



Quinte Health

TRANSURETHRAL RESECTION OF THE BLADDER

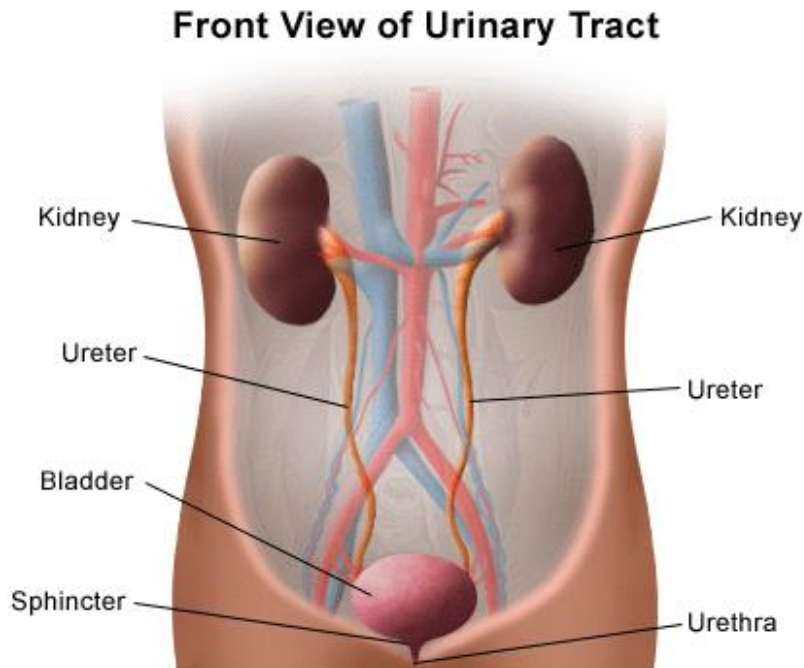
Date of Surgery _____

Please bring this booklet on the day of your surgery

Quinte Health Form # 50960

What is Transurethral Resection of Bladder?

Transurethral Resection of the bladder is a surgical procedure used to view the inside of the bladder, remove tissue samples and/or remove tumor(s). During the surgery, a cystoscope is passed into the bladder through the urethra. A resectoscope is used to remove the tissue for biopsy.



Most patients go home the same day as the surgery. Please have help available at home for a few days until you can see for yourself that you can manage on your own.

The Day of Surgery

Arrive at the hospital at your scheduled time. After admission and preparation for surgery by the nursing staff, you will go to the Operating room.

The Anaesthetist will administer a general anaesthetic (which puts you to sleep) or a spinal anaesthetic (numbs from the waist down). The length of surgery is approximately 1 hour.

After the Surgery

You will remain in the recovery room for 1-2 hours while recovery from anaesthesia is monitored. If you have had spinal anaesthesia, you may remain in the Recovery room longer. You will then be taken back to Day Surgery to recover until you are ready to go home.

Deep breathing and coughing is very important. To help prevent lung congestion or pneumonia, inhale deeply through your nose then slowly exhale through your mouth. Cough 3 times. Do this 10 times per hour while awake.

Leg and foot exercises (i.e. moving your feet up and down and in circles) are encouraged 10 times per hour to promote good blood flow and decrease the chance of blood clots.



Depending on the size of the tumor and the extent of the surgery, the catheter may be left in after surgery. While the catheter is in, you may feel like you have to urinate. You may also feel muscle spasms in your bladder. These spasms may come and go. There is medication to help. The catheter is usually removed 1-2 days after the surgery, depending on the color of your urine.

Guidelines for Home

It is common to feel more tired than normal for the first 1-2 weeks after surgery. Get extra sleep at night and taking a nap during the day will help you feel less tired. Have someone available at home to help as needed.

Nausea, vomiting and dizziness may be experienced for 24 hours after surgery. You may obtain anti-nausea medication at any pharmacy without a prescription, i.e. Gravol (suppository or pill) or Bonamine (chewable) to relieve these symptoms.

Resume your regular diet as tolerated. Drink plenty of fluids to keep your urine flowing freely. One glass per hour is recommended, until early evening to prevent getting up at night

For the first couple of weeks, you may have burning, urgency and frequency which will decrease daily. Drinking lots of fluids will help to flush your bladder. It will also water down your urine so you feel less burning when you urinate.

Guidelines for Home

Blood in your urine may occur for 3-4 weeks after surgery. It is common for blood to suddenly appear in the urine 7-14 days after surgery. This is temporary and is a normal part of the healing process caused by the scab inside the bladder breaking away. When this occurs, it is important to increase your fluids to help flush your bladder and decrease your activity. If bright red bleeding continues after increased fluids and rest, call your surgeon.

Alcohol is **not** recommended after surgery for at least a month, as it prevents or slows down the healing process. Avoid caffeine (coffee, cola) and spicy foods as they may cause discomfort

Avoid constipation to prevent straining which can cause bleeding. Eat a high fibre diet (fresh fruit, vegetables, bran and prunes) and if necessary, take a mild laxative (magnolax, milk of magnesia). No enemas or suppositories.

Limit your activity the first couple of days. Slowly increase your activity being careful not to overdo it. If you are tired, or have discomfort, stop what you are doing and rest. A daily activity, such as a walk is recommended as tolerated.

Avoid long car trips for 2-3 weeks after surgery. Short trips are okay. Prolonged sitting or a bump could cause bleeding.

No strenuous exercise (shovelling snow, gardening, jogging, golfing, skiing).

Guidelines for Home

Do not lift anything over 10 lbs. until advised by your surgeon.

Check with your surgeon before taking any aspirin or blood thinners.

You may shower. No tub baths until your surgeon advises you as it may increase the risk of infection.

You should not have sex for 3-4 weeks after your surgery.

Complete healing takes about 4-6 weeks. Return to work as advised by your surgeon

You may experience some temporary loss of control of urination or dribbling. These symptoms are temporary and will resolve. Strengthening exercises may help to regain control.

Strengthening Exercises

- Tighten the muscles in your thighs and buttocks and pull upwards
- Hold for 3 seconds
- Pause and relax

Repeat 10 times. Do these exercises every hour while awake for the first week. Then do the exercises several times a day only.



Call your doctor or go to the nearest Emergency Department if you experience:

- A fever and/or chills
- After voiding, you have a fullness sensation in the bladder (may be retention)
- Increased blood in urine and/or clotting that continues with rest and increased fluids
- Unable to pass urine

Appointment

Please call your surgeon's office for a follow up appointment after surgery.

Special Instructions**Questions?**

Developed By: Surgical Preadmission Clinic
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