
Bladder Tumour Resection

The telescopic removal of a bladder tumour with heat diathermy

This patient information leaflet is drawn from the consensus panels of many worldwide urological societies, as a supplement to any advice that you may already have been given. Alternative treatments are outlined below and can be discussed in more detail with Dr Campbell.

What are the alternatives to this procedure?

Open surgical removal of bladder, chemotherapy or radiation therapy.

Before the procedure

Please be sure to inform Dr Campbell in advance of your procedure if you have any of the following:

- ~ An artificial heart valve
- ~ A coronary artery stent
- ~ A heart pacemaker or defibrillator
- ~ An artificial blood vessel graft
- ~ A neurosurgical shunt
- ~ Any other implanted foreign body
- ~ Blood thinning medications, particularly
 - ~ Asasantin
 - ~ Aspirin
 - ~ Fish oil
 - ~ Iscover
 - ~ Persantin
 - ~ Plavix
 - ~ Warfarin
- ~ Mesh hernia repair
- ~ Previous abdominal surgery
- ~ Angina
- ~ Hypertension
- ~ Diabetes
- ~ Recent heart attack

You will usually be admitted on the day of surgery. You may be asked to attend a pre-admission clinic 5-10 days before the procedure to assess your general fitness and to perform some baseline investigations.

If you are taking warfarin, Clopidogrel, iscover, asaantin, or persantin on a regular basis, you must discuss this with Dr Campbell because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding but this can result in increased clotting, which may also carry a risk to your health. This will, therefore, need careful discussion with regard to risks and benefits.

You will be asked not to eat or drink for 6 hours before surgery. Immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

You will be fitted with elasticated stockings on admission, these will help prevent thrombosis (clots) in the veins of the legs.

After admission, you will be seen by other members of the urological team which may include not only Dr Campbell, but the specialist registrar, the intern, and your named nurse.

The specialist registrar may perform the procedure in conjunction with Dr Campbell and with your permission.

Where do I go for my procedure?

The admissions section of the hospital at the appointed time, on the appointed day. The admissions section of the particular hospital will give you instructions well in advance of the operation.

If no contact has been made please telephone Dr Campbell's secretary on (07) 3367 1608, and the problem will be addressed.

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Do I need to do anything special before my procedure?

You will need to not drink or eat anything for 6 hours prior to the procedure.

During the procedure

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. Both methods minimize pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

In this operation, You will usually be given injectable antibiotics before the procedure, after checking for any allergies. A telescope is inserted into the bladder and the tumour removed bit by bit using heat diathermy. The tumour fragments are evacuated using suction and sent for pathology analysis. A catheter is usually inserted after the procedure.

The operation takes approximately 30–60 minutes to complete.

Immediately after the procedure

After the procedure, a catheter will normally be inserted into the bladder.

Once your urine is clear, the catheter will be removed. You will normally be allowed home once you have passed urine satisfactorily.

The average hospital stay is 2–3 days.

Are there any side-effects?

Most procedures have a potential for side-effects and these are outlined below. Please use the check circles to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than 1 in 10)

- ~ Mild burning or bleeding on passing urine for short period after operation
- ~ Temporary insertion of a catheter for bladder irrigation
- ~ Need for additional treatments to bladder in attempt to prevent recurrence of tumours including drugs instilled into the bladder

Occasional (between 1 in 10 & 1 in 50)

- ~ Infection of bladder requiring antibiotics
- ~ No guarantee of cancer cure by this operation alone
- ~ Recurrence of bladder tumour and/or incomplete removal

Rare (less than 1 in 50)

- ~ Rare (less than 1 in 50)
- ~ Delayed bleeding requiring removal of clots or further surgery
- ~ Damage to drainage tubes from kidney (ureters) requiring additional therapy
- ~ Injury to the urethra causing delayed scar formation
- ~ Perforation of the bladder requiring a temporary urinary catheter or open surgical repair

General side-effects of any procedure

Any operative procedure that involves regional (spinal) or general anaesthetic can have side-effects. These are explained in the leaflet on anaesthesia.

Hospital-acquired infection

- ~ Colonisation with MRSA (0.9%, 1 in 110)
- ~ Clostridium difficile bowel infection (0.2%; 1 in 500)
- ~ MRSA bloodstream infection (0.08%; 1 in 1,250)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)

What should I expect when I get home?

When you get home, you should drink twice as much fluid as you would normally for the next 24–48 hours to flush your system through and minimise any bleeding. You may notice some burning, frequency and pain in your lower abdomen initially but this usually settles over a few days.

When you leave hospital, a discharge summary of your admission will be sent to your family doctor. This holds important information about your inpatient stay and your operation.

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What else should I look out for?

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact Dr Campbell immediately.

For after hours emergencies Dr Campbell can be contacted on (07) 3367 1608.

The Wesley Hospital Emergency Centre (07) 3232 7333, and The Greenslopes Private Hospital Emergency Centre (07) 3394 7111 are other resources that are also available.

Are there any other specific points?

The results of your biopsies will take 2-5 days to come through. A follow-up appointment will usually be arranged for you before you leave the hospital. Your family doctor will be informed of the results. Depending on the biopsy results, further investigations (e.g. X-ray, CT scan), instillation of drugs into your bladder (chemotherapy/immunotherapy) or a further admission may be required.

Is there any research being carried out in this field?

There is no specific research in this area at the moment but all operative procedures performed are subject to rigorous audit at monthly Audit & Clinical Governance meetings.

Who can I contact for more help or information?

Dr Peter Campbell

Suite 9, level 9, Evan Thomson Building, The Wesley Hospital, Chasely St,
Auchenflower, QLD 4066
(07) 3367 1608,
www.campbellurology.com.au

The Wesley Hospital, Urology Ward

451 Coronation Drive,
Auchenflower, QLD 4066
(07) 3232 7168
www.uhc.com.au/wesley

The Wesley Emergency Centre

451 coronation Drive,
Auchenflower, QLD 4066
(07) 3232 7333

Greenslopes Private Hospital, Continence Advisor

Newdgate St,
Greenslopes, QLD 4120
(07) 3394 7978
www.greenslopesprivate.com.au

Greenslopes Private Hospital Urology Ward

Newdgate St,
Greenslopes, QLD 4120
(07) 3394 7261
www.greenslopesprivate.com.au

Greenslopes Private Hospital Emergency Centre

Newdgate St,
Greenslopes, QLD 4120
(07) 3394 6777
www.greenslopesprivate.com.au

The Queen Elizabeth II Jubilee Hospital, Urodynamics Department

Kessels Rd,
Coopers plains, QLD 4108
(07) 3275 6346

American Urological Association Foundation

1000 Corporate Blvd, Suite 410,
Linthicum, MD 21090
1800 828 7866
www.UrologyHealth.org

Thank you for taking the trouble to read this information sheet. If you are satisfied with the explanation of the test, please sign below and this leaflet will be filed in your chart.

If you wish to retain a copy for your own records, one will be provided.

I have read this information sheet and I accept the information it provides.

Signature

Date
