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TRANSURETHRAL RESECTION OF BLADDER TUMOR (TURBT)



What is a bladder tumor?

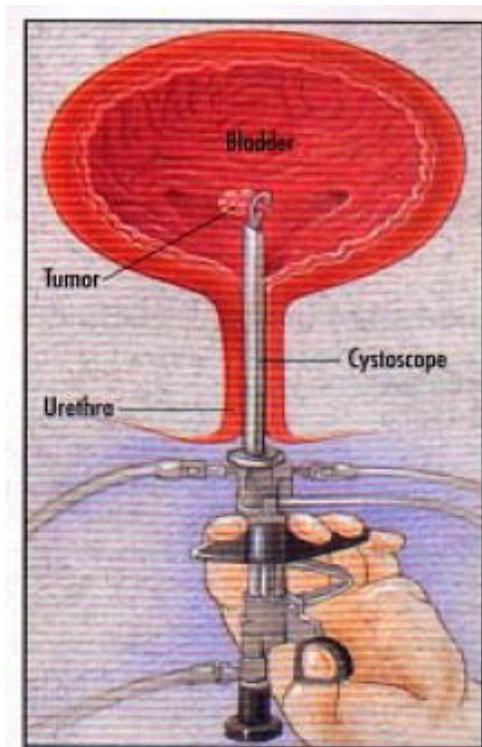
A bladder tumor is a cancer of the bladder lining. It normally looks like a piece of red cauliflower growing off the wall of the bladder. The tumor has a large number of blood vessels in it. When these break, they bleed. This is why most people with these tumors have blood in their urine.

What causes bladder tumors?

The most common cause of bladder tumors is smoking. Exposure to certain petroleum products, aniline dyes and heavy metals have also been associated with bladder cancer.

How are they treated?

When someone is found to have a tumor in the bladder, it needs to be resected (scraped out). This is done using a special telescope called a resectoscope. Many times the only treatment that is necessary is having the tumor resected. If the tumor is large, the tumor cells look aggressive (high-grade tumors), or the tumor recurs chemotherapy is needed. This chemotherapy is instilled into the bladder through a catheter. It usually requires six (6) treatments spaced a week apart. Depending on your response, you may need additional chemotherapy. Unlike intravenous chemotherapy, you do not have problems such as losing your hair, vomiting, etc. If the tumor has grown into the wall of the bladder, you normally will need to have all or part of your bladder removed.



Preoperative Instructions

- Be sure not to take any medicines that contain aspirin for seven (7) days before surgery. If you do, it can dramatically increase your risk of bleeding and require a

transfusion. Certain anticoagulants (i.e., Coumadin, Ticlid, Plavix, etc.) may require careful monitoring; therefore, you **MUST** contact the prescribing physician **BEFORE** discontinuing.

- You will be admitted for surgery the same day as your operation.

What can I expect in the hospital?

- You will meet with the anesthesiologist before surgery at which time the final decision will be made as to the type of anesthesia to be used.
- A catheter (tube through the urethra into the bladder) will be placed at the end of the operation to keep your bladder drained.
- Under most circumstances you should be able to eat right away unless you are experiencing nausea.
- Once the urine is fairly clear (watermelon colored or clearer) the catheter will be removed.
- It is important to drink a lot of fluids (8-10 glasses a day) so you will make enough urine to flush the blood out of your bladder.
- If you are urinating okay and the urine stays clear, then you will be able to go home.

What can I expect at home? What can I do?

- You can expect that your urine may be intermittently bloody over the first week. The bladder lining is covered with scabs for up to one month after the surgery. These scabs will fall off periodically as the bladder lining heals. When this happens, the bladder under the scab will bleed (just like what would happen if a scab on your arm were to fall off). If this happens, it is important to decrease your activity and increase the amount of fluids you drink. If you are unable to urinate because of blood clots or the urine looks like catsup, then you need to call your physician.
- If your urine is bloody, force fluids (8-10 glasses of fluid per day). If the urine is clear, drink a normal amount of fluids.
- Do not do any heavy lifting or straining! Do not lift anything heavier than 20 pounds. This will increase the pressure in the veins in the bladder. If the veins stretch, they may start bleeding.
- You may drive for short distances.
- Activities such as mowing the lawn, shoveling snow, yard work, jogging, weightlifting, intercourse, etc. should be avoided for the first two to four weeks.
- It is important to realize that you may have some increased urinary frequency and urgency immediately after surgery. This will tend to get better over the first two weeks. If it is still a problem after that, then you may require bladder relaxant medications.

When should I call the doctor?

CALL IMMEDIATELY (DAY OR NIGHT) IF ANY OF THE FOLLOWING OCCUR:

1. IF YOU ARE UNABLE TO URINATE.
2. If feeling chilled or feverish, take temperature and report if over 101.0 degrees.

OTHER PROBLEMS THAT MAY OCCUR INCLUDE BUT ARE NOT LIMITED TO:

1. Drug reactions (hives, rash, nausea, vomiting, diarrhea).
2. Urinary urgency, frequency or slight pain with urination.