

Staging

- CT IVP.
- CT Chest.
- Bonescan.
- Renal Function and Liver Function Tests.
- MRI where allergy to Iodine or Renal Impairment.

Urologist



Dr Jo Schoeman
Specialist Urologist

PATIENT INFORMATION BROCHURE

TRANS-URETHRAL RESECTION OF BLADDER TUMOUR

Jo Schoeman
FRACS, FCS (Urol) SA, MBChB

Pelvic Medicine Centre
St Andrews War Memorial Hospital
Wickham Terrace
Springhill, Brisbane QLD 4000

Ph: 07) 3831-9049
Fax: 07) 3834-4471
E-mail: admin@brisbane-urology.com.au
Emerg: 0403 044 072

Patient well-being is my first priority!

TRANS-URETHRAL RESECTION OF BLADDER TUMOUR

Why is it done?

Primary management of:

- Resect a bladder lesion suspicious of bladder cancer
- Three Types of bladder cancer:
 - Urothelial Carcinoma (85%)
 - Squamous Cell carcinoma
 - Adeno carcinoma
- Metastatic cancer to the bladder – i.e.: Breast, Cervical, Adeno carcinoma of bowel.
- Other space occupying lesions in the bladder: infection granulomas, Abscess from diverticulitis etc.

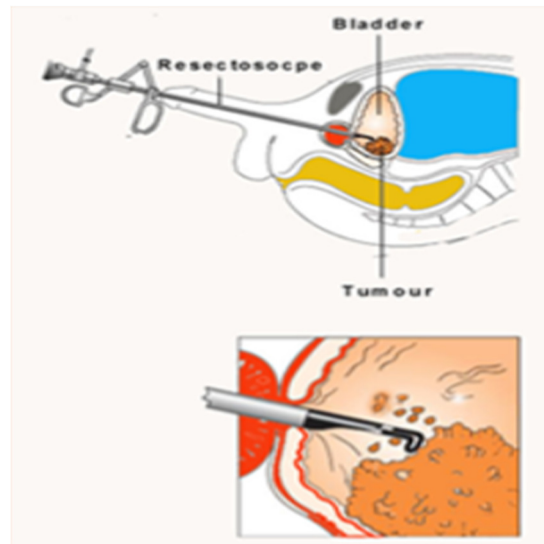
Abnormal cells suggestive of urothelial carcinoma, on urine cytology.

Risk Factors

- Strong family history of bladder cancer.
- Smokers or passive smokers.
- Factory workers: dyes, paints, etc.
- Exposure to Schistosoma (Bilharzia).
- Renal stone disease, bladder stones.

How is it done?

- This is done under General anaesthesia.
- A cystoscopy is performed by placing a camera in the urethra with the help of a lubricant gel and saline irrigation.
- The bladder is then distended with saline.
- A resectoscope is then placed.
- I use Bi-polar resection, thus using Saline as irrigation.
- The tumour or tumours are resected as complete as possible.
- Deep resection of the tumour base is done to exclude deep muscle invasive tumours.
- In tumours where it is clearly muscle invasive, less extensive surgery is done, as this patient may benefit from a cystectomy.
- 40mg of Intravesical Mitomycin C is routinely placed inside your bladder for an hour after the surgery.
- A 3 way catheter is placed with continuous saline irrigation until your urine is clear.
- Antibiotics may be given to prevent infection.



What to expect after the procedure?

- Blood stained urine.
- Lower abdominal discomfort which will persist for a few days.
- Catheter induced discomfort.
- NB! Each person is unique and for this reason symptoms vary.
- **Small risk (<1%) of bladder perforation, causing you to have a laparoscopy with repair of bladder and wash-out of peritoneal cavity with Sterile Water.**

What next?

- You may have a 22 –24 French (thick) 3 way urethral catheter placed through your urethra.
- It does have a channel for placement of constant saline irrigation and another for the drainage of the blood-stained urine.
- The Continuous bladder irrigation will continue until your urine is clear approximately 24-48hrs.
- This can also be remedied by drinking plenty of fluids until it clears.
- As soon as the colour of your urine is satisfactory, your catheter will be removed.
- Staging of your cancer will be arranged to be reviewed on your review appointment.
- A ward prescription will be issued to patients on discharge, for own collection at any pharmacy.
- Patients should schedule a follow-up appointment within 7-14 days.
- Please don't hesitate to direct all further queries to Jo.
- **REMEMBER: THOSE WHO SUFFER IN SILENCE, SUFFER ALONE!**