



Transurethral Resection of a Bladder Tumor

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INTRODUCTION

You are scheduled for admission and surgery to NYU Hospitals Center for **Transurethral Resection of a Bladder Tumor**. You may hear this referred to as a **TURBT**. Please read this handout, which discusses how you can prepare for your surgery as well as what you can expect during your stay in the hospital and when you go home. It describes how the members of the health care team -- physicians, nurse practitioners, nurses, social workers, and nutritionists -- will work with you, the most important team members, to ensure a smooth transition to home. Please share this information with your family members and/or friends.

Bring the information packet to the hospital, as staff will be reviewing it with you.

It is anticipated that you will be ready for discharge the **same or next day after your surgery** although this will vary depending on your individual needs. Many people are surprised at how quickly their activity progresses after surgery. The health care team will be helping you with any concerns you have about discharge. Included in this booklet is a list of questions to help you plan for your discharge. If you have any questions, please speak with your doctors or nurses.

BEFORE SURGERY

MD OFFICE

You will be given a pre-admission packet in your doctor's office or Pre-Admission Testing containing information necessary to complete the admission process. This packet includes the following forms:

- ◆ Personal and insurance information for the admitting office
- ◆ Health care proxy
- ◆ Health history that you will need to complete and bring with you to Pre-Admission Testing. This history needs to include all medications that you are currently taking. Please fill out this form as thoroughly as possible.
- ◆ Sign a consent form giving your permission for the surgery after it has been explained to you.
- ◆ Discuss when to discontinue medication such as Ecotrin, Plavix, and Coumadin.
- ◆ Discuss the need for blood transfusions with your surgeon. With this surgery, transfusions are **not** likely. However, if you do need blood transfusions, you may want to donate your own blood in advance. If this is not possible, family members or friends may be able to donate for you. Please read the information on blood donations.

PRE-ADMISSION TESTING

Several days to a week before your surgery, you will be scheduled for an appointment at Pre-Admission Testing. At this appointment you will:

- ◆ Have an interview and an assessment with a nurse and a nurse practitioner/resident from your surgeon's service.
- ◆ Meet with an anesthesiologist who will explain the type of anesthesia you will have.

PATIENT & FAMILY EDUCATION

- ◆ Have blood tests and in some cases a chest x-ray and EKG. If you have had a normal chest x-ray in the last six months you can avoid another one by bringing the reports with you.
- ◆ Have additional tests if they are indicated.
- ◆ You may meet with a social worker to discuss your discharge needs.

ADDITIONAL PREPARATION

Below are general guidelines that you should follow unless your doctor has given you specific instructions:

- ◆ If you are taking **Coumadin or aspirin** once a day for heart, vascular or neurological reasons, discuss any needed changes with your doctor.
- ◆ Aspirin containing products and medications belonging to the class of drugs known as non-steroidal anti-inflammatory drugs such as **Ibuprofen or Naproxen** may be discontinued for a period of time before surgery. Discuss this with your doctor. Tylenol can be taken for pain relief.
- ◆ In most cases, antihistamines should not be taken.
- ◆ You should not eat or drink anything after midnight the night before surgery. Take your medications, as directed, with a sip of water.
- ◆ Shower the night before or morning of surgery.
- ◆ Take your usual medications with a sip of water as recommended by your doctor. Check with him/her regarding taking medications for diabetes or diuretics (*water pills*) the morning of surgery.

DAY OF SURGERY

You should report to the Minimally Invasive Urology Unit (MIUU), 530 First Avenue, 2nd floor, at the time specified. Here you will be admitted and final preparations for surgery will be completed.

- ◆ Immediately before you go to the Operating Room you will need to change into a hospital gown and remove all jewelry, including wedding ring, dentures, etc.
- ◆ You may be given a sedative to help you relax.
- ◆ The surgery will generally take 1 to 1 ½ hours (preparation and actual surgery) and 1-3 hours in the Recovery Room.
- ◆ Your visitors can wait in the MIUU waiting area (maximum of 2 visitors). It is advisable for one contact person to let the surgeon's office know where he/she can be reached so he/she can be contacted after surgery.

