You have been booked for a

Bladder Tumour Resection

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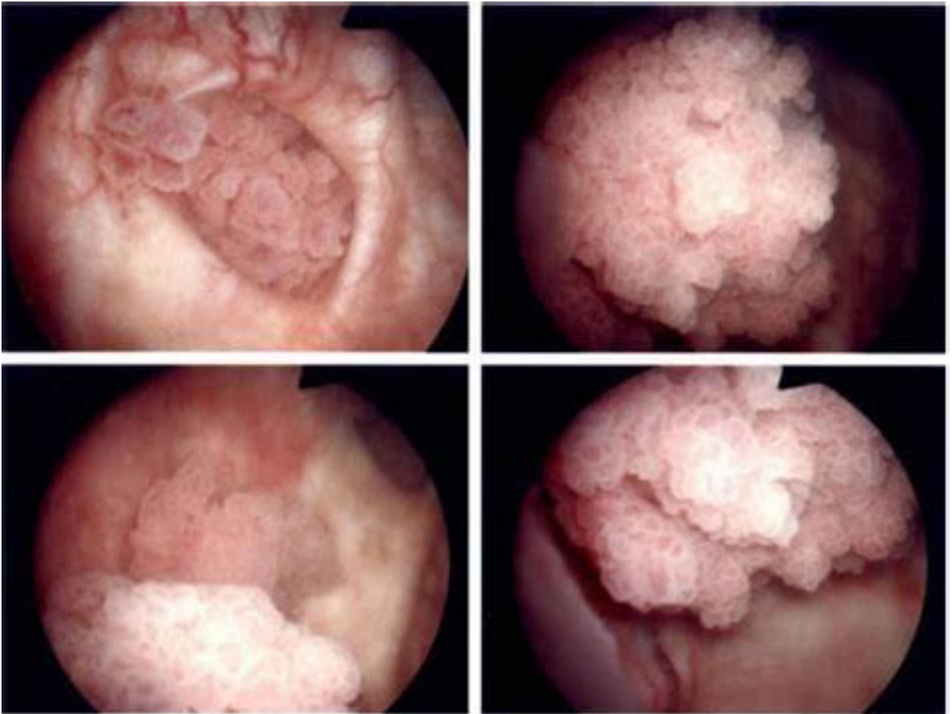
INTRODUCTION

This leaflet will explain what will happen when you come to the hospital for your operation. It is important that you understand what to expect and feel able to take an active role in your treatment. If there are anything that you and your family are not sure about or don't understand then please ask your nurse or doctor.



WHAT IS A BLADDER TUMOUR?

Your recent investigations have shown a growth or tumour inside your bladder which we suspect may be a type of cancer.

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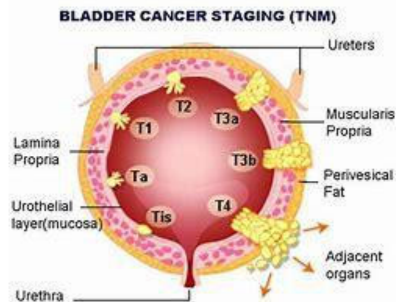
There are two main types of bladder cancer:

-**Superficial bladder tumour.** This tumour is confined to the inner lining of the bladder.

-**Muscle invasive tumour.** This tumour has spread to the muscle layer of the bladder or right though the wall of the bladder.

Occasionally bladder tumours are benign (non-cancerous) but usually they are malignant (cancerous). There are several different types of bladder cancer: the most common is Urothelial Cell Carcinoma (UCC). Other less common tumours are squamous cell carcinoma (SCC), adenocarcinoma and sarcoma.



The treatment of bladder cancer depends on the type of tumour and how far it has spread. Your doctor will discuss the type of tumour you have and the likelihood of it spreading. The doctor will also discuss the ongoing management of it with you.

WHAT CAUSES BLADDER CANCER?

