

TURBT

► What is **TURBT**?

A transurethral *resection* of the bladder tumor (TURBT) is a surgical procedure used to diagnose, and treat visible bladder cancer tumors. TURBT is often an outpatient procedure done in the hospital. Most patients go home the same day, but some may stay in the hospital overnight because of their medical conditions or the extent of the tumor resection.

► How is **TURBT** done?

The doctor inserts a *resectoscope* [*ree-sect-o-skop*] through the *urethra* to examine the bladder more completely while the patient is under *anesthesia* (general or spinal). The doctor uses a small electrified loop of wire attached to the scope to remove bladder tumors and nearby tissue. A *pathologist* looks at that tissue to determine the *stage* and grade of the bladder cancer.

Your doctor may add a *chemotherapy* drug directly into the bladder after a TURBT. This chemotherapy is an *intravesical* treatment. It can reduce the chances of future tumor recurrences. Mitomycin C (MMC) is a common drug used for this purpose.



ASK YOUR HEALTHCARE TEAM

- What will the results of the **TURBT** tell you?
- How long does the **TURBT** take?
- Will you give me any other treatments with the **TURBT**?
- How long should it take for me to recover after the **TURBT**?
- When will you know the results of the **pathology** report? How will you share those with me?
- What is your experience with the **TURBT** procedure?

TERMS TO KNOW

- **Anesthesia:** Loss of pain and other sensation, using medication.
- **Biopsy:** The examination of tissue removed from the body to discover the presence, cause, or extent of a disease.
- **Catheter:** A flexible tube inserted through a narrow opening into a body cavity, particularly the bladder, for removing fluid.
- **Chemotherapy:** The treatment of cancer disease by the use of chemical substances.
- **Cystoscopy:** Examines the bladder and urethra using a thin, lighted instrument (called a cystoscope).
- **Intravesical:** Within the bladder.
- **Pathology:** The laboratory examination of samples of body tissue for diagnostic purposes.
- **Pathologist:** A doctor who identifies diseases by studying cells and tissues under a microscope.
- **Resection:** To cut out tissue or part of an organ.
- **Resectoscope:** A special instrument inserted into the urethra for electrosurgical removal of tumors involving the bladder or urethra.
- **Stage:** The extent of cancer within the body, especially whether the disease has spread from the original site to other parts of the body.
- **Urethra:** The tube through which urine empties from the bladder.

WHAT YOU SHOULD KNOW: Advice from bladder cancer patients who have experience with TURBT

BEFORE A TURBT



- Bring a friend or family member to take notes on what the doctor tells you.
- Ask your doctor what type of anesthesia you will receive for your TURBT. Find out if there is anything you should do before your TURBT procedure.

DURING A TURBT



- The doctor cuts visible tumor(s) away from the lining of your bladder wall using instruments inserted through the resectoscope.
- Once a tumor has been removed, bleeding is prevented or reduced by using a mild electric current to cauterize (burn) the area where the tumor was.

AFTER A TURBT



- Once the TURBT is over, you will be taken to the recovery room to allow the anesthetic to wear off. Your nurses will encourage you to drink plenty of water. Drinking water helps flush out your bladder.
- When you wake up, you may have a *catheter* in your bladder to allow your bladder to empty. Fluid may be added to wash out blood and debris from your bladder.
- A catheter may need to be kept in for several days if bleeding is persistent. If you are sent home with a catheter, make sure you understand how to use it and when it should be removed.
- Side effects of the TURBT may include painful urination, bladder irritation, frequency, and bladder spasms. Medications and soothing gels can help. Ask your doctor what he or she recommends.
- Blood in your urine and passing blood clots (from where they took out the tumors) can continue for a few weeks.
- Pads or protective underwear can help people who experience urine leakage after the treatment.
- Plan to rest for a few days after your TURBT.
- Call your medical team if you have questions or something seems wrong.
- Be sure to ask for a copy of your pathology report; keep this with your medical record information.

NEXT STEPS:

- Your doctor will help you decide what additional treatment you might need based on what the pathology report says.
- You may need to have a repeat TURBT in 2-6 weeks to completely remove the tumor or to get a deeper *biopsy* sample for the pathologist to examine.
- If you have small, low-grade tumors that have not invaded the lining of your bladder, a TURBT may be the only treatment you need. You will still need regular *cystoscopies* to make sure there is no recurrence.
- If the tumor has invaded the muscle wall, your doctor may recommend surgery to remove your bladder. Sometimes, other treatment may be needed along with this type of surgery. See ***Bladder Cancer: Get the Facts on Radical Cystectomy*** for more information.
- It can be helpful to talk to someone who has experienced TURBT. Call the BCAN Survivor 2 Survivor program to connect with a volunteer who knows about having TURBT procedure. Dial 888-901-BCAN.

The Bladder Cancer Advocacy Network (BCAN)

BCAN's mission is to increase public awareness about bladder cancer, advance bladder cancer research, and provide educational and support services for the bladder cancer community.



www.bcan.org



info@bcan.org

888-901-BCAN (2226)