Immediately after surgery you will be taken to the MIUU Recovery Room until the effects of the anesthesia wears off. Generally, from the Recovery Room you will be transferred to a room on one of the surgical floors. Visitors are not allowed in the Recovery Room but your family members or friends will be able to visit you soon after you are transferred to your room.

WHILE IN THE HOSPITAL

ASSESSMENT

- ◆ Your nurse will monitor your condition. Your blood pressure, pulse and respirations will be taken and your fluid intake and urine output and color will be measured. This is called I & O.

DIET

- ◆ Your diet will depend on the type of anesthesia you received. If you had general anesthesia, you will be given fluids at first. Your usual diet can generally be resumed if you tolerate liquids.
- ◆ If you had spinal anesthesia, your usual diet can be resumed soon after surgery.

BLADDER FUNCTION

- ◆ A Foley catheter may be inserted during surgery to drain urine from your bladder. The catheter is usually removed the day after surgery.
- ◆ The color of the urine may be pink in color for a few days.
- ◆ If you cannot void once the Foley catheter is removed, another Foley will be inserted and you will be discharged with a leg bag. The hospital staff will instruct you on how to care for the leg bag at home.

ACTIVITY

- ◆ Gradually increase your activity. Increase the distance that you walk and the time you are out of bed.
- ◆ You can generally shower once the Foley catheter is removed.

MEDICATIONS

- ◆ You will receive three intravenous doses of an antibiotic. After this, they may be changed to antibiotics that can be taken orally.
- ◆ Pain medication will be given to you orally or by injection the day of surgery. By the day after surgery, pain medication will be given orally. You will be asked to rate your pain on a scale of 0-10 with 0 being no pain and 10 being unbearable pain, both before and after you take pain medication. This rating will help the staff ensure that you are comfortable.
- ◆ Other medications you took before surgery will be resumed.
- ◆ Ask your nurse if you do not receive your usual medications. **DO NOT TAKE** your own medication.

DISCHARGE PLANNING

- ◆ It is anticipated that you will be discharged the same or next day after surgery although this will depend on your specific needs.
- ◆ Think about questions you have so that you can remember to ask the doctor and nurse.
- ◆ Your doctor and nurse will discuss specific discharge information with you and give you any needed prescriptions.
- ◆ Discharge time is 10:00 am.

GENERAL DISCHARGE GUIDELINES

DIET

- ◆ You can resume your usual diet.
- ◆ In some cases, your doctor may prescribe that you increase your fluid intake. Ask him/her for specific instructions.

MEDICATIONS

- ◆ If you receive a prescription for antibiotics, make sure you take it as prescribed.
- ◆ If you were taking aspirin or non-steroidal anti-inflammatory (NSAID) medications prior to admission, speak with your Urologist about restarting these medications after discharge.
- ◆ You will be given a prescription for pain medication. Do not take more or for a longer period of time than your physician recommends.
- ◆ Generally, you can resume medications you took prior to surgery. Ask your doctor for specific instructions.

ACTIVITIES

- ◆ Light activities can usually be resumed, but discuss specific recommendations with your doctor. Do not do any heavy lifting.
- ◆ You can shower once the Foley is removed. If you were discharged with a leg bag because you could not void, follow the care instructions given to you by the hospital staff.
- ◆ Do not exert yourself and plan for rest periods for the first week.
- ◆ Discuss with your doctor when you can resume activities such as lifting, driving, and sexual activity.

- ◆ Do not take rectal temperatures. Take an oral temperature if you do not feel well. For a reliable reading, no aspirin, acetaminophen (Tylenol) or ibuprofen should be taken for 3-4 hours before.
- ◆ Call your doctor for temperatures over 100.8° F.

BOWEL FUNCTION

- You may experience some constipation after surgery. Increasing fluids and fiber in your diet can minimize this. Continue taking Colace until you have a normal bowel movement.

HYGIENE

- Discuss with your doctor when you can shower. You should not take a **bath** while you still have the urethral catheter.

BLADDER FUNCTION

- You will be discharged with a Foley catheter attached to a leg bag, in place. Small dark clots may pass through the catheter.

