

Introduction

Transurethral Resection of Bladder Tumor (TURBT) is an endoscopic procedure; for diagnosis, staging and treatment of bladder cancer. It is the first treatment for all visible pathology in bladder mucosa. Complete resection and cure of the tumor is possible only if the tumor is superficial without invading the muscle layer. Otherwise, radical cystectomy or radical radiotherapy will be needed.

The Operation

1. The Procedure can be performed under Spinal anesthesia or General anesthesia, depending on patient's general condition and assessment of anesthetist. In some cases, **obsturator nerve block** will be offered to prevent obsturator jerk and subsequent bladder perforation during the procedure.
2. Before resection of the bladder tumor, bimanual examination will be performed to check if the tumor is fixed to surrounding structure. If so, it is not a localized tumor and will need radical surgery or radical radiotherapy.
3. The procedure is performed using endoscope, passing through the urethra and into the bladder. No superficial wound will be seen after the surgery.
4. Tumor will be resected bit by bit using the small loop by electrical energy and all the tissues resected will be sent for pathology. Finally meticulous electro-cauterization will be performed for hemostasis. Usually indwelling catheter will be inserted after the procedure.

Preoperative Preparation

1. Admit 1 day before or on same day of this "elective" operation.
2. Anaesthetic assessment. **Inform your doctors** about drug allergy, your regular medications or other medical conditions.
3. Keep fast for 6 to 8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication, antibiotic prophylaxis and intravenous line may be required.
6. Preparation appropriate to tumor status and patient's general condition will be prescribed, such as antibiotic prophylaxis, or type and screen.
7. Pulmonary and cardiac condition need to be optimized before operation. There should not be uncorrected coagulopathy or local infection.
8. Patient should fully understand the operation before they sign the consent.

Postoperative Instruction

- General**
1. Mild throat discomfort or pain because of intubation.
 2. Mild discomfort or pain over the operation site. Inform nurses if more analgesics are required.
 3. Nausea or vomiting are common; inform nurses if symptoms severe.
 4. There may be slight haematuria from Foley catheter and the patient might feel some irritative urinary symptoms for a few days.

Diet Resume diet usually 4 hours after anaesthesia when taking sips of water well.

Common Risks and Complications (not all possible complications are listed)**Anesthesia related**

1. Cardiovascular: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.

Procedure related

1. Bladder perforation (<5%).
2. Mild dysuria is common for a few days.
3. Blood transfusion due to blood loss from bleeding tumor.
4. Converted to open surgery if uncontrolled bleeding from the tumor (very unlikely).
5. TUR syndrome (very unlikely).
6. Urinary tract infection.
7. Stricture of Urethra (very unlikely)

Things to take note on discharge

1. Contact your doctor or the Accident & Emergency Department if you find increasing pain or redness around the wound and discharge from the wound.
2. Take analgesics prescribed by your doctor if required.
3. Resume daily activity gradually.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

Hospital Authority: "Transurethral Resection of Bladder tumor" (2022)

Smart Patient: https://www.ekg.org.hk/pilic/public/surgery_pilic/urosurg_transurethralresectionofbladdertumor_0213_chi.pdf (20-07-2023)