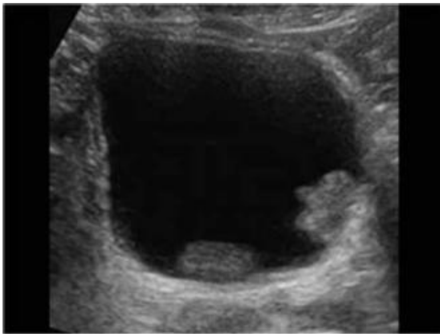
The main cause of bladder cancer is smoking however people who have never smoked can also develop bladder cancer. Other causes may include working within chemical or rubber industries.

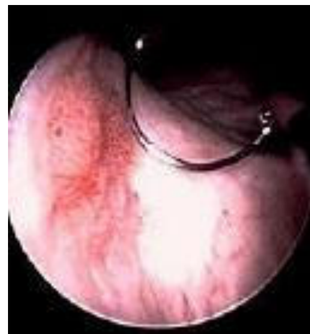
If you are a smoker, there is strong evidence to suggest that if you give up smoking after diagnosis, this can help to prevent the bladder cancer

progressing or recurring. It is worth talking to your GP or practice nurse who can offer you help and support giving up smoking

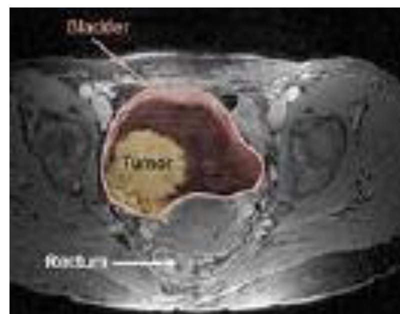
THE OPERATION

The bladder is part of the urinary tract, sitting in the lower part of the abdomen. Its purpose is to hold urine. Urine which is made in the kidneys travels down a tube called the ureter and passes into the bladder where it is stored. Sometimes, cancer, or tumours can develop in the cells that line the bladder.





TURBT is an operation performed on patients who have a suspected cancer or a tumour in the bladder. The purpose of the operation is to remove the entire tumour from the lining of your bladder and send pieces of it away for analysis. The tumour will usually have been diagnosed following a flexible cystoscopy for patients that may have found flood in the urine. Sometimes a tumour is seen on ultrasound or x-ray examination of the bladder.



WHAT ARE THE ALTERNATIVES TO THIS PROCEDURE?

Depending on the type of tumour, radiotherapy may be considered. Other alternatives could be open surgical approach or chemotherapy.

There is no alternative to TURBT. The risks of not having the operation are:

-the tumour may continue to grow

-the tumour may cause further bleeding and discomfort

-We cannot fully assess what type of tumour you have. This may result in delays in future treatment.

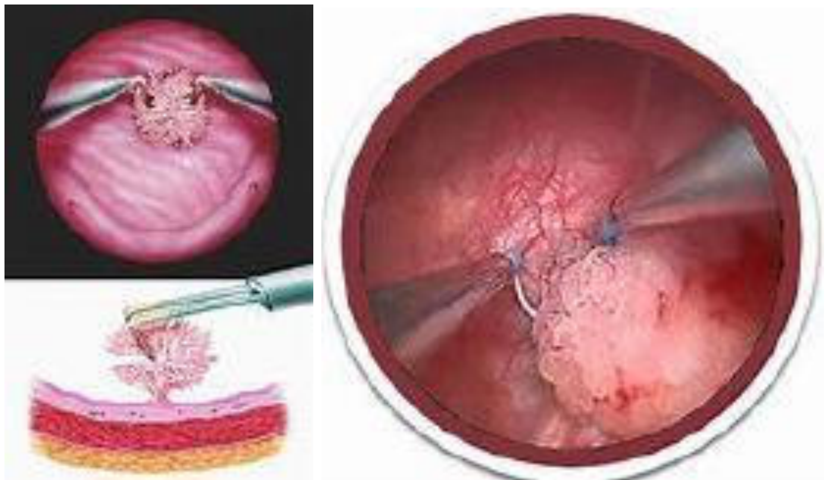
WHAT SHOULD I EXPECT BEFORE THE PROCEDURE?

