

► 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 through the urethra to examine the bladder more completely while the patient is under anesthesia (general or spinal). The doctor then uses a small, electrified loop of wire attached to the resectoscope to remove bladder tumor 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 to reduce the chances of future tumor recurrence.



ASK YOUR HEALTHCARE TEAM

- *What will the results of the TURBT tell you?*
- *How long does the TURBT take?*
- *Will I likely need a urinary catheter when I go home?*
- *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?*
- *Will you be using enhanced cystoscopy during my TURBT?*

Always consider
a 2nd Opinion 

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 using chemical substances.
- **Cystoscopy:** Examine 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 thin, tube-like instrument used to remove tissue from inside the bladder with a light and lens for viewing.
- **Stage:** The extent of cancer within 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.
- Ask your doctor about any pre-operative testing you may need, and where and when that testing will happen.
- Find out where your TURBT will take place and what to expect on the day of your 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.
- Tissue from the tumor will be sent to pathology to be evaluated.

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 after your TURBT, 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.
- Before going home, you will get instructions on post-TURBT recovery, and you may also get a prescription for medicines to take.
- 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 and take it easy for a few days after your TURBT.
- Drink lots of fluids to help flush out debris and clots in your bladder
- 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 or other treatments.
- 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.

Visit BCAN.org/bladder-cancer-TURBT for more information.

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.



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