

Patient Information to be retained by patient

Transurethral resection of bladder tumour (TURBT)

affix patient label

What is a TURBT?

This is an operation to remove a bladder tumour. It is carried out using a small camera (cystoscope) and instruments passed along your urethra into the bladder. The urethra is the tube that drains urine from the bladder.

Why do I need this procedure?

The operation is necessary because you have a growth or tumour in your bladder. It is likely to be a malignant growth (cancer). Removing it will help to control any symptoms it is causing and prevent it spreading. It will also provide us with samples so that we can advise you of the best treatment.

Are there any alternatives?

Some tumours can be removed with a laser (laser ablation) as a day case procedure. This is only possible for very small tumours where the type of tumour is already known. You should feel free to ask about alternative treatments.

How do I prepare for it?

You should continue to take your normal medicines unless told not to. If you are taking aspirin, clopidogrel or warfarin you must mention this to your urologist and at the pre-assessment clinic.

Do **not** eat anything for at least **6 hours** before your operation. This is to make sure your stomach is empty when you have your anaesthetic. Drinks containing fats (e.g. tea or coffee with milk) and sweets all count as food. You **can** drink water or a drink without fats in it (e.g. black coffee) until **2 hours** before your operation. You may also have small sips of water to take tablets. There is a hospital leaflet about having an anaesthetic. Ask the staff for a copy if you would like one.

You will normally come in to hospital on the day of surgery. A member of the urology team will see you on the ward. This is usually the surgeon who will perform your operation. Feel free to ask any questions you have about the operation or what will happen afterwards. The surgeon may examine you again. They will also check that this consent form has been completed and signed.

What does it involve?

You will also be offered some medication to make you feel relaxed / sleepy. The operation is usually performed using a spinal anaesthetic. The anaesthetist will carefully inject the anaesthetic into the lower part of your back. This will make your lower body numb allowing the operation to be performed without any discomfort. The numbness will wear off after a few hours. Occasionally a general anaesthetic is used.

A telescopic instrument called a cystoscope is passed along your urethra to your bladder. The tumour is removed from your bladder using a special probe and sent for analysis.

What happens afterwards?

At the end of your operation a tube called a catheter is inserted into your bladder. A special blue chemical called **Mitomycin C** may be run into your bladder and left for an hour while you rest in the recovery area. This can reduce the risk of the tumour coming back.

If the tumour has grown into the bladder muscle Mitomycin C will not be used as it is not effective in this situation. It will also not be used if a bladder perforation is suspected.

There may be some bleeding into the bladder. It is common for the catheter to be connected to a bag of fluid to flush out any blood and to prevent the catheter from blocking. The catheter is usually removed the day after your operation. Once you can pass urine safely you will be able to go home.

What should I look out for at home?

There may be some minor discomfort on passing urine. You may also pass a small amount of blood in your urine for a week or so after surgery.

You may notice further blood or blood clots around 10-14 days after your operation. This is normal. You can help it settle by drinking plenty of fluid.

Before you leave hospital you should be given advice about:

- your likely recovery at home
- when to resume normal activities
- contact details should you have any worries once you are home
- when you will be seen again and when you will be told of any test results.

If you have not been given this information please ask before you go home.

When will I get my results?

The samples collected during surgery take around 14 days to be analysed. The results are usually discussed by all the specialists involved in your care at a multi-disciplinary team (MDT) meeting before further treatment decisions are made. We will contact you and your GP with the results.

Will I need any further procedures?

It is likely that we will recommend regular inspections of your bladder by cystoscopy for 5 to 10 years. Depending on the type of tumour you may also need to have a course of treatment directly into your bladder over 6 weeks. Sometimes another cystoscopy examination in theatre to obtain more samples or remove tumour is required. Occasionally major surgery or radiotherapy is needed.

Are there any risks or complications?

As with all procedures there are risks from having this operation:

Common (Happens to more than 1 in 10 patients)

Frequency, mild burning or bleeding on passing urine: This should only last a few days. If it persists please consult your GP as it may mean you have a urine infection.

Occasional (Happens to fewer than 1 in 10 patients)

Urine infection: If you feel feverish or have a persisting burning sensation when passing urine, please consult your GP as an infection may be present which will require antibiotics.

Injury to the urethra leading to scar formation: This can occur some months after surgery and may cause a restriction in the flow of urine from your bladder. It can generally be treated by a simple daycase procedure.

Bladder tumour recurrence and / or incomplete tumour removal: It is not always possible or safe for all of the tumour to be removed. A second TURBT may sometimes be recommended.

Rare (Happens to fewer than 1 in 50 patients)

Persistent bleeding: It is common for some bleeding through the catheter after surgery. If bleeding persists and doesn't respond to simple measures by the ward staff you may need a further operation to stop the bleeding.

Perforation of the bladder: During removal of the bladder tumour a hole can be made in the bladder wall (bladder perforation). This is generally treated by leaving the catheter in place for a few days longer than normal to allow the area to heal. If the bladder perforation causes a leakage of fluid into the abdomen an open operation may be required to repair the defect.

Hospital acquired infection: This risk is minimised by screening all elective surgical patients for MRSA and the early detection and isolation of patients with contagious infections. A strict antibiotic policy is also followed.

Risk from the anaesthetic: For a healthy person any problems arising from an anaesthetic is very small. However anaesthetic complications occasionally occur, particularly in patients with other medical conditions.

Patient copy

If you would like this leaflet in large print, Braille, audio version or in another language,
please contact the General Office on 01872 252690

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

Transurethral resection of bladder tumour (TURBT)

NHS number:

Name of patient:

Address:

Date of birth:

CR number:

An operation to remove a bladder tumour with the use of a telescopic instrument (cystoscope)

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits and summarised the risks, as below:

- *To remove the tumour from your bladder.*

Significant, unavoidable or frequently occurring risks:

- *Burning or bleeding on passing urine, need for additional treatments to the bladder to prevent tumour recurrence.*

Uncommon / later risks:

- *Urine infection requiring antibiotics, injury to the urethra, bladder tumour recurrence or incomplete removal.*

Rare but serious risks:

- *Persisting bleeding requiring surgery, perforation of the bladder, hospital acquired infection, risk from the anaesthetic.*

Any extra procedures which may become necessary during the procedure:

- *Blood transfusion (required very infrequently).*
- *Convert to an open operation to repair a bladder perforation (very rare).*
- *Other (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Transurethral resection of bladder tumour (TURBT) CHA3241 which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: Date:

Name (PRINT): Job title:

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: Name (PRINT): Date:

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Transurethral resection of bladder tumour (TURBT) CHA3241 which forms part of this document.

Patient signature: _____ Name (PRINT): _____ Date: _____

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: _____ Name (PRINT): _____ Date: _____

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: _____ Date: _____

Name (PRINT): _____ Job title: _____

Important notes (tick if applicable):

See advance decision to refuse treatment Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: _____ Name (PRINT): _____ Date: _____

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