

What is a bladder tumour?

A bladder tumour is a cancerous growth that starts in the lining of your bladder. Bladder tumours can bleed, causing blood in your urine (haematuria). Sometimes blood clots can form, which may stop your bladder from emptying. You may have a burning sensation when you pass urine or you may need to pass urine more frequently.

Your surgeon has recommended a trans-urethral resection of a bladder tumour (TURBT). However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

What types of bladder tumour are there?

Bladder tumours are either non-invasive (superficial) or invasive.

- Non-invasive tumours tend to stay in the lining of your bladder. This is the most common form of bladder cancer, and it is usually not life-threatening. However, invasive tumours can develop (risk: 10 to 15 in 100).

- Invasive tumours are cancers that grow into and through the bladder wall. The cancer can spread to other parts of your body.

You may have only one tumour or you may have a number of tumours. The tissue that your surgeon removes will be examined under a microscope to find out the type of tumour you have. Your surgeon can also perform biopsies (removing small pieces of tissue) on areas of the bladder that appear normal to find out if you have carcinoma in situ. This is where the cells that make up the lining of the bladder become unstable and are more likely to form tumours.

What are the benefits of surgery?

Your symptoms should improve.

Resecting (scraping away) a non-invasive bladder tumour should remove it completely and reduce the risk of you developing an invasive cancer.

If you have invasive cancer, a TURBT will not remove the cancer completely. However, examining the tissue under a microscope will help your surgeon to recommend the best treatment for you.

Are there any alternatives to surgery?

Resecting the tumour is the only dependable way to find out the type of tumour you have.

What will happen if I decide not to have the operation?

If the tumour is superficial, there is a risk that it will change into a cancer.

If the tumour is a cancer, there is a risk that the tumour will grow deeper into the tissues of your bladder and the cancer may spread to other parts of your body.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

A TURBT is performed under a general or spinal anaesthetic. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes less than half an hour.

Your surgeon will pass a resectoscope (a small operating telescope) into your bladder through your urethra (tube that carries urine from your bladder). Your surgeon will use the resectoscope to identify and resect any tumours (see figure 1).

They will seal the raw areas with an electric current (cauterisation). Your surgeon will sometimes use the resectoscope to perform biopsies to find out if you have carcinoma in situ.

At the end of the operation, your surgeon will remove the resectoscope and will usually place a catheter (tube) in your bladder. This will allow you to pass urine easily and for your bladder to be washed out with fluid to prevent blood clots.

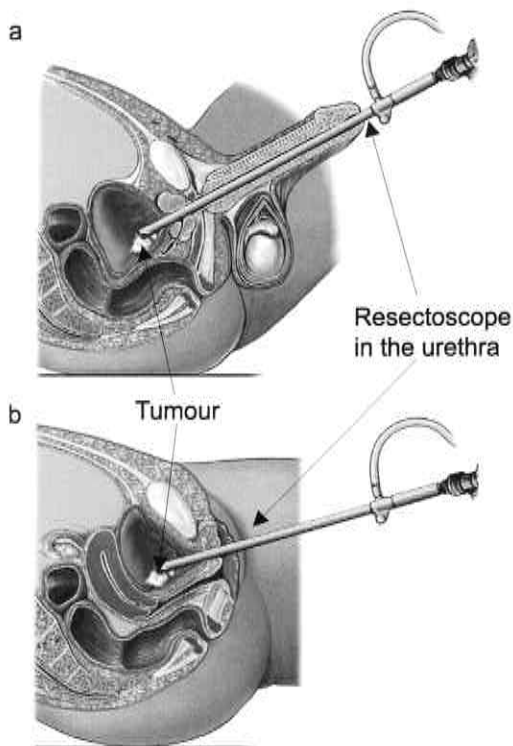


Figure 1

a Male TURBT

b Female TURBT

Will I need any other treatment?

