance of difficulties with the anaesthetic.

- If you smoke, consider giving up for several weeks before the operation. Smoking reduces the amount of oxygen in your blood and increases the risks of breathing problems during and after an operation.
- If you are overweight, many of the risks of anaesthesia are increased. Reducing your weight will help.
- If you have loose or broken teeth or crowns that are not secure, you may want to visit your dentist for treatment. The anaesthetist will usually want to put an airway in your mouth to help you breathe. If your teeth are not secure, they may be damaged.
- If you have long-standing medical problems, such as diabetes, hypertension (high blood pressure), asthma or epilepsy, you should consider asking your GP to give you a check-up.
- If you become unwell or develop a cough or cold the week before your surgery, please contact the pre-operative assessment team on the number provided. Depending on your illness and how urgent your surgery is, we may need to delay your operation as it may be better for you to recover from this illness before your surgery.

Your pre-surgery visit by the anaesthetist

After you come into hospital, the anaesthetist will come to see you and ask you questions about:

- Your general health and fitness.
- Any serious illnesses you have had.
- Any problems with previous anaesthetics.
- Medicines you are taking.
- Allergies you have.
- Chest pain.
- Shortness of breath.
- Heartburn.
- Problems with moving your neck or opening your mouth.
- Any loose teeth, caps, crowns or bridges.

Your anaesthetist will discuss with you the different methods of anaesthesia they can use. After talking about the benefits, risks and your preferences, you can then decide together what is best for you.

On the day of your operation
Nothing to eat and drink (nil by mouth)

It is important that you follow the instructions we give you about eating and drinking. We will ask you not to eat or drink anything for six hours before your operation. This is because any food or liquid in your stomach could come up into the back of your throat and go into your lungs while you are being anaesthetised. You may take a few sips of plain water up to two hours before your operation so you can take any medication tablets.

Your normal medicines

Continue to take your normal medicines up to and including the day of your surgery. If we do not want you to take your normal medication, your surgeon or anaesthetist will explain what you should do. It is important to let us know if you are taking anticoagulant drugs (for example, warfarin, aspirin, clopidogrel, persantin or dabigatran).

Your anaesthetic

When it is time for your operation, a member of staff will take you from the ward to the operating theatre. They will take you into the anaesthetic room and the anaesthetist will get you ready for your anaesthetic.

To monitor you during your operation, your anaesthetist will attach you to a machine to watch your heart, your blood pressure and the oxygen level in your blood.

General anaesthetic

General anaesthesia usually starts with an injection of medicine into a vein. A thin plastic tube (venflon) will be placed in a vein in your arm or hand and the medicines will be injected through the tube. Sometimes you will be asked to breathe a mixture of gases and oxygen through a mask to give the same effect.

Pain relief after surgery

Pain relief is important to aid your recovery from surgery. This may be in the form of tablets, suppositories or injections. Once you are comfortable and have recovered safely from your anaesthetic, we will take you back to the ward. The ward staff will continue to monitor you and assess your pain relief. They will ask you to describe any pain you have using the following scale.

0 = No pain
1 = Mild pain
2 = Moderate pain
3 = Severe pain

It is important that you report any pain you have as soon as you experience it.

What are the risks?

The risk to you as an individual will depend on whether you have any other illness, personal factors, such as smoking or being overweight and surgery that is complicated or prolonged.

General anaesthesia is safer than it has ever been. If you are normally fit and well, your risk of dying from any cause while under anaesthetic is less than one in 250,000. This is 25 times less likely than dying in a car accident. The side effects of having a general anaesthetic include drowsiness, nausea (feeling sick), muscle pain, sore throat and headache. There is also a small risk of dental damage.

Your anaesthetist will discuss the risks with you and will be happy to answer any questions you may have.

After your surgery

- You will be taken to the recovery room to the general or day care ward. You will need to rest until the effects of the anaesthetic have worn off. You will have a drip in your arm to keep you well-hydrated.
- Your anaesthetist will arrange for you to have painkillers for the first few days after the operation.
- You will be encouraged to get out of bed and move around as soon as possible, as this helps prevent chest infections and blood clots.
- Your surgical team will assess your progress and answer any questions you have about the operation.

Catheter care

It is important to prevent an infection by keeping your catheter clean. Wash around the catheter where it enters the urethra (water pipe) with soap and water each day. You can have a bath or shower with the catheter and bag attached. You should walk around the ward with your catheter on a stand or leg bag as soon as you are able the day after your operation. The catheter is usually removed the day after the operation. Your consultant may recommend that some chemotherapy is instilled into the bladder before the catheter is removed. This is to try and reduce the risk of recurrence of the tumour. Although this is chemotherapy, it is designed to stay within the bladder and therefore does not cause the common side effects of other chemotherapy such as hair loss or nausea, although some people may experience feelings of cystitis. This chemical (called mitomycin) is usually instilled within 24 hours of the operation, as long as there is no longer a lot of blood in the urine. The mitomycin should be held in the bladder for one hour.

