

Patient information

Trans- urethral Resection of a Bladder Tumour (TURT)

Urology Department – Royal Liverpool Hospital

Your Consultant has advised you to have a transurethral resection of a bladder tumour. This leaflet explains what to expect when you have a transurethral resection of a bladder tumour.

What is a trans-urethral resection of a bladder tumour?

The telescopic removal of a bladder tumour using heat diathermy. A telescope is inserted through the urethra (tube where you pass urine from) into the bladder. Tissue is then cut away in small pieces, which are washed out of the bladder and any bleeding is stopped by coagulation.

What are the benefits of this procedure?

To diagnose or treat a tumour in the bladder.

What are the risks involved?

Common:

- Mild burning or bleeding when passing urine for a short period after operation.

Occasional:

- Infection of bladder requiring antibiotics.
- Reoccurrence of bladder tumour and/or incomplete removal.

Rare:

- Delayed bleeding requiring removal of clots or further surgery.
- Injury to urethra causing delayed scar formation.
- Damage to drainage tubes from kidney (ureters) requiring further treatment.
- Perforation of the bladder requiring a temporary urinary catheter or open surgical repair.

Are there any alternative treatments available?

There are no alternatives to this procedure.

What will happen if I decide not to have treatment?

Your condition may continue to deteriorate.

What does the operation involve?

A resectoscope is inserted into the bladder through the urethra. The resectoscope is a type of telescope. The bladder is inspected and abnormal areas are identified. The surgeon uses a heat diathermy to cut away the tumour. The bits of tumour are washed out of the bladder and sent to the pathologist for examination. Any areas of bleeding are cauterised. At the end of the operation a catheter is inserted into the bladder. Irrigating fluid is run into the bladder to wash out any remaining blood.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the Royal College of Anaesthetists Patient Information "You and Your Anaesthetic".

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

How do I prepare for the procedure?

- TURT is an inpatient procedure. You are normally in hospital for one to three nights.
- A short time before your procedure you will be asked to attend the preoperative assessment clinic where you will be seen by a specialist nurse who will assess your general health and book any investigations you may need before attending theatre. These can include blood samples, urine samples, a chest X-ray or an ECG (heart tracing).
- If you are on regular medication, you will be told to take this if necessary.
- You will be given instructions about fasting prior to the procedure.

What will happen on the day of the operation?

- You will be asked to attend the Theatre Assessment Unit (TAU) on the second floor of the Royal Liverpool Hospital where a member of your consultant's team will go through the whole procedure with you and ask you to sign a consent form if you have not already signed one.
- You will have an opportunity to discuss your anaesthetic with the anaesthetist.
- Please bring any medication you take into hospital with you.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- Please bring in toiletries, nightwear and towels.
- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please leave body piercings at home. False nails and nail polish will also need to be removed if worn.
- You will be asked to put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A nurse and porters will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the theatre area, the ward nurse will leave you, and you will be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room and a member of theatre staff will check your details with you.

After the operation

- You will wake up in the recovery ward attached to theatre, where you will stay for a short while, until your ward nurse comes to collect you.
- You may feel a little 'groggy' when you return to the ward. Your nurse will monitor your pulse, blood pressure, respirations and temperature.
- A catheter will be in place to drain urine from your bladder. It will be removed once bleeding has reduced.

- Fluid (bladder irrigation) will be passed up the catheter to break up and remove any clots of blood. Do not be alarmed at the colour of your urine which will be quite blood stained at first. You will have this until your urine is clear.
- The urinary catheter will be removed when the urine is clear.
- Some people do experience pain following this procedure and you will be given painkillers.
- You will be able to eat and drink as soon as you feel well. Your fluid intake will be monitored and you should try and drink water as well as your normal tea and coffee. This helps to flush blood from your bladder. Drinking plenty of water can also help to prevent constipation. It is important you to avoid constipation. Straining can lead to increased bleeding. A mild laxative may be prescribed to help prevent this.
- You will be able to get out of bed and walk around the ward the day after your operation.

What can I expect when I get home?

You may find it uncomfortable to pass urine for the first few days. This discomfort should improve as time goes by. If it is getting worse or you are finding it difficult to pass water or you are feeling feverish or unwell it is important that you speak to your family doctor (GP) or attend the Emergency Department (A&E).

It is normal to see some blood in the urine this should improve as the days go by. If you pass clots or have difficulty passing urine because of the blood then you should speak to your GP or attend the Emergency department.

Can I do everything as normal?

You should expect to take things easy for four to six weeks after the operation. During this time you should avoid heavy exercise and you should also avoid driving. If you are still seeing blood in the urine then you should wait until the blood has gone for at least a week before gradually returning to normal activities.

When can I return to work?

You should expect to have at least four weeks off work.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

If you have accessed this patient information leaflet via a QR code, can you please take the time to complete a short questionnaire by clicking [here](#).

Further Information

For queries about your appointment, contact the hospital you have been referred to

Royal Liverpool Hospital

Urology Department

Tel: 0151 282 6877/6788

Text phone number: 18001 0151 282 6877/6788

Aintree Hospital

Patient Appointment Centre

Tel: 0151 529 4550

Text phone number: 18001 529 4550

For general queries about a trans-urethral resection of a bladder tumour contact

Royal Liverpool Hospital

Ward 5b

Tel: 0151 706 2346/2348

Text phone number: 18001 0151 706 2346/2348

Royal College of Anaesthetists

www.rcoa.ac.uk/patients

www.rcoa.ac.uk/sites/default/files/documents/2022-06/02-YourAnaesthetic2020web.pdf

For clinical questions specific to your case, telephone the secretary of your urology consultant.

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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