Your surgeon may recommend a single dose of chemotherapy given directly into your bladder through a catheter (intravesical chemotherapy).

Even though you may not have an invasive cancer, chemotherapy given this way can reduce the risk of new growths forming in the lining of your bladder.

What should I do about my medication?

You should let your doctor know about all the medication you are on and follow their advice. This includes herbal remedies and medication to control diabetes and blood pressure. If you are on beta-blockers, you should continue to take them as normal. You may need to stop taking warfarin before your operation. You may need to stop taking aspirin or clopidogrel ten days before your operation.

What can I do to help make the operation a success?

If you smoke, you should stop smoking now as this is one of the main reasons why many people have this cancer. Stopping now will reduce the risk of new bladder tumours forming. Stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight.

Regular exercise should help prepare you for the operation, help you recover and improve your long-term health. Before you start exercising, ask a member of the healthcare team or your GP for advice.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- **Pain**, which happens with every operation. There is usually little pain after a TURBT. Pain after the operation can normally be successfully treated with a mild painkiller such as paracetamol.

- **Infection** (risk: 1 in 30). If you need to pass urine often and only pass small amounts with a great deal of discomfort, you may have an infection. If your symptoms continue to get worse, let your GP know. You may need treatment with antibiotics.

- **Bleeding** during or after surgery. Most people will notice blood in their urine. If there is any bleeding, there is usually little. The healthcare team can pass water through the catheter and into your bladder to wash out any blood or to remove any blood clots (called a 'bladder washout'). If the bleeding is heavy, you may need a blood transfusion (risk: 1 in 50) and, rarely, further surgery.

- **Blood clot in the leg** (deep-vein thrombosis – DVT) (risk: less than 1 in 100). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after surgery and may give you injections, medication, or special stockings to wear. Tell the healthcare team straightaway if you think you might have a DVT.

- **Blood clot in the lung** (pulmonary embolus). This happens if a blood clot moves through the bloodstream to your lungs. If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, you may have a pulmonary embolism. You should tell the healthcare team straightaway or, if you are at home, go to your nearest Accident and Emergency department immediately or call an ambulance.

3 Specific complications of this operation

- **Making a hole in the bladder** (risk: 1 in 50). The risk increases if your surgeon needs to scrape into the wall of the bladder to remove a tumour. It usually takes a few days for the hole to heal, if the catheter is draining well. If the hole does not heal, you may need surgery.

- **Narrowing of the urethra** (stricture), caused by scar tissue forming. If this happens, you may need further surgery (risk: less than 1 in 200).

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area and then to the ward. The catheter will usually be removed after one to two days. You should be able to go home after the catheter has been removed and you have passed urine. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

To reduce the risk of developing a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been prescribed drugs or have to wear special stockings.

You may experience a little stinging the first few times you pass urine. Drink plenty of water, as this will help you pass urine more easily and will reduce the risk of developing blood clots.

You should not do any strenuous activities for the first week. You should be able to go back to work after about two weeks.

It is normal to get blood in your urine every now and then while any raw areas in your bladder heal. If your bladder gets full and painful, let your GP know. You may need to come back to the hospital to have a blood clot removed using a catheter.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

• The future

A member of the healthcare team will tell you what your surgeon found during the operation. Results from the examination of the tissue that your surgeon removed will not be available for a few days so you will usually be asked to come back to the clinic for these results.

If the tumour was non-invasive, you will usually need to have regular cystoscopies (from once every six weeks to once a year) to find out if any new tumours have formed.

If the tumour was invasive, your surgeon will discuss the treatment options with you.

If you have carcinoma in situ, your surgeon will probably recommend a course of intravesical chemotherapy to help reduce the risk of new tumours forming.

Summary

A bladder tumour can cause serious problems if left untreated. A TURBT should improve your symptoms and will help your doctor to recommend the best treatment for you.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.

Acknowledgements

Author: Mr John Lemberger FRCS

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