

1. What is normal

Urine and bladder symptoms

- Burning with urination, urgency, frequency, bladder spasms, and mild pelvic pressure are common.
- Pink, red, or tea-colored urine can happen. Small clots can also happen.
- Bleeding can come and go for several weeks while the bladder heals, especially after activity, constipation, or restarting blood thinners.

If you do not have a catheter

- Drink water regularly unless another doctor restricted fluids.
- Call if you cannot urinate, your bladder feels full, or pain/pressure is worsening.

If you have a catheter

- Pink urine, bladder spasms, and some leakage around the catheter can happen.
- Call if the catheter stops draining or you feel bladder pressure/pain.

2. Recovery at home

Activity

- Walk and do light activity. Avoid heavy lifting, strenuous exercise, and sexual activity for about 1-2 weeks, or longer if your surgeon tells you.
- If the tumor was large, the resection was deep, or you went home with a catheter, restrictions may last longer.

Fluids and bowels

- Stay hydrated unless you are on a fluid restriction.
- Avoid constipation. Straining can worsen bleeding. Use stool softeners if recommended, especially with narcotic pain medicine.

Medicines

- Take antibiotics, bladder spasm medicine, urinary burning medicine, or pain medicine only as prescribed.
- Urinary burning medicine can turn urine orange.
- Restart blood thinners only when you were instructed to do so.

Catheter care

- Keep the bag below bladder level. Avoid kinks in the tubing. Secure the catheter to reduce pulling.

If gemcitabine was used

- The medicine was placed inside the bladder and then drained. It is not IV chemotherapy.
- For the first day: sit to urinate, close the lid and flush twice, wash hands well, clean urine splashes, and wash skin with soap/water if urine touches skin.

3. Call us / follow-up

Call the office or seek urgent/emergency care for

- Fever over 101 F, chills, or feeling very ill.
- Inability to urinate.
- Catheter stops draining, or you feel bladder fullness with pain/pressure.
- Large clots, thick red urine like ketchup/tomato juice, or bleeding that is getting worse despite rest and fluids.
- Severe abdominal or pelvic pain, new flank pain, persistent vomiting, dizziness, weakness, chest pain, or shortness of breath.

Pathology and next steps

- Pathology determines the next plan. The report may show tumor type, grade, depth, and whether bladder muscle is present in the sample.
- Next steps may include office cystoscopy surveillance, repeat TURBT, bladder treatments such as BCG or chemotherapy, imaging, or referral if advanced treatment is needed.
- Follow the catheter removal and follow-up appointment plan given to you at discharge.

This guide is educational and does not replace your surgeon's instructions. Exact restrictions, catheter plan, and follow-up depend on what was found during surgery.