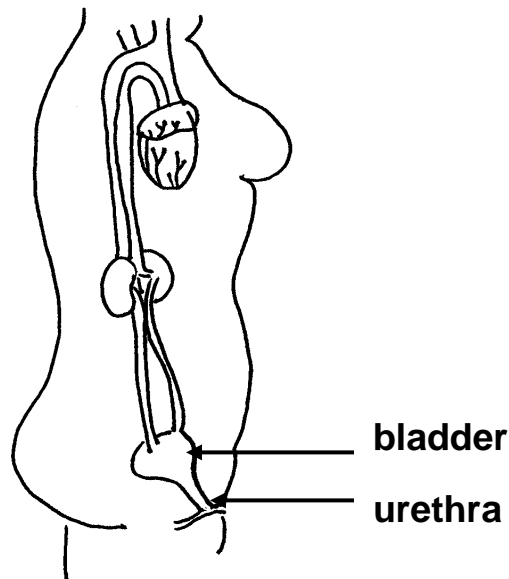


TransUrethral Resection for a Bladder Tumour ~ TURBT Women ~

To learn about TransUrethral Resection of a Bladder Tumour, you will need to know what these words mean:

- The **bladder** stores urine that is made by the kidneys.
- The **urethra** is a tube that takes urine out of the body.
- **Resection** means to cut out or remove the affected part and join the healthy parts together.
- **TransUrethral** means to pass through the urethra. The surgery is done through the urethra.



What is a TransUrethral Resection of a Bladder Tumour?

TransUrethral Resection of a Bladder Tumour is also called a **TURBT**.

A TURBT is surgery done to remove a tumour in the bladder. The surgeon passes a special operating tube called a scope through the urethra and into the bladder. The tumour is removed with a special attachment on the scope.

You may have either a general, spinal or epidural anaesthetic:

- during a general anaesthetic you are asleep during the surgery
- with a spinal or epidural anaesthetic, you are awake during surgery, but you do not feel pain from the waist down

What do I need to do before surgery?

You must come to the Pre-Admission Assessment Clinic 1 to 2 weeks before surgery to have any blood work, x-rays and other tests your doctor orders. You will also meet with a nurse and anaesthetist to help you get ready for surgery. The anaesthetist will explain the type of anaesthesia you will have during surgery. The nurse in this clinic will tell you when to stop eating and drinking before surgery. Follow all of the instructions you are given in this clinic.

What happens on the day of surgery?

Come to the Day Surgery Unit at the time you are given. The nurses will then prepare you for surgery. You will have a small tube called an intravenous put into a vein in your arm. This is called an IV. The IV is used to give you fluids and medications before, during and after surgery. When you are ready for surgery your support person is invited to wait with you until you are ready to go to the Operating Room.

When you go into the Operating Room, the team will introduce themselves and ask some patient safety questions. Your anesthesiologist will start your anesthetic and the surgery will begin.

What happens during surgery?

The team will work together during the surgery. The anesthesiologist will manage your anesthetic. You may have a thin tube called a catheter put into your bladder during surgery. The catheter drains urine until the surgeon feels you no longer need it.

What happens after surgery?

Post Anesthetic Care Unit (PACU)

After surgery, you are taken to the PACU to be watched closely until you wake up. Your blood pressure, temperature and breathing are monitored by the nurses. When you are awake and it is safe to move, you go on a stretcher to a nursing unit to stay overnight or to the Day Surgery Unit to go home the same day. Most women know before surgery if they are staying overnight or going home the same day.

Pain and Discomfort

Most women do not have much pain after this surgery. You may feel like your bladder is full. You may feel pressure, spasms, or burning, until your catheter is taken out.

Pain and Discomfort (continued)

If you have pain or discomfort in the surgery area, your nurse will give you pain control medication to help. Your nurse will explain the pain assessment scale and ask you to rate your pain from 1 to 10. If you have pain that is not well controlled, talk to your nurse.

Nausea

You may have an upset stomach or nausea after surgery. If you do, talk to your nurse as medication can help.



Intravenous (IV)

The IV in your arm will give you fluids until you are drinking well. Medication may also be given through the IV.

Urinary Catheter

If you are admitted to the nursing unit a urinary catheter may be in your bladder to drain urine. The catheter is usually removed the day after surgery. Your urine may contain a small amount of blood for a few days. Continue to drink extra fluids until your urine is clear.

With a catheter, you may feel like you have to urinate. You may have a burning feeling around the catheter. Sometimes you may feel a sudden pain and have the need to urinate. You may also see urine come out around the catheter. This is caused by bladder spasms. You cannot control these. To help avoid spasms, tape the catheter on your leg so there is no tension or pulling. If the spasms continue, talk to your surgeon.

When your catheter is in, you may notice these normal changes:

- grey or white tissue in the drainage bag
- blood around the skin where the catheter goes in
- your urine has a pink colour from a little blood

Bladder irrigation

Your urine may be blood tinged for a few days. The inside of your bladder will be flushed with fluid through the catheter. The fluid washes any urine, blood or tissue out of your bladder and keeps the catheter clear. This is called bladder irrigation. There are 2 ways to do this.

Continuous bladder irrigation

A plastic bag of fluid hanging on a pole is connected to the catheter in your bladder. The fluid then drains from the bladder into a drainage bag. The drainage bag must be kept lower than the level of your bladder. This prevents urine from flowing back into your bladder, which may cause an infection.

Hand bladder irrigation

Your nurse will push fluid into the bladder with a syringe and then take fluid out with a syringe.

When the catheter is removed

The catheter may or may not be taken out before you go home.

After your catheter is removed, for up to 1 month, you may notice:

- a burning feeling when you urinate
- you feel an urgent need to urinate and rush to the bathroom
- there is some blood or small clots in your urine
- some dribbling of urine
- some blood in your urine at the start or end of urination

Remember:

For the first few days, your urine may look light red or pink. It may then clear. Your urine may look red again about 10 days after surgery:

- avoid holding your urine for long periods of time
- urinate when you feel the need to



What can I eat?

Your nurse will tell you when you can start drinking fluid and eating after surgery. You can then eat your regular diet.

After the IV is taken out, you will need to drink extra fluids if you have blood in your urine. Drink 6 to 8 glasses of water each day until the urine clears. However, if you have heart or kidney problems check with your doctor about drinking extra fluids. Avoid drinking fluids containing caffeine, such as coffee, tea and cola. Caffeine may irritate your bladder.



Bowel Movements

You should not strain to have a bowel movement. Straining can cause bleeding in your bladder. Eating foods high in fibre including whole-wheat products, fresh vegetables and fruit will help your bowel movements be soft.

A stool softener medication may also be prescribed to help you have a bowel movement.



Shower or bath

You cannot have a tub bath until your catheter is taken out. You can take a shower with your catheter in.

When menstruating (having your period) you can use pads or tampons – whatever feels more comfortable. Change the pad or tampon often and clean the skin around the catheter with soap and water after each pad or tampon change.

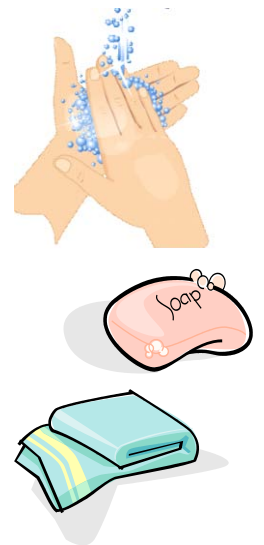


Cleaning around the catheter

Your nurse will show you how to clean the skin around the catheter. This is called the perineum. Cleaning needs to be done 2 to 4 times a day.

Here are some steps to follow:

- Wash your hands with soap and water.
- Using a clean washcloth, wash your perineum with soap and water – wash from front to back only. Use a clean area of the washcloth each time you wipe from back to front.
- Gently wash any dry drainage or blood from around the catheter with soap and water.
- Rinse and pat dry gently with a clean towel.
- Do this every morning and at bedtime and when needed.
- Re-tape the catheter if it comes loose.



What activities can I do?

Walking and exercise

The first time you get up, ask your nurse to help you. If you have tubes and bags, your nurse will show you how to walk with them. As you feel stronger you will be able to take longer walks.

Moving and walking will:

- keep your muscles strong
- prevent breathing problems
- help your blood move around your body
- prevent clots from forming in your legs

Gradually return to your normal activities. If you notice blood in your urine after an activity or exercise; stop, rest and drink extra fluids to wash out your bladder. Even if you are resting and you notice blood in your urine, drink extra fluids to wash out your bladder.



Lifting

- Do not do any heavy lifting** for 2 to 3 weeks after surgery. Heavy lifting means no more than 10 pounds or 4 kilograms. This weight is like a full bag of groceries, small suitcase or small baby.
- Do not do strenuous exercise** like shovelling snow, vacuuming, bicycling or mowing the lawn for 3 weeks.

Driving and riding in a vehicle

Most patients can drive 1 to 2 days after leaving the hospital. Before surgery, talk to your surgeon about when you can drive after surgery in case there are special precautions to follow. Avoid long car rides and holding your urine for long periods of time.



Sexual activity

You can resume sexual activity as soon as you feel comfortable. Your surgeon may want you to wait until 3 weeks after surgery. Please talk to your surgeon about when you can resume sexual activity.



Follow-up

The surgeon or nurse will tell you when you are to be seen next. Follow-up appointments are different for each surgeon. You may need to call and make your own appointment.



Contact your surgeon, family doctor or health care provider if:

- you have bright red bleeding or clots in your urine which do not clear with drinking fluids
- you have severe abdominal pain
- you have a fever over 38°C or 100°F
- you have chills
- you cannot urinate



