

TRANSURETHRAL RESECTION OF BLADDER TUMOUR

Most tumours in the bladder are the small papillary (wart-like) type, and these are easily removed by transurethral resection. This is done as an inpatient procedure: you will need a general or spinal anaesthetic. An instrument called a cystoscope is used, which is a tube that enables the doctor to look into your bladder. The cystoscope is passed via the urethra (water pipe) into the bladder. Different instruments are passed down the centre of the cystoscope to snip off the tumour and cauterise (seal off) the area to prevent excessive bleeding.

On your return to the ward following surgery you will have an intravenous infusion (drip) attached to your arm, providing the fluid you require to prevent dehydration. Back in the ward you will be able to eat and drink as much as you can manage. The intravenous infusion will be discontinued as you increase your intake of fluids by mouth.

During your surgery, a catheter will be inserted into the bladder via the urethra. A catheter is a tube with a small balloon on its end, which is inflated inside the bladder. This helps urine to drain from the bladder and also irrigates (flushes) the bladder with water to help prevent blood clots forming. The catheter is attached to a drainage bag, which collects the blood-stained urine (haematuria) and the irrigation fluid. The bag is emptied as necessary by the nursing staff.

Bladder irrigation will be discontinued as the colour of the urine becomes a pale rose colour. You may also be given a special drug (Frusemide) to enable you to pass urine more freely.

If necessary the day after surgery a single dose of intravesical chemotherapy may be used as part of your treatment for your

bladder cancer. This is a chemotherapy drug that is instilled (put into) your bladder via the catheter. The fluid is left in your bladder for approximately one hour. During this time, you will be asked to remain lying on your bed and if possible to alternate your position from side to side every 15 minutes. This type of chemotherapy has very little side effects. You may experience cystitis-like symptoms, such as stinging and burning when passing urine for 12 to 24 hours after instillation.

The catheter will be taken out and the chemotherapy will be drained from your bladder. The catheter is removed by deflating the balloon and the catheter then slides out without difficulty.

After your catheter has been removed, you will pass urine normally via your urethra. You may experience unusual symptoms, such as the need to urinate frequently, and discomfort passing urine. There may be blood in the urine for several days; a good intake of fluid will help the urine to become clear. These symptoms rapidly settle down and, if you and the clinical staff are happy with the way you are passing urine, you will be able to leave hospital. This is usually two or three days after your operation.

There are risks involved in undergoing any surgical operation. The main ones involved with this type of surgery are:

- complications from undergoing a general anaesthetic, which may include problems with your lungs or with your heart
- haemorrhage (bleeding) – there is the risk of bleeding heavily after removal of a bladder tumour and you may require a longer stay in hospital due to this
- a chest or urine infection
- thrombosis (blood clots) in the deep veins in the legs, or in your lungs

Every measure is taken to prevent any complications developing due to undergoing surgery: the pre-operative assessment, for example, and using drugs to prevent thrombosis and to combat infection pre and post operatively.

The benefits of undergoing this operation are:

- symptom relief, for example, pain relief or stop any bleeding there may be
- it will either remove the lesion/abnormality completely, or allow for further treatment to be planned.
- give you the best possible chance to be cured of the cancer.

You will be able to resume normal activities slowly as you feel better. However for the first couple of weeks we advise gentle walking exercise and NO heavy lifting. You should not drive for two weeks.

If your job is sedentary, eg office work, or a job that does not involve strenuous activity, you may return to work after three to four weeks. If your job is demanding, only return after six weeks with your general practitioner's consent.

Following surgery to remove your bladder tumour, you will require flexible cystoscopy at regular intervals to start with. This type of bladder tumour can recur and if so, they will be detected at your regular check and treated accordingly.

For further information, or support please contact:

- Urology nurses, Ward B6 at Bassetlaw Hospital, tel: Worksop (01909) 500990 ext 2254. The Urology Suite, ext 6122, or Ward 19, ext 3339, at Doncaster Royal Infirmary, tel: Doncaster (01302) 366666
- BACUP, 3 Bath Place, Rivington Street London EC2A 3JR, is a national charity providing information and counselling for people

with cancer, their families and friends. The lines are staffed by specialist nurses, tel: 0808 800 1234. The lines are open Monday to Thursday 10am to 7pm; Friday 10am to 5.30pm or visit the website at www.cancerbacup.org.uk

- Cancer Support Group, provides the opportunity for cancer patients, their families friends, carers, healthcare and other professionals to meet in an informal and friendly setting to share experiences, support and encourage each other. Meetings are held on the first Wednesday of every month from 6.30 to 8.00pm, in the Boardroom, Gate 4, Doncaster Royal Infirmary.

For further details contact: Doncaster (01302) 366666 ext 3143 or 3324

- Website at <http://www.urologychannel.com>
- BBC Online (cancer information) at www.bbc.co.uk
- The Patients' Library at Doncaster Royal Infirmary will also provide you with any information that is currently available, tel: Doncaster (01302) 366666 ext 6133.