FOLEY CARE

- After you are permitted to shower, shower daily with your catheter attached to your leg bag **after** you have emptied out the urine.
- Cleanse the catheter daily with soap and warm water. It is not unusual to experience leakage of urine around the tip of the penis. This can be due to bladder spasm.
- Call you physician if no urine appears in your bag in a 4-hour period.

DRAINAGE BAG

PATIENT & FAMILY EDUCATION

- Use the small leg bag during the day and the larger drainage bag at night. Be sure to tape the catheter securely or use a Velcro strap at all times to avoid unnecessary pulling at the catheter.
- Clean drainage bags daily by rinsing it with warm water and non-detergent soap. Rinsing the bag with diluted vinegar (1/2 water; 1/2 vinegar) may reduce odor.

RETURN TO WORK

- ◆ Depending on your physical activity at work, your doctor will inform you when you will be able to return to work.
- ◆ You should gradually increase your daily activity. You should not do any heavy lifting for 2-3 weeks.

FOLLOW-UP

- ◆ Make a follow-up appointment to see your surgeon in 10 – 12 days.

WHEN SHOULD I CALL THE DOCTOR?

Your doctor should be notified if any of the following possible danger signs develop:

- ◆ Fever over 101°
- ◆ Urine that is cloudy or very bloody in color (it is normal for your urine to be a clear red after this surgery) or foul smelling
- ◆ More than the usual amount of clots present in your urine
- ◆ Difficult urinating, unable to urinate, or urinating often in small amounts (less than 50cc)
- ◆ Pain in flank or kidney area
- ◆ Pain not relieved by pain medication taken at the prescribed doses and times
- ◆ Nausea and vomiting

After you have completed reading this pamphlet, please speak to your nurse regarding any additional questions or concerns you may have. Remember that we would like to make your stay as comfortable as possible.

Thank you.

UROLOGIST'S NAME: _____

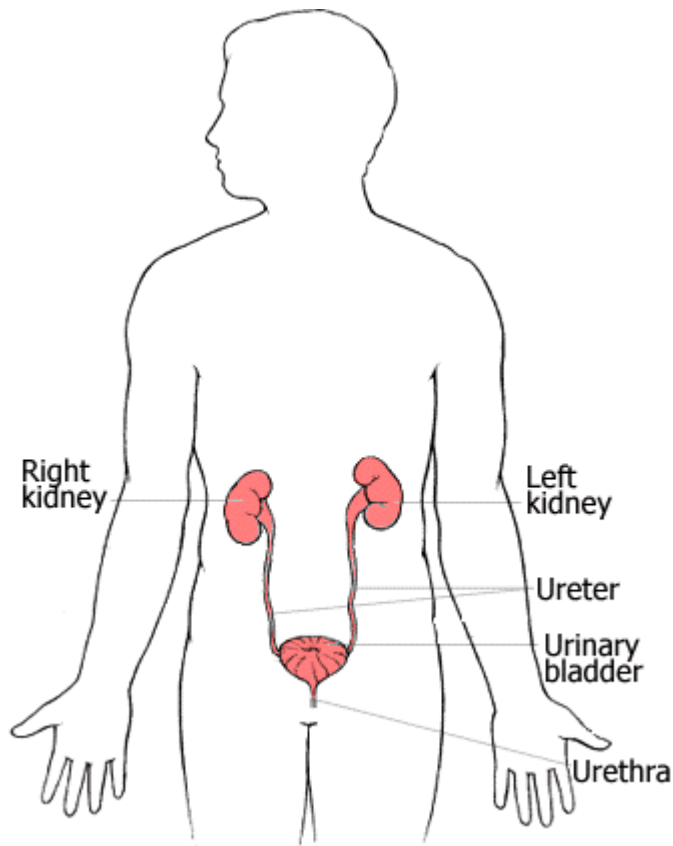
UROLOGIST'S NUMBER: _____

YOUR NEXT OFFICE VISIT/APPOINTMENT: _____

RESOURCES

Transurethral Resection of Bladder Tumor (TURBT)

Some bladder tumors may be treated by a procedure called Transurethral Resection of bladder tumor (TURBT). In the procedure, the surgeon inserts a scope into the bladder to visualize and remove the tumor.



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