



UROLOGICAL