If you are taking Aspirin, Warfarin, Clopidogrel or any other blood thinner on a regular basis, you must discuss this with your urologist because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding but this can result in increased clotting, which may also carry a risk to your health. This will, therefore, need careful discussion with regards to risks and benefits.

You will usually be admitted on the day of the surgery. You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation. You need to continue taking your regular medication with the exception of blood thinners the day of the surgery with a small sip of water.

WHAT DOES THE PROCEDURE INVOLVE?

The procedure takes approximately 20 to 40 minutes, depending of the size of the tumour, and is performed whilst you are under an anaesthetic. Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. Both methods are effective, and your anaesthetist will discuss the pros and cons of each type of anaesthetic to you.

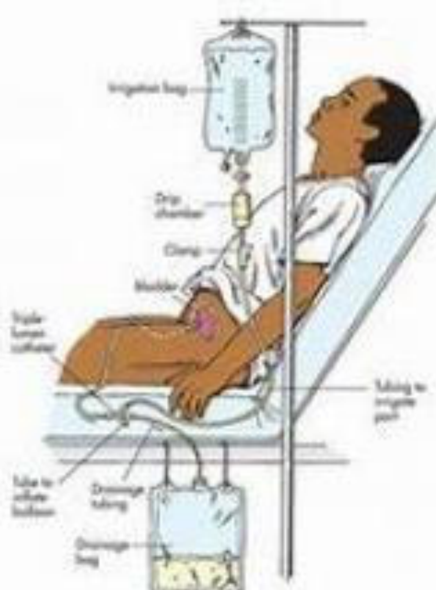


You will usually be given injectable antibiotics before the procedure, as a prophylaxis, after checking for any allergies.

This procedure involves passing a cystoscope (a rigid telescope) into the bladder through the urethra. Thus, there are no external scars. The bladder tumour is the removed using a small cutting loop to cut away small parts of the tumour until has been completely removed. Once the tumour has been removed, bleeding is stopped using diathermy.

WHAT HAPPENDS IMMEDIATELY AFTER THE PROCEDURE?

After the operation a catheter tube is usually left in place for a variable length of time, and the bladder may be continually flushed through by-passing fluid into and out of the bladder via the catheter, to avoid blockage by clots. It is normal for your urine to be blood stained currently and for several hours after surgery. Do not be alarmed.



Sometimes, there will be a long plastic tube running between the catheter and a bottle of water, known as "irrigation". This is to wash out your bladder. It also helps slow down any bleeding and removes any blood clots. It is usually removed in less than 24 hours. The nursing staff will regularly check all your tubes.

The catheter may cause you a certain amount of discomfort, which can be relieved with painkillers if it is severe. The feeling of a need to pass water settles in an hour or two after surgery.

Before the catheter is removed, it is normal practice in most patients to instil within 6 hours of the operating, a special blue chemical (Mitomycin C) which reduces by 50% the risk of a subsequent tumour recurrence in the bladder. This is left in place for 1 hour, usually on the day of surgery. This drug is a type of chemotherapy treatment called Mitomycin C. If your urine is very blood stained, then the drug will be withheld until your urine becomes clear.

The doctor will ask the nurses to remove the catheter when the bleeding has settled. You will be given an information sheet about the removal of the catheter. After the catheter is removed, the nurses will monitor when you pass water. At first it may be uncomfortable passing water, and you may not get a lot of warning. There may also some blood present. These symptoms will eventually settle. When you are passing urine satisfactory you will be allowed home.

The average hospital stay is 1-2 days.

WHAT ARE THE RISKS OF THE OPERATION?

Common

Mild stinging or burning when passing urine for a few days after the operation.

