

Transurethral Resection of a Bladder Tumour (TURBT)

What is a TURBT?

Transurethral resection of a bladder tumour (TURBT) is an operation to remove a mass from the bladder by passing a telescope via the urethra (waterpipe).

Why is a TURBT required?

Most bladder tumours are due to bladder cancer.

A TURBT is performed to:

- Confirm the tumour is a cancer.
- Get more information about the cancer, such as how aggressive and advanced it is.
- Remove the cancer to prevent it from getting worse.
- Prevent side effects such as bleeding.

What does a TURBT involve?

TURBT is performed under general anaesthetic (completely asleep) or spinal anaesthetic (numb from the waist down).

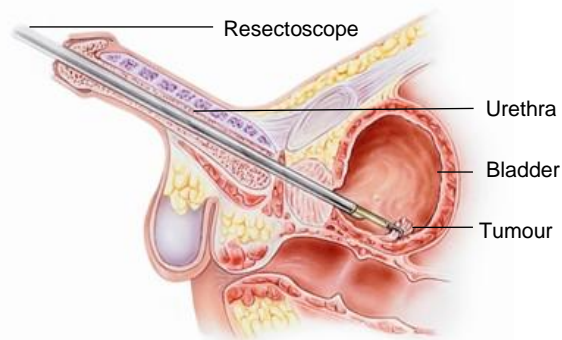
A telescope (resectoscope) is passed into your bladder through your urethra (waterpipe).

A cauterising loop is used to remove the tumour from your bladder and to stop bleeding. The tissue which is removed is sent for further testing (histopathology).

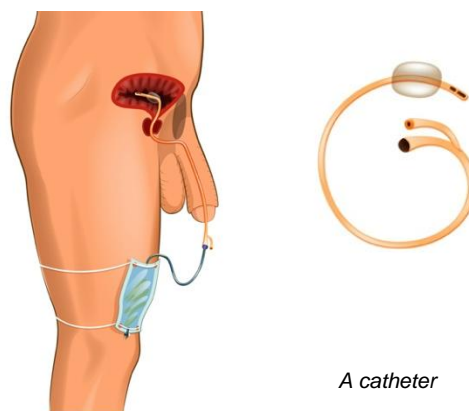
In most cases, a catheter (a soft flexible tube which drains urine from your bladder via your urethra into a bag) is inserted at the end of the operation. The catheter is continuously flushed with fluid after the operation to remove blood and debris.

The catheter is usually removed 1 to 2 days after the operation but occasionally needs to stay in longer. After the catheter is removed you will have a 'trial of void' to ensure you are emptying your bladder.

You will usually be in hospital for one to two nights after the operation. Occasionally, TURBT can be performed as a day procedure.



Transurethral resection of a bladder tumour in a male



What is the recovery after a TURBT?

You will have burning/stinging when passing urine after the operation. This will usually resolve within a week.

You may need to pass urine more often than normal for several weeks after the operation

You may have blood in the urine for several weeks after the operation. The blood will often go away and then return a week or two after the operation – this is normal.

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You can usually return to work 3 to 5 days after the operation. If your job involves physical work, please discuss this with your doctor.

You can start doing gentle exercise such as walking 1 to 3 days after the operation. You will need to avoid strenuous exercise and heavy lifting for at least 2 weeks after the operation.

You can usually return to driving 1 to 2 days after the operation.

You can resume sexual activity when you feel comfortable doing so.

What are the risks of a TURBT?

The risks of this procedure include (but are not limited to):

Occasional risks (1/10 to 1/50):

- Urinary tract infection requiring antibiotics.
- Inability to pass urine after the catheter is removed requiring re-insertion of the catheter.
- Scarring of the urethra (urethral stricture) requiring another operation to correct.

Rare risks (1/50 to 1/250):

- Severe bleeding requiring a blood transfusion and/or another operation to correct.
- Damage to the ureters (tubes from the kidney to the bladder) requiring another operation to correct.
- Putting a hole in the bladder (perforation) requiring a catheter for several weeks after the operation and/or another operation to correct.

Other uncommon or very uncommon risks of surgery and anaesthesia include:

- Blood clots in the legs (Deep vein thrombosis (DVT)) or lungs (Pulmonary embolus).
- Chest infection (Pneumonia).
- Heart attack.
- Stroke.
- A serious allergic reaction (Anaphylaxis).
- Death.

What are the alternative treatment options?

TURBT is the usual treatment for a mass in the bladder. There are no common alternatives to this operation.

If I have bladder cancer, will any other treatment be required?

In >50% of cases, a bladder cancer is completely removed by TURBT and no further treatment is required.

However, even if the bladder cancer is completely removed, there is a chance you can develop a new bladder cancer in the future. For this reason, we recommend regular surveillance cystoscopies (look into the bladder with a telescope) to make sure the bladder cancer hasn't recurred.

In some cases of aggressive bladder cancer, further treatment may be required, such as:

- Another TURBT to make sure the bladder cancer has been completely removed.

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- Chemotherapy or immunotherapy administered directly into your bladder (intravesical therapy).
- Surgery to remove your bladder (cystectomy).
- Chemotherapy, radiation therapy, and/or immunotherapy.

The results from the histopathology testing will help determine if any further treatment is required. Your doctor will meet with you after your operation to discuss these results.

This is general information only. Please consult your doctor for more information and treatment options.

For appointments and enquiries please contact 07 3830 3300.

