



HALTON UROLOGY

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Discharge Instructions for Transurethral Resection of a Bladder Tumour

You had a procedure called a Transurethral Resection of a Bladder Tumour (TURBT). The purpose of the operation is to remove the entire tumour from the lining of your bladder that was originally seen at the time of your last cystoscopy. All the tissue that is removed will be sent to the pathology department where it will be analysed.

Some patients are sent home with a catheter (a hollow tube which drains urine from the bladder), while others go home urinating on their own. Some patients are kept overnight and have the catheter removed after 1-2 days before discharge from hospital. This is largely dependent on the your overall health as well as the extent of the bladder resection that was performed. If you still have a catheter, you will be provided with instructions regarding its care.

Activity: Take is easy for 2-3 weeks. Do not engage in activities requiring heavy lifting (greater than 10-20 lbs.), gardening, bicycling etc. This will increase the pressure your abdomen puts on your bladder and may result in more blood in your urine. Sexual activity should be avoided for 2-3 weeks.

Blood in the Urine (Hematuria): You may experience blood intermittently in the urine with or without small clots. This is to be expected. Bleeding to the point where large blood clots are formed or the urine has the consistency of Ketchup, is excessive. Should this happen, please go to your nearest Emergency Department immediately.

Bowel Movements: It is important to keep your bowels regular during the postoperative period. Straining with bowel movements can cause bleeding. A bowel movement every other day is reasonable. You may require a stool softener (over the counter) to promote regular bowel movements.

Catheter Care: You may need to wear a catheter to drain your bladder after the procedure, depending upon the extent of the bladder resection and the risk for bleeding afterwards. This catheter is generally removed within 24 hours before you are discharged home from hospital. In rare cases, I may send you home with a catheter that will be removed after 7-10 days.

It is important that you use plain soap and water to wash the head of your penis daily (or more often if needed). You will also need to wash the catheter daily with plain soap and water to avoid infection. Avoid using any other chemicals to wash your penis or the catheter.

While in place, catheters can cause some urinary/pelvic symptoms. They can bump up against the bladder, and make a person feel like their bladder is full, despite their bladder being empty. They can also cause a cramping pain in the lower abdomen. These are called bladder spasms. The key to bladder catheters is to insure the catheter is draining the urine well from the bladder. Should there be no urine output over 30-60 minutes, and you feel full, you should go to your nearest Emergency Department as your catheter may have become blocked or plugged.

Generally speaking, as long as the catheter is draining, it is working correctly. Occasionally, a catheter can be draining correctly, and the patient has a bladder spasm and squirts a little bit of urine around the catheter. This is okay, as long as it is only a small amount of urine, and the catheter is draining well.

Diet: You may return to your normal diet immediately after surgery. You may have some mild nausea and possibly vomiting the first 6-8 hours following surgery. This is usually due to the side effects of anesthesia, and will disappear quite soon. We would suggest clear liquids and a very, light meal following surgery, then a normal diet as tolerated. Avoid beverages containing caffeine because they may cause bladder spasms.

Driving: Driving should be avoided for at least 3-4 weeks after surgery or until you are not taking pain medications or are pain free. Take breaks every couple hours if you are on extended trips. Get out of your car and walk around a bit.

Pain Control: You can expect to have very little pain from this procedure. Most patients do not require any prescription pain medications upon discharge. Generally, Tylenol or Extra-Strength Tylenol or an anti-inflammatory will be sufficient to control any discomfort you may have.

Pathology Results: The pathology results from your surgery are usually available approximately 2 weeks following surgery. These results will be discussed with you in person at a scheduled follow-up appointment.

Sexual Activity: You should avoid sexual activity for 2-3 weeks and resumed when you are comfortable doing so.

Urinary Symptoms: You may experience urinary urgency, urinary frequency and discomfort with voiding. This should improve within a few days to weeks. Should you develop severe lower abdominal pain, difficulty voiding, fevers or bleeding as described above, please contact my office or go to your nearest Emergency Department.

Follow-Up Appointment: My office will contact you with a follow-up appointment time and date. This appointment will usually be 4-6 weeks after the date of surgery.

When to Seek Medical Attention:

- Bright red bleeding in urine with heavy clots
- Chills or fever over 38 degrees C (101 degrees F)
- Inability to urinate for more than 4 hours if you do not have a catheter
- Feeling of bladder fullness that does not go away after urinating
- Severe pain that is not relieved by pain medication
- No urine draining from the catheter

For Urgent or Emergent situations, please call my office at 905-875-3920 during office hours (9:00am-5:00pm) or outside these hours, please go to your nearest Emergency Department.

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