

## Operation Information

### Transurethral Resection of Bladder Tumor

#### Introduction

Transurethral Resection of Bladder Tumor (TURBT) is an endoscopic procedure to remove bladder tumors.

#### Outcomes

TURBT is the first-line treatment to diagnose, stage, and treat tumors of bladder.

#### Procedures

1. The operation can be performed under spinal or general anaesthesia. (The doctor will determine the type of anaesthesia depending on patient's condition)
2. An endoscope is inserted through the urethra and into the bladder to examine the bladder lining.
3. The tumor(s) are removed and bleeding is controlled by using various energy sources, include electrocautery/ laser. All removed tissues are sent to Pathology Department for analysis.
4. An indwelling urinary catheter is inserted.
5. Intravesical chemotherapy may be instilled into bladder for specific patients.

#### Possible Risks and Complications

1. Haematuria (usually subside within few days)
2. Dysuria (usually subside within few days)
3. Urinary tract infection
4. Clot retention
5. Urethral stricture
6. Bladder perforation
7. TUR syndrome
8. Deep vein thrombosis

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

## **Pre-operative Preparations**

1. Good hygiene can prevent infection.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa and Chinese medication.
4. Routine tests may be performed if necessary.
5. No food or drink six hours before operation.
6. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewelry and contact lenses.
7. Please empty your bladder before the operation.

## **Post-operative Instructions**

### **General**

1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. You may experience mild burning sensation on passing urine which will usually subside after a few days.
4. Mitocycin C is instilled into the bladder to decrease recurrence rates for specific patients.
5. You may have slightly bleeding from an indwelling urinary catheter and feel some irritative urinary symptoms. Those symptoms will usually subside within few days and the urinary catheter will also be removed a few days later accordingly to your progress.
6. You can typically discharged next day after the procedure.

### **Diet**

A normal diet may be resumed as instructed after recovery from general anaesthesia.

## **Advices on Discharge**

1. Prescribed pain medication may be taken as needed.
2. Immediately consult your doctor or return to hospital for professional attention in the event of severe pain, massive bleeding, persistent burning sensation during passing urine, shivering, high fever over 38°C or 100°F, or any other unusual symptoms etc.
3. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

