York and Scarborough Teaching Hospitals
NHS Foundation Trust

Transurethral Resection of Bladder Tumour (TURBT)

Information for patients, relatives and carers

Department of Urology

ⓘ For more information, please contact the hospital where you are being treated:

For York Hospital:

Urology Nurse Specialist:
Telephone: 01904 721735

For Scarborough/Bridlington Hospitals:

Urology Nurse Specialists Telephone: 01723 385246

Urology Secretaries Telephone: 01723 342437

Contents **Page**

How is my operation carried out? 3
What is the benefit of this operation? 5
What are the risks of having this operation? 6
General side effects that you may experience in any operation 7
What are the alternatives to having a TURBT? 8
What happens before the operation? 8
What can I expect after the operation? 9
How do I find out the results of the microscopic analysis of the bladder tumour shavings? 11
When can I return to my leisure or domestic activities? 12
What should I look out for when I get home? 13
Will I be in any pain? 13
When can I have a bath or shower again? 13
When can I return to work? 13
When can I return to driving? 14
Who do I contact if I have any problems after I have been discharged home? 14
Tell us what you think of this leaflet 15
Teaching, training and research 15
Patient Advice and Liaison Service (PALS) 15
Leaflets in alternative languages or formats 16

The following information is a guide as to what to expect before, during and after your bladder tumour operation. Everyone is different and recovers at different rates; therefore, it is impossible to put everything in writing. This leaflet covers the most common questions patients have about their recovery and aims to give you some reassurance as to what can normally be expected. Your doctor can answer any questions you might have which you feel are not covered in this leaflet.

How is my operation carried out?

Bladder tumours vary in severity from a very minor problem to a serious condition. It is not possible to tell which sort each patient has until it has been removed and analysed under the microscope. This operation is performed by passing instruments into the bladder via the water pipe (urethra). It is all done internally and involves no cuts or scars on the outside. The tumour is shaved away from the inner surface of the bladder and sent off for analysis under the microscope. The raw area inside the bladder is then cauterised.

Immediately after you have had your operation, but before you are taken to the recovery ward, it is sometimes advantageous to put a liquid solution inside your bladder called Mitomycin C. This chemical can reduce the chances of the bladder tumour recurring in the future. The chemical solution is left inside your bladder for one hour. Your doctor will discuss with you whether you are likely to receive this additional treatment.

Before your procedure, please telephone us immediately if you have any of the following...

- An artificial heart valve
- A coronary artery stent
- A pacemaker or defibrillator
- A regular prescription for Warfarin, Clopidogrel, Apixaban, Rivaroxaban, Edoxaban or Dabigatran
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone).

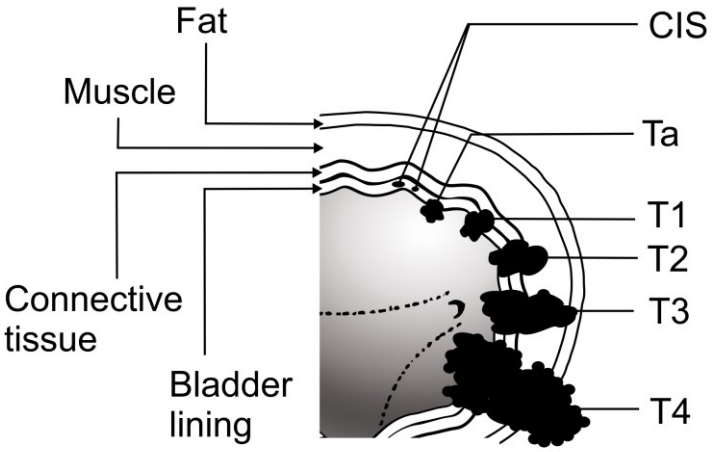
Our contact numbers are:

For York Hospital patients:
01904 726518 or 01904 725707

For Scarborough/Bridlington Hospitals patients:
01723 342437

What is the benefit of this operation?

The operation allows the tumour to be removed from the bladder and analysed under the microscope. This is the only way your doctor can tell what sort of tumour it is. The majority of bladder tumours exist purely in the bladder lining (so-called ‘superficial’, or ‘non-muscle invasive’ tumours). Some however are more aggressive and have grown more deeply into the bladder wall (‘muscle invasive’ tumours).



