

# Transurethral Resection of Bladder Tumour (TURBT)

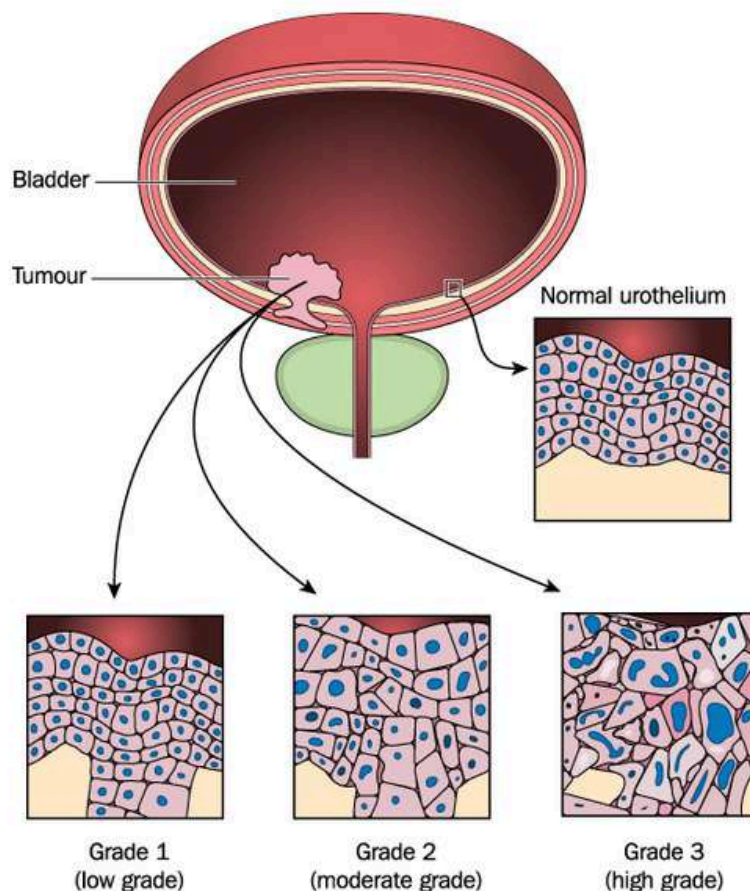
## What is Transurethral Resection of Bladder Tumour (TURBT)?

TURBT is an operation that involves the removal of tumour tissues, usually cancerous, within the urinary bladder.

## Why do I need this surgery?

It is indicated for patient with:

- Newly diagnosed or recurrent bladder tumours
- Previously treated bladder tumours with aggressive features



## What are the preparations?

Before the procedure, you will need to undergo an assessment by the anaesthetist, who will determine if you are fit for general anaesthesia.

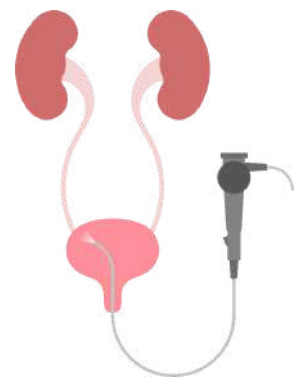
You have to stop any blood thinning medications, as that may increase your risk of bleeding. This may range from 5 to 10 days before the procedure, depending on the medication.

You also need to fast for 8 hours before the procedure. In most cases, you will report to the operating theatre directly on the day of the procedure, and be admitted after your procedure.

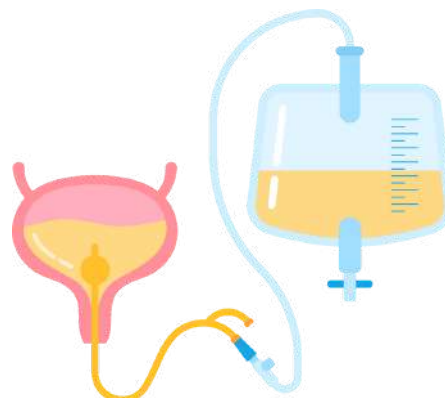
## How is the surgery performed?

The procedure is usually performed under general or regional anaesthesia. No incision is needed.

A small thin camera or cystoscope, is placed into the bladder via the urine passage (urethra). The visualised bladder tumour is then removed piece by piece using a special instrument. The tumour will be fully removed from the bladder and bleeding will be stopped with the help of cautery.



There will be a urinary catheter placed at the end of the procedure with ongoing irrigation to prevent any blood clot formation.



## What are the risks and complications of the surgery?

Occasional (2 – 5%):

- Urinary tract infection
- Bleeding requiring transfusion

Rare but serious complications (<2%):

- Bladder perforation requiring prolonged catheter placement or open surgical repair
- Damage to the ureters (tubes that drain urine from your kidneys)
- Severe bleeding requiring further surgery to remove clots and stop bleeding

Risks of General Anaesthesia:

- Stroke (cerebrovascular accident)
- Heart attack (myocardial infarction)
- Abnormal heart rhythms (cardiac arrhythmias)
- Clot in leg vein(s) (deep vein thrombosis)
- Clot in lung blood vessels (pulmonary embolism)
- Possible death



## What would I expect after the surgery?

- In the immediate post-operative period, there will be bladder irrigation ongoing via a urinary catheter. We will use the same catheter to instill an anti-cancer drug into your bladder.
- You may need to keep the catheter for a day or 2 after the operation. It is expected to have blood in the urine for several days thereafter, which will resolve with adequate fluid hydration.
- Do not restart your own blood-thinning medications immediately unless you have been instructed to do so by your doctor. It is generally safer to restart blood-thinning medications after witnessing at least 5 days of clear urine.
- Avoid straining, constipation or carrying of heavy loads post-surgery.
- You will be reviewed in clinic after discharge from the hospital and may require a repeat procedure if there are features of aggressive cancer. Further surveillance is required if cancer is present.

## What are the options?

Radiotherapy – external beam radiotherapy may be given as a series of treatments for certain cases, but this is not applicable for all tumours.

Surgical removal – open or laparoscopic surgery may be an option for more advanced tumours.

## What will happen if I do not undergo the surgery?

As the tumour increases in size, you may develop pain or discomfort in the bladder. There will also be an increasing frequency of blood in the urine, and its complications including clot retention and low blood counts.

Any untreated cancerous tumours will lead to other comorbidities and mortality.

Contributed by Urology

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