

BLADDER TUMOUR RESECTION (TURBT)

WHO IS SUITABLE FOR TURBT?

TURBT may be an appropriate treatment option for patients that:

Are suspected to have bladder cancer; TURBT can help to confirm a diagnosis and determine the extent of the cancer

Have been diagnosed with early stage bladder cancer

Have bladder cancer that has not spread to the muscle layer in the bladder wall

WHAT ARE THE ADVANTAGES OF TURBT?

TURBT allows patients to keep their bladder and only remove the cancer

No skin incisions required

Very low risk of injury to or infection in the bladder

Can be performed safely multiple times, if required (for staging or recurrence)

HOW IS TURBT PERFORMED?



This procedure is performed either under general or spinal anaesthesia

A type of small telescope (cystoscope) is inserted through to the bladder, via the urethra

No skin incisions are made

A small wire loop at the end of the cystoscope is used to remove the cancerous or abnormal tissue

Most patients will remain in hospital with a urinary catheter in place for 1-2 nights.

WHAT TO EXPECT AFTER TURBT?



Light duties and daily activities can usually be resumed in a few days following the procedure

Complete recovery from a TURBT can take 2 to 4 weeks, during which time strenuous activity and heavy lifting should be avoided

It is normal to see some blood in the urine for up to two weeks following the procedure

Other possible side effects include discomfort or burning with urination and bladder infection.

Uncomfortable symptoms generally resolve within two weeks following the procedure. Antibiotics may be prescribed to prevent infection.

PROCEDURE OUTCOMES

TURBT is often the first line of treatment for early bladder cancer. The tumour or tissues that are removed in the procedure are sent to a pathologist for review. The pathologist can determine the stage of the cancer and whether there has been any spread to the muscle.

In cases of cancer that hasn't invaded the muscle wall of the bladder, TURBT may be enough to eliminate the cancer. The urologist may recommend additional treatments such as chemotherapy or immunotherapy, to reduce the risk of the cancer returning. However, if the cancer has spread to the muscle layer, additional treatments including surgical removal of the bladder may be required.

Written by [Dr. Shekib Shahbaz](#) and [Dr. Tony de Sousa](#)

European Association of Urology, (2021), Transurethral resection of the bladder (TURBT), [<https://patients.uroweb.org/treatments/turbt/>], accessed 28/02/21.

Mostafid, H., Kamat, A. M., Daneshmand, Palou, J., Taylor, J. A., S., Catto, J., McKiernan, J., Babjuk, M., Soloway, M., (2020), Best practices to optimize quality and outcomes of transurethral resection of bladder tumours, European Urology Oncology, 4(1), [<https://www.sciencedirect.com/science/article/pii/S2588931> via%3Dihub], accessed 28/02/21.