# TURBT

Transurethral Resection of Bladder Tumor
Pre-op Patient Guide

## The basic idea

A TURBT is an endoscopic procedure to remove or sample abnormal tissue from inside the bladder. The scope passes through the natural urine channel, so there are no skin incisions.

A small bipolar loop is used to remove visible tumor and cauterize bleeding areas. The tissue is sent to pathology. This procedure is both a treatment and a way to find out the tumor type, grade, and depth.

## Why this is done

- A bladder tumor or suspicious area was seen on cystoscopy or imaging.
- The goal is to remove visible tumor when safely possible.
- Pathology helps determine the next treatment or surveillance plan.

## What happens in the operating room

- You receive anesthesia.
- A camera is passed through the urethra into the bladder.
- The tumor is removed with a small electric loop and bleeding points are cauterized.
- A catheter may be placed at the end depending on bleeding, tumor size, and bladder healing.

## Possible gemcitabine after the procedure

Depending on the intra-operative findings, your surgeon may place gemcitabine directly into the bladder. This is intravesical chemotherapy - medicine inside the bladder rather than IV chemotherapy through the body.

- You may wake up with a catheter.
- The medicine usually stays in the bladder for about 1 hour.
- The catheter is then drained. It may be removed, or you may go home with it.
- Gemcitabine may be skipped if the resection is extensive or deep, bleeding is significant, bladder irrigation is needed, or there is concern for bladder perforation.

## Same-day discharge without a catheter

- More likely with a small tumor and minimal bleeding.
- You must be able to urinate safely after surgery.

## Home with a catheter

- More likely after a larger, deeper, or bleeding-prone resection.
- The catheter helps drain clots and allows the bladder to rest.

## Hospital admission / CBI

- Some patients need continuous bladder irrigation, called CBI.
- Very large or complex tumors may need a staged procedure.

## Key risks to understand

- Bleeding, clots, or clot retention. This may require catheter irrigation, hospitalization, return to the operating room, or rarely transfusion.
- Urinary tract infection.
- Bladder perforation or deeper bladder injury. Many small injuries heal with a catheter; rarely additional procedures are needed.
- Injury or swelling near the ureteral orifices, the openings where urine from the kidneys drains into the bladder. A temporary ureteral stent is rarely needed.
- Burning, urgency, frequency, bladder spasms, temporary difficulty urinating, or urethral irritation/stricture.
- Need for additional procedures or treatments based on tumor size, completeness of resection, and final pathology.
- Anesthesia risks, including nausea, sore throat, medication reaction, heart/lung issues, or blood clots.

## Before surgery checklist

- Follow the anesthesia/pre-surgery testing instructions about eating, drinking, and medications.
- Tell the office if you have fever, worsening burning, cloudy urine, concern for UTI, or new urinary symptoms.
- Tell your surgeon and anesthesia team about aspirin, Plavix, Eliquis, Xarelto, warfarin, supplements, or other medicines that increase bleeding risk. Do not stop them unless instructed.
- Arrange for a responsible adult to drive you home.
- Be prepared for the plan to change depending on what is found: no catheter, catheter overnight, hospital observation, CBI, or a staged procedure.

## Pathology drives the next step

The final report may show the tumor type, grade, and depth. Some patients only need surveillance cystoscopy. Others may need repeat TURBT, bladder instillations, imaging, or referral for advanced bladder cancer care.