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Transurethral Resection of Bladder Tumour (TURBT)

A **Transurethral Resection of Bladder Tumour (TURBT)** is a procedure used to diagnose and remove bladder tumours. It is most commonly performed when bladder cancer is suspected or confirmed. TURBT allows Prof Lawrentschuk to remove abnormal tissue through the urethra without the need for external incisions.

How does a TURBT work?

A special instrument called a **resectoscope** is inserted through the urethra and into the bladder. It uses a wire loop with electric current to cut away the tumour and seal off surrounding blood vessels to control bleeding. All visible tumour tissue is removed and sent to pathology for further analysis.

The procedure usually takes about an hour to complete and is done under general or spinal anaesthetic. Prof Lawrentschuk will advise you on which is best.

Why is TURBT recommended?

Most bladder tumours indicate bladder cancer. If Prof Lawrentschuk identifies a mass on a scan that you have had done, he may recommend a TURBT.

A TURBT is performed to:

- **Confirm** the tumour is **cancer**.
- Get **more information about the cancer** (could include how aggressive and advanced it is)
- **Remove the cancer** to prevent it from getting worse.
- **Prevent** side effects such as **bleeding.**

Preparing for your TURBT

You will be contacted 1–2 weeks prior to your scheduled procedure with specific fasting instructions and hospital admission details. You will also receive a link to complete your online admission forms.

It is important to advise the rooms if you are taking any **blood thinners** or any prescribed medications for **diabetes or weight loss purposes.** The rooms can be contacted on (03) 9329 1197.

Following surgery

Hospital stay

Most patients are **discharged the same day**, although **some may require an overnight stay** depending on individual circumstances.

- A **urinary catheter** may be placed during the procedure to help drain the bladder. If required, it is usually removed within a day or two.
- You will be encouraged to drink plenty of fluids to flush out the bladder.

Before leaving hospital, the nursing team will provide you with instructions on caring for yourself at home. Ensure you have someone to take you home as you **will not be able to drive**.

Recovering at home

You should plan to **rest** at home for at least **5–7 days after** your procedure. During this time, **avoid strenuous activity, heavy lifting, and vigorous exercise.**

It is common to notice some blood in the urine for up to two weeks. The urine colour may range from dark red to light pink and should gradually clear. To aid with flushing out the bladder, please ensure you are **drinking plenty of water.**

Some patients may also experience:

- Burning or stinging with urination
- Urinary urgency or frequency
- Small blood clots in the urine
- Mild discomfort in the lower abdomen or bladder area

These symptoms usually resolve with time. Ensure you follow all post-operative care instructions provided by your medical team/Prof Lawrentschuk. You should be able to resume light activities a week after the procedure, depending on whether you feel comfortable.

Will I need any other procedures?

In some cases of aggressive bladder cancer, further treatment may be required. This may include **pharmacological approaches**, such as:

- **Chemotherapy** or immunotherapy that is administered **directly into your bladder** (intravesical therapy).
- Chemotherapy, radiation therapy, and/or immunotherapy.

Prof Lawrentschuk may also discuss additional **surgical options**, which could include:

- Performing another **TURBT** to make sure the bladder cancer has been completely removed.
- Surgery to remove your bladder (**cystectomy**).

When to seek help

Please contact **Professor Lawrentschuk's rooms** at (03) 9329 1197 or attend your nearest **Emergency Department** if you experience:

- Heavy bleeding (bright red) or large clots in the urine that do not resolve with increased hydration.
- Inability to urinate.
- Fever above 38°C, chills, or severe abdominal pain.
- Persistent or worsening burning or pain with urination.

Follow-up and monitoring

Your results will take up to a week to come back. Prof Lawrentschuk will call you with the results and will advise you when to expect a call. Please make sure you have an appointment for the follow-up if that is requested at the time of results.

You will usually have a follow-up appointment with Prof Lawrentschuk within **6-8 weeks** after surgery to assess your recovery and evaluate the need for further treatment or medication. Following this appointment, you will likely be issued with additional scans/bloods to complete so that your progress can be adequately assessed.