Microscopic analysis of the tumour allows your doctor to know which group your tumour belongs to. Additional treatments may be needed depending on the results. You will be informed of these additional treatments once the results of the microscopic analysis of the tumour are available. If you have a ‘non-muscle invasive’ bladder tumour, these can have a tendency to recur in your bladder in the future. Thus, as a minimum, you will require a regular series of repeat telescopic bladder inspections over the next few years.

What are the risks of having this operation?

Specific side effects/risks relating directly to the surgery are as follows:

Common (greater than one in 10)

- Mild burning or bleeding on passing urine for a short while after the operation.
- Temporary insertion of a catheter (tube) for bladder irrigation.
- Need for additional treatments to the bladder in an attempt to prevent recurrence of tumours, including drugs instilled into the bladder.

Occasional (between one in 10 and one in 50)

- Infection of bladder requiring antibiotics.
- No guarantee of cancer cure with this operation alone.
- Recurrence of bladder tumour and/or incomplete removal.
- bleeding requiring return to theatre and/or blood transfusion

Rare (less than one in 50)

- Delayed bleeding requiring removal of clots or further surgery.
- Damage to kidney tubes (ureters) requiring additional therapy.
- Injury to the urethra (water pipe) causing delayed scar formation.
- Perforation of the bladder (one in 1000) requiring a prolonged (but temporary) urinary catheter (7-10 days) or open surgical repair.

Hospital-Acquired Infection

- Colonisation with MRSA (0.9% - one in 110)
- Clostridium difficile bowel infection (0.2% - one in 500)
- MRSA bloodstream infection (0.08% - one in 1250)

General side effects that you may experience in any operation

Any operation may lead to problems including the following:

- Injury to nearby areas (tissue) and excessive bleeding
- Infection (four in 100)
- Blood clots in the legs (DVT) and/or lungs (pulmonary embolus, PE) – less than one in 1000
- Allergic reactions to drugs or anaesthetic – less than one in 1000
- Breathing difficulties – less than one in 1000

The likelihood of a complication increases if you are:

- Over 70 years old
- Overweight
- A smoker
- A heavy drinker

What are the alternatives to having a TURBT?

Open surgical removal of bladder, chemotherapy, or radiation therapy.

What happens before the operation?

You will be asked to sign a consent form (FYCON71-1 Transurethral resection of bladder tumour (TURBT)) to confirm that you agree to the procedure and understand the information given to you. This form will be kept in your Patient Notes, and you will also be offered a copy for your own records.

If you have a pre-assessment appointment, you will be given a leaflet that contains more information about what to expect when you come into hospital.

Just before surgery, you will be asked to change into a hospital gown. Your personal details, consent form, and identity will be checked as part of the safety procedures. It is now unusual for patients to be given what is known a ‘pre-med’. In fact, most patients walk to the theatre or if this is not possible, they are taken by wheelchair. Support stockings may also be worn on the legs to prevent blood clots forming in the leg veins.

What can I expect after the operation?

Patients are often given an injection of a drug called Dalteparin (Fragmin®) which is used to reduce the risk of clots forming in the veins of the leg. These injections are given daily until you are discharged form hospital. Post-operatively, a catheter (tube) is left draining the bladder via the urethra (water pipe) until the urine drain is clear. Initially in the immediate post-operative period, this catheter is connected to large bags of saline (salt water) that flush out the bladder continually to stop blood clots forming within the bladder. This catheter can give a strong desire to pass urine, but this is not necessary as the urine drains down the catheter. It is perfectly normal for a variable amount of blood to drain via this catheter. Occasionally blood drains around the catheter – this is also normal.

Once the catheter is removed it can sometimes be painful to pass urine, but this soon settles. Also once it is removed, you may be a little urgent (having to rush to the toilet) to pass urine, and may even leak a little urine. This should however settle quickly.

Once you are passing urine comfortably and satisfactorily, you can go home.

