BLADDER TUMOUR AND TURBT PROCEDURE

The majority of bladder tumours are superficial and involve just the lining of the bladder, not the muscle wall, and can be treated telescopically (TUR bladder tumour). This avoids some of the risks of open surgery and allows for a shorter hospital stay and rapid recovery of normal function. It is performed under general anaesthetic, the telescope being passed into the bladder via the urethra. A catheter may be left overnight, or even a few days, to wash out blood and clots and to allow the bladder to heal.

- Superficial bladder tumour tends to recur and therefore repeated cystoscopies (telescopic examinations of the bladder) and TUR bladder tumour may be required. There is a set schedule for this.
- Recurrences may be reduced by quitting smoking and by increasing fluid intake.
- Some patients will require a course of chemotherapy bladder washouts following the bladder tumour resection, once a week for 6 weeks.
- A minority of patients develop muscle invasive tumour, which is more aggressive, and go on to more major open surgery.

WHAT TO DO BEFORE YOUR PROCEDURE:

- ensure a urine sample is tested at the laboratory 1 week prior to procedure, unless advised otherwise
- discontinue aspirin and other anticoagulants 1 week prior, other medications may also need to be stopped
- nothing to eat or drink from 6 hours prior to procedure - see Admission Booklet regarding diet restrictions

WHAT HAPPENS AFTER YOUR PROCEDURE:

- day 1 - 2: urethral catheter will be removed and voiding assessed, before going home
- withhold aspirin and other anticoagulants for 1 week but reinstate other usual medications
- increase fluid intake to wash out the bladder
- you may not drive for 24 hours post procedure and see Admission Booklet regarding further restrictions following general anaesthetic
- avoid heavy lifting for 2 weeks; thereafter resume normal activity including sexual intercourse

WHAT CAN GO WRONG:

Although most cases proceed without particular difficulty and have excellent outcomes, surgical complications occur overall in 5% of patients. The list below details complications recognised as common or serious, but this does not include the rare and extraordinary.

- Following removal of the catheter, most patients experience some burning with voiding, frequency and urgency, but this settles fairly rapidly
- Bleeding requiring blood transfusion in < 1%
- Urinary tract infection may require antibiotic treatment <3%
- Bladder perforation and significant fluid extravasation 1%
- Numbness or tingling in legs and perineum is usually temporary
- Bladder storage symptoms of frequency and urgency are usually temporary

- Risk of death may be estimated using the nzRISK https://nzrisk.com on-line pre-operative calculator. It has been developed and validated for patients in New Zealand over the age of 18, to help patients and doctors balance benefits and risks of treatment.