The catheter is then removed by deflating the balloon at the end of the catheter inside the bladder. Although not painful this may be uncomfortable. Once the catheter has been removed it is important to continue drinking well. It is normal to feel that you want to pass urine more often at first. This will settle down after a few hours.

Leaving hospital

- **Length of stay**
  How long you will be in hospital varies from patient to patient and depends on how quickly you recover from the operation and the anaesthetic. Most patients having this type of surgery will be in hospital for 2 to 3 days.

- **Medication when you leave hospital**
  Before you leave hospital, the pharmacy will give you any extra medication that you need to take when you are at home.

- **Convalescence**
  How long it takes for you to fully recover from your surgery varies from person to person. After you return home, you will need to take it easy and should expect to get tired to begin with.
  During your convalescence please remember the following:
  - You may notice that your urine looks slightly pink. This should clear in 1-2 weeks.
  - Try and drink 2-3 litres of fluid a day until the bleeding has cleared. This will help clear the urine and keep it dilute.

- You may find that you pass urine more frequently for the first week and it may sting when you pass urine. If this does not settle after 1 week please contact you GP.
- If you have difficulty passing urine, the bleeding returns, or you cannot pass urine please contact your GP.

Personal hygiene

You will normally bathe or shower while you are in hospital, and this can continue as normal after you leave hospital.

Diet

You don't usually need to follow a special diet. If you need to change what you eat, we will give you advice before you go home.

Exercise

We recommend that you avoid strenuous exercise and heavy lifting for up to 2 weeks. You should do lighter exercise, such as walking and light housework, as soon as you feel well enough.

Sex

You can resume your usual sexual activity after 2 weeks.

Driving

You should not drive until you feel confident that you could perform an emergency stop without discomfort. This will probably be at least 2 weeks after your operation. It is your responsibility to check with your insurance company.

Work

How long you will need to be away from work varies depending on:

- How serious the surgery is.
- How quickly you recover.
- Whether or not your work is physical.
- Whether you need any extra treatment after surgery.

Most people will not be fully back to work for 3-4 weeks. Please ask us if you need a medical sick note for the time you are in hospital and for the first three to four weeks after you leave.

Follow up

Once your consultant has received your results they will explain them to you at a follow up appointment. All tumours are given a grade and a stage. This will determine your follow up requirements.

Patients who have a superficial tumour may only need regular examinations of the bladder (flexible cystoscopy) as part of a surveillance programme. These check-ups are usually every 3- 4 months to start with, then every 6 months, then annually. About 50-60% of bladder tumours recur. You will need to attend check-ups for at least 5-7 years. Flexible cystoscopy is a quick and easy way to check for recurrences. If there are only 1 or 2 small recurrences, they may be dealt with by diathermy in the clinic. If there are several recurrences, you may need to be admitted within a few weeks to have them removed whilst under anaesthetic.

Some bladder tumours are a little more troublesome and may need further treatment such as chemotherapy which is given directly into the bladder. Some bladder tumours require radiotherapy, some need surgery. If you need further treatment this will be discussed fully with you by your consultant and/or nurse specialist.

It is important to remember that the majority of bladder cancers are not life threatening but will need regular monitoring.

Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

- Urology Nurse Specialist Helpline 01905 760809
  (Monday - Thursday 08.30 - 16.30 and Friday 08.30 - 13.00)
- Urology SDEC Nursing Staff: 01527 503030 ext: 42413
  (Monday-Friday 08.00- 17.00)
- Alexandra Hospital:
  - Secretaries: 01527 512155
  - Ward 17 Nursing Staff: 01527 512046 or 01527 503030 ext: 44046
  - Ward 18 Nursing Staff: 01527 512050 or 01527 503030 ext: 44050 or 42106
  - Sharon Banyard, Laura Grazier Urology Nurse Specialist
  - Jackie Askew, Uro-oncology Macmillan Nurse Specialist
- Kidderminster Hospital and Treatment Centre:
  - Secretaries: 01562 513097
  - Veronica Williams, Mark Ashmore, Urology Nurse Specialist
  - Sarah Holloway and Claire Willams, Nurse Specialist – Survivorship Programme: 01562 512328
- Worcestershire Royal Hospital:
  - Secretaries: 01905 760766
  - Helen Worth, Lisa Hammond, Urology Nurse Specialists

Other information

The following internet websites contain information that you may find useful.

- www.patient.co.uk
  Information fact sheets on health and disease

- www.rcoa.ac.uk
  Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'

- www.nhsdirect.nhs.uk
  On-line health encyclopaedia

- www.baus.org.uk
  Information from The British Association of Urological Surgeons

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience
We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback
Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)
If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:
The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.