The length of time in hospital varies considerably from one night to seven nights, depending on how quickly any bleeding takes to settle before the catheter can be removed. In some cases, the surgery may take place as a day case where you would return home without having to stay in hospital overnight.

Once you are at home, please continue to drink more fluid than normal - about one to two litres a day extra. After three weeks just drink your normal amount.

Many patients experience intermittent bleeding for up to six weeks following the operation. This is due to the scab coming off the raw surface on the inside of the bladder. It is not serious, but if it becomes heavy and persistent, you should contact your doctor or the Urology Specialist Nurse:

For York Patients please telephone
01904 721735

For Scarborough/Bridlington Patients please telephone
01723 385246

How do I find out the results of the microscopic analysis of the bladder tumour shavings?

Once shaved away from the inside of your bladder, the tumour is sent to the laboratory for analysis under the microscope. It typically takes seven to 10 working days for the result to become available. Following this, there are a number of ways in which you will find out the results. Your doctor may choose to write or telephone you with the result. Alternatively, you may be made an outpatient appointment to see either your doctor or the Urology Specialist Nurse in the clinic. You will be told which at the time you are discharged from hospital. You may choose to bring a family member or friend with you to this appointment if you wish to do so.

When can I return to my leisure or domestic activities?

It is important that you do something. Sitting or lying around all day can hinder your recovery and can lead to problems such as formation of blood clots in your legs. Once at home you should just potter about the house and garden for a few days, then returning totally back to normal by three to four weeks post-operatively. We advise against heavy strenuous work or golf for three to four weeks.

Walking is good for recovery after most operations; try a short distance at first and then increase day by day. Remember listen to your body, it will tell you when you've had enough. Rest throughout the day as and when you feel tired. You may find this disturbs your night-time sleeping, but it is important to respond to your body, and not to wait until you're completely exhausted. Aim to return to your daily activities gradually by doing a little more each day.

If you are sexually active, you can resume sex when you feel comfortable.

What should I look out for when I get home?

There should of course be no stitches. You should seek advice from your own doctor (GP) or practice nurse if you experience any of the following:

- Heavy and persistent bleeding
- Unable to pass urine
- You feel generally unwell or feverish
- Increasing pain passing urine

Will I be in any pain?

After discharge, you should have very little pain. Should it become painful to pass urine you should see your GP.

When can I have a bath or shower again?

You may bath or shower as normal, without causing damage.

When can I return to work?

This is again very dependent upon your job. It would be normal for you to return to work within four to six weeks, depending on how active your job is, and how you feel. If you require a sick note, please ask the ward staff.

When can I return to driving?

You will be able to drive as soon as it is comfortable for you to sit for a period of time and have free range of movement in your arms, legs, neck and tummy. You should be confident with all movements needed, including an emergency stop. The authorities (DVLA) state that “it is the responsibility of the driver to ensure that he or she is in control of the vehicle at all times”.

Who do I contact if I have any problems after I have been discharged home?

During the first 24 hours after your operation, please contact the Hospital or Ward where you have received treatment:

York Hospital Wards:	
Day Unit between 8am and 5pm	01904 726010
Ward 14 between 5pm and 8am	01904 726014
or Ward G1 between 5pm and 8am	01904 726001
Scarborough/Bridlington Hospital Wards:	
Maple Ward (Scarborough)	01723 236261
Lilac Ward (Scarborough)	01723 342805
Ash Ward (Scarborough)	01723 385220
Lloyd Ward (Bridlington)	01262 423134

If you have continuing problems and need further advice, please contact your Urology Specialist Nurse (see contact numbers on the front cover) or your GP.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
Mr F Kondylis, Consultant Urologist, Department of Urology, York Hospital, Wigginton Road, York, YO31 8HE, telephone 01904 725972.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website: www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

Owner	Mr F Kondylis, Consultant Urologist
Date first issued	June 2003
Review Date	September 2027
Version	10 (issued May 2026)
Approved by	Urology MDT
Linked to consent form	FYCON71-1 Transurethral Resection of Bladder Tumour (TURBT) v8
Document Reference	PIL 171 v10

© 2026 York and Scarborough Teaching Hospitals NHS Foundation Trust. All Rights reserved.