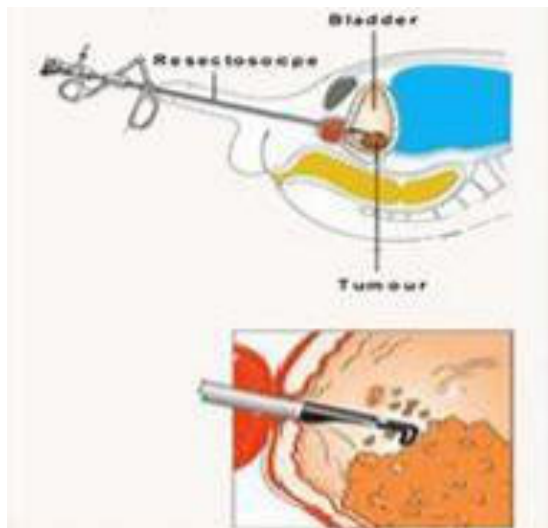
Bleeding of blood clots in the urine which can come and go for up to six weeks after the operation.

Occasional

Urine or bladder infection which needs treatment with antibiotics.

Rare

Excessive bleeding, delayed bleeding requiring removal of clots of further surgery.



Damage to the drainage tubes from the kidneys (ureters) requiring additional therapy.

Injury of the urethra causing delayed scar formation. Perforation of the bladder requiring a temporary urinary catheter or open surgical repair.

REMOVAL OF YOUR CATHETER

Your catheter is held in position by a balloon that is inflated with water. A nurse will remove the balloon by releasing the water. Your catheter will be gently removed.

Once the catheter has been removed it is important to continue drinking well. The nursing staff will ask you to pass your urine into a bed pan/bottle to measure the amount and observe the colour over several hours.

It is normal to feel that you want to pass urine more often at first. This will settle down after a few hours. When you are passing urine well, you be able to go home.

Please inform your nurse if you are unable to pass urine despite having the urge to go or if you have pain or discomfort in your lower abdomen.

DISCHARGE INFORMATION

When you get home, you should drink more fluid than you would normally for the next 24-48 hours to flush your system through and minimize any bleeding. This is easier if you vary your fluids e.g. Fruit juice, cordial, tea, etc., in addition to water.

Drink small amounts regularly, e.g. one or two glasses over each hour. Drinking large amounts at once may make you feel bloated or nauseated.

There is a risk of bleeding from several weeks after the surgery. This means that your urine may have a pinkish ting for up to three weeks. This will settle as your body heals. Meanwhile it is important to drink two to three liters of fluid a day to maintain flushing of your bladder.

If you notice your urine is blood stained, increase your fluid intake until it clears. However, if you are feeling unwell and the bleeding becomes heavier, please contact the ward nursing staff or your GP.

Avoid heavy lifting or strenuous activity for at least two to four weeks. Contact sports are not generally recommended. Sexual activity should be avoided for two weeks. You can resume sexual activity as soon as you feel comfortable doing so.

Maintain a regular bowel habit and avoid constipation as straining to pass a bowel motion may cause more blood in the urine.

You can eat and drink normally, unless you have been told to restrict your fluid intake, you should drink 1.5 to 2 litres of fluid per day after your operation to help to reduce your risk of infection and flush out any blood in the urine.

You may notice blood in your urine again 10-14 days after your operation; this can be expected and is due to the scabs coming away from the areas where the abnormality was removed. You should drink to help flush the blood out. Should the bleeding become heavy with clots which make passing urine difficult, you should contact your GP for advice.

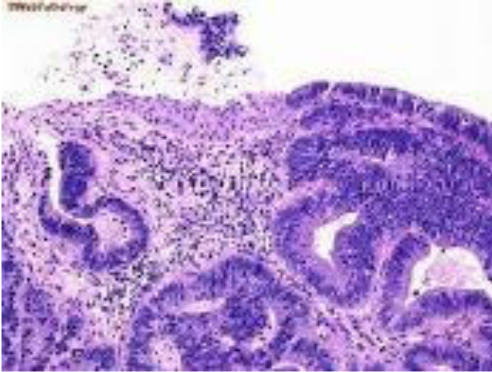
You should wait at least 24 hours before driving or returning to work after your operation, as long as you feel well enough to do so.

If you experience chills, fever or pain in your bladder or back, or your urine is cloudy and smalls offensive, then your GP promptly.

WHEN WILL I GET MY RESULTS?

The results of your biopsies will take 3 to 7 days to come through. A follow-up appointment will usually be arranged for you before you leave the hospital.

