Transurethral resection of a bladder tumour (TURBT) is a safe and effective operation to treat both small and large cancerous and non-cancerous growths in the bladder. This is a minimally-invasive procedure where tumours are resected through a small telescope placed through the urethra (the tube that allows flow of urine from the bladder), without the need for any incisions.

**PREPARATION FOR SURGERY >**

*Medications to avoid prior to surgery*

Any medications that affect bleeding should be stopped prior to surgery. The following medications should be stopped 7 days prior to surgery: ASA (Aspirin/Entrophen), warfarin (Coumadin), clopidogrel (Plavix), dipyridamole (Aggrenox), ticagrelor (Brilinta), ibuprofen (Advil/Motrin) and other non-steroidal anti-inflammatories (NSAIDs). The following medications should be stopped 72 hours prior to surgery: dabigatran (Pradaxa), rivaroxaban (Xarelto) and apixaban (Eliquis). If you have any questions about your medications prior to surgery, please contact your surgeon.

*Diet prior to surgery*

You may eat your normal diet up until midnight the night before your surgery. Do not eat any solid food, milk or cream after midnight the night before your surgery. You may drink up to 400 mL (1.5 cups) of water up to 3 hours before surgery. You may not drink any other fluids. You may have sips of water with your morning medications.

**THE SURGERY >**

*In the operating room*

Transurethral resection of a bladder tumour is performed under a general anesthetic, meaning you will be asleep for the operation, or under a regional anesthetic, meaning you will be frozen from the lower abdomen downward. The operation is performed through a small telescope placed through the urethra (the tube that allows passage of urine from the bladder). There are no incisions. A catheter may be inserted into the bladder at the end of the procedure. The operation typically takes 15-60 minutes, depending on the size of the bladder tumours.
**Potential risks and complications**

Although the operation is very safe, a number of potential risks exist. These include the following:

- Bleeding
- Infection
- Temporary inability to urinate
- Bladder irritation causing increased frequency and urgency of urination
- Burning during urination
- Regrowth of tumours
- Damage to the bladder, which may require a catheter for 1-2 weeks in order to heal
- Urethral stricture (scarring along the tube that allows flow of urine from the bladder)
- General risks associated with all types of surgery including heart attack, stroke and blood clots in the legs or lungs

**WHAT TO EXPECT AFTER SURGERY >**

**During your stay in hospital**

- **Length of hospitalization:** You can return home the day of your surgery. Some patients with very large tumours or other significant medical problems may be required to stay in hospital overnight.
- **Pain:** Most patients experience no pain and require no pain medication.
- **Diet:** You will be able to resume your normal diet after your surgery.
- **Ambulation:** You are encouraged to walk around shortly after your surgery.

**After leaving the hospital**

- **Showering:** You may shower the day of your surgery. You may take a bath after your catheter has been removed.
- **Activity:** Walking is strongly encouraged after your surgery. Prolonged lying in bed should be avoided to prevent the development of blood clots in your legs. You should avoid heavy lifting, sports, vigorous activity or sexual activity for 2-4 weeks as this can increase the risk of bleeding.
- **Diet:** You may resume your normal diet once you have returned home from hospital.
- **Work:** Most people can return to work 2-3 days after surgery if they perform desk work or jobs with minimal physical activity. If your work requires heavy lifting or strenuous activity, you may be required to avoid work for 2-4 weeks.

- **Antibiotics:** You may be given a prescription for antibiotics to take after your surgery to prevent infection.

- **Catheter:** You may have a catheter (a tube draining urine from your bladder) after your surgery. You will be able to go home with the catheter attached to a urine drainage bag. A home care nurse will typically remove this tube within 24-72 hours after surgery. If you are unable to urinate after the tube is removed, it may need to be reinserted in order to empty your bladder. It is normal to experience some cramping in the bladder while the catheter is in place.

- **Follow-up appointment:** You will need an appointment to visit your surgeon 2-4 weeks after your surgery. Please call your surgeon to schedule this appointment if it has not been done for you before your discharge from hospital.

### WHEN TO SEEK MEDICAL CARE

Contact your surgeon if you experience any of the following after surgery:

- Bright red urine
- Large blood clots in the urine
- Inability to pass urine
- Your drainage bag is not filling with urine
- Significant leakage around your catheter
- Pain that is not controlled by your prescribed medications
- Unexplained fever over 38.5 degrees Celsius/101 degrees Fahrenheit

Proceed immediately to the emergency room if you experience any of the following after surgery:

- Difficulty breathing or shortness of breath
- You have a serious concern and are unable to contact your surgeon