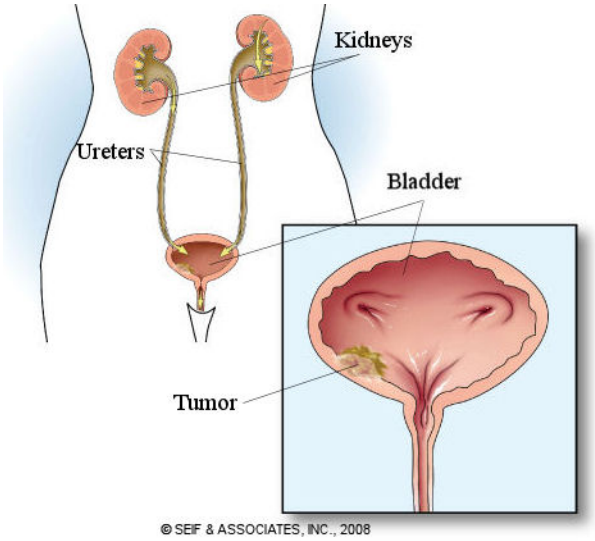
Bladder Tumor, Transurethral Resection
Pre-op and Procedure

A cancerous growth (*tumor*) can develop on the inside wall of the bladder. The bladder is the organ that holds urine. One way to remove the tumor is a procedure called a *transurethral resection*. The tumor is removed (*resected*) through the tube that carries urine from the bladder out of the body (*urethra*). No cuts (*incisions*) are made in the skin. Instead, the procedure is done through a thin telescope, called a *resectoscope*. Attached to it is a light and usually a tiny camera. The resectoscope is put into the urethra. In men, the urethra opens at the end of the penis. In women, it opens just above the vagina.



A transurethral resection is usually used to remove tumors that have not gotten too big or too deep. These are called Stage 0, Stage 1 or Stage 2 bladder cancers.

BEFORE THE PROCEDURE

- A medical evaluation will be done. This may include:
  - A physical examination.
  - Urine test. This is to make sure you do not have a urinary tract infection.
  - Blood tests.
  - A test that checks the heart's rhyth*m* (*electrocardiogram*).
  - Talking with an *anesthesiologist*. This is the person who will be in charge of the medication to keep you from feeling pain (*anesthesia*) during the transurethral resection. You might be asleep during the procedure (*general anesthesia*) or numb from the waist down, but awake during the procedure (*spinal anesthesi*a). Ask your surgeon what to expect.
- The person who is having a transurethral resection needs to give what is called *informed consent*. This requires signing a legal paper that gives permission for the procedure. To give informed consent:
  - You must understand how the procedure is done and why.
  - You must be told all the risks and benefits of the procedure.
  - You must sign the consent. Sometimes a legal guardian can do this.
  - Signing should be witnessed by a healthcare professional.
- The day before the surgery, eat only a light dinner. Then, do not eat or drink anything for at least 8 hours before the surgery. Ask your caregiver if it is OK to take any needed medicines with a sip of water.
- Arrive at least an hour before the surgery or whenever your surgeon recommends. This will give you time to check in and fill out any needed paperwork.

LET YOUR CAREGIVER KNOW ABOUT:

On the day of the procedure, your caregivers will need to know the last time you had anything to eat or drink. This includes water, gum and candy. In advance, make sure they know about:

- Any allergies.
- All medications you are taking, including:
  - Herbs, eyedrops, over-the-counter medications and creams.
  - Blood thinners (*anticoagulants*), aspirin or other drugs that could affect blood clotting.
- Use of steroids (by mouth or as creams).
- Previous problems with anesthetics, including local anesthetics.
- Possibility of pregnancy, if this applies.
- Any history of blood clots.

- Any history of bleeding or other blood problems.
- Previous surgery.
- Smoking history.
- Any recent symptoms of colds or infections.
- Other health problems.

THE PROCEDURE

- The preparation:
  - You will change into a hospital gown.
  - A needle will be inserted in your arm. This is an IV. Medication will be able to flow directly into your body through this needle.
  - Small monitors will be put on your body. They are used to check your heart, blood pressure and oxygen level.
  - You might be given medication that will help you relax (*sedative*).
  - You will be given a general anesthetic or spinal anesthesia.
- The procedure:
  - Once you are asleep or numb from the waist down, your legs will be placed in stirrups.
  - The resectoscope will be passed through the urethra into the bladder.
  - Fluid will be passed through the resectoscope. This will fill the bladder with water.
  - The surgeon will examine the bladder through the scope. If the scope has a camera, it can take pictures from inside the bladder. They can be projected onto a TV screen.
  - The surgeon will use various tools to remove the tumor in small pieces. Sometimes a laser (a beam of light energy) is used. Other tools may use electric current.
  - A tube (*catheter*) will often be placed so that urine can drain into a bag outside the body. This process helps stop bleeding. This tube keeps blood clots from blocking the urethra.
  - The procedure usually takes 30 to 45 minutes.

AFTER THE PROCEDURE

- You will stay in a recovery area until the anesthesia has worn off. Your blood pressure and pulse will be checked every so often. Then you will be taken to a hospital room.
- You may continue to get fluids through the IV for awhile.
- Some pain is normal. The catheter might be uncomfortable. Pain is usually not severe. If it is, ask for pain medicine.
- Your urine may look bloody after a transurethral resection. This is normal.
  - If bleeding is heavy, a hospital caregiver may rinse out the bladder through the catheter.
  - Once the urine is clear, the catheter will be taken out.
  - You will need to stay in the hospital until you can urinate on your own.
- Most people stay in the hospital for up to 4 days.

POSSIBLE RISKS AND COMPLICATIONS

This is usually a safe procedure. Every procedure has risks, though. For a transurethral resection, they include:

- Infection. Antibiotic medication would need to be taken.
- Bleeding.
  - Light bleeding may last for several days after the procedure.
  - If bleeding continues or is heavy, the bladder may need rinsing (*irrigation*). Or, a new catheter might be put in for awhile.
  - Sometimes bed rest is needed.
- Urination problems.
  - Pain and burning can occur when urinating. This usually goes away in a few days.
  - Scarring from the procedure can block the flow of urine.
- Bladder damage.

- It can be punctured or torn during removal of the tumor. If this happens, a catheter might be needed for longer. Antibiotics would be taken while the bladder heals.
- Urine can leak through the hole or tear into the abdomen. If this happens, surgery may be needed to repair the bladder.

PROGNOSIS

- Transurethral resection is considered the best way to treat bladder tumors that are not too far along. For most people, the treatment is successful. Sometimes, though, more treatment is needed.
- Bladder cancers can come back even after a successful procedure. Because of this, be sure to have a checkup with your caregiver every 3 to 6 months. If everything is OK for 3 years, you can reduce the checkups to once a year.

Document Released: 10/14/2010 Document Re-Released: 03/14/2011
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