Depending on the biopsy results, further investigations (e.g. X-ray, CT scan), instillation drugs into your bladder (Chemotherapy/immunotherapy) or a further admission may be arranged for you. Your case will be possible discussed at a Multidisciplinary Team Meeting. These meetings consist of a team of expert who examine your care and your results to decide the best treatment plan for you.



FOLLOW UP

Patients who have a tumour that is not invading the lining of the bladder may only need regular examinations of the bladder as part of a surveillance program. These check-ups will be every three months to start with, every 3 to 6 months or annually.

About 50-60% of bladder tumours recur. You will need to attend check-ups for at least seven years but looking inside the bladder with a fibre-optic cameras a quick and easy way to check for recurrences (flexible cystoscopy), If there are recurrences, then you would usually be admitted to hospital within a few weeks to have them removed and examined by the pathology department.

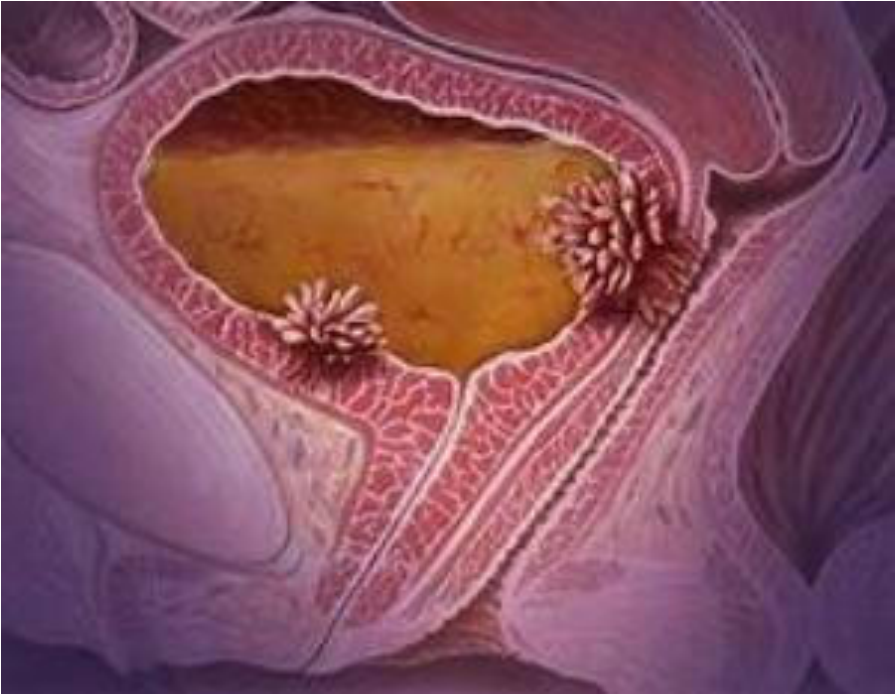
If you need further treatment, you will be invited back to the clinic to discuss this with your doctor. The treatment decision is made based on the grade (i.e. how quickly the tumour is likely to grow and spread) and stage of your tumour (i.e. how severe the tumour is).

In some circumstances, usually when the tumour cells are considered "high grade", frequently recurring, or at an early stage of invading the bladder lining, additional treatment may be recommended to prevent the tumour coming back. This is medication instilled via a catheter directly into the bladder and could either be a form of chemotherapy or immunotherapy.

Bladder tumours are invading the muscular lining of the bladder require much more aggressive treatment such as radiotherapy or major surgery, with or without prior chemotherapy, to affect a cure

WHAT ELSE SHOULD I LOOK FOR

- If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately or go to your nearest Emergency Department.



IN CASE OF PROBLEMS

Most people have no problems after a cystoscopy, but you should contact your GP if you develop any of the following symptoms:

-Persistent, severe pain with an inability to pass urine.

-A high temperature.

-Burning sensation on passing urine that gets worse or starts again after any initial stinging has worn off.

-An unpleasant smell of your urine Blood and clots in your urine.

NOTIFY THE UROLOGIST OR ATTEND TO THE EMERGENCY DEPARTMENT

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