



TURBT Pre- and Post- Operative Instructions

Transurethral resection of bladder tumor(s) (TURBT) is a surgical procedure that involves resecting concerning tumors/lesions on the bladder wall.

PREPARATION FOR DAY OF SURGERY:

- Review Anesthesia Guidelines given to you at last office visit. Strictly adhere to those instructions otherwise your surgery could be cancelled.
- The hospital *may* provide a specific soap to use for pre-operative cleaning/showering.
- Wear loose-fitting clothing.
- Make arrangements for someone to drive you home after surgery. A taxi cab is not an option. Call our office and speak with surgery scheduling if this is a problem.

WHAT TO EXPECT DURING THE PROCEDURE:

You will be completely asleep through the use of anesthesia (unconsciousness induced by drugs). An anesthesiologist will monitor your vital signs throughout the entire surgery. During the procedure, a camera is inserted into the urethra (tube that empties bladder of urine) up into the bladder. The concerning lesions/tumors are then cut out and bleeding is controlled through electrocautery, which uses heat and energy to seal areas that are bleeding. The tissue is then sent to a pathologist to determine if cancer cells are present.

WHAT TO EXPECT AFTER THE PROCEDURE:

Diet

You may return to your normal diet after surgery. Mild nausea and possibly vomiting may occur in the first 6-8 hours following surgery. This is usually due to the side effects of anesthesia and will resolve soon. We suggest clear liquids and a light meal the first evening following surgery.

It is also recommended that you avoid caffeine for 3-5 days as these are bladder irritants.

Activity

It is recommended that you take it easy for the 24 hours following surgery as you may still have some residual effects from the anesthesia. You will only be able to perform light activity (i.e. walking) for 7-10 days after surgery. Do not strain, squat, or lift anything greater than 10 lbs. during that time. You may then gradually return to normal activity unless you are still seeing bright red blood or blood upon every urination. In this case, contact our office for further instructions. It is normal to see small amounts of blood and/or small clots intermittently for 4 weeks after surgery.

Wound

All incisions will be made inside the bladder. If you notice that your urine is becoming more bloody, increase your clear fluid intake.

Due to instruments being passed into the tube through which you urinate, you will likely notice burning with urination. This will gradually improve over the course of a few days after surgery.

In some instances, your surgeon may decide to leave a urinary catheter in place. It will be connected to tubing that travels down your leg and connects to a leg bag which collects your urine. The catheter will not be noticeable when wearing loose-fitting pants. The catheter will cause you to have a sensation that you need to void as well as some mild pain within the tube you normally urinate through. If the sensation of urgency is very bothersome, call your provider as he/she may be able to prescribe a medication to help with this symptom. The

post-op nurse should provide you with instructions on how to care for your catheter. If you have any questions, please feel free to contact Alaska Urology for assistance.

Hygiene

You may resume normal bathing/showering immediately after surgery.

Medications

In most cases, you will be sent home with a prescription pain pill. If the pain medication you are sent home with does not control the pain when being used as directed on bottle, call your doctor. While taking prescription pain medication, it is recommended you also take a stool softener such as Docusate Sodium (Colace, Dulcolax) to counteract the constipating effects of the pain medication.

If the pain is not too bad, you may take over-the-counter Tylenol (acetaminophen). Avoid Non-Steroidal Anti-Inflammatories (NSAIDs) such as Aspirin, Ibuprofen, Naproxen, Advil, Aleve, and Motrin, for 72 hours after surgery because they may cause prolonged bleeding.

Problems to Report

- Fever of 101 degrees Fahrenheit or higher.
- Pain not managed with prescription pain medication despite using it as directed on bottle.
- Clots in the urine that are the size of a quarter or larger.
- Difficulty voiding after surgery or inability to void after 4-6 hours
- Lack of output from catheter (if you have one) for 4-6 hours
- Drug reactions such as a rash or vomiting. If difficulty with breathing occurs, go directly to the ER.

Follow-Up

Your doctor's medical assistant will call you 1-2 days after surgery to check your status and schedule additional follow-up appointments.

Contact Information

If you need to contact Alaska Urology for post-operatively concerns, please contact the clinic you visited (Anchorage: 563-3103, Palmer: 745-9300). If your symptoms are severe and/or very concerning, ask to speak with nurse triage. If symptoms are mild to moderate or of low concern, ask to speak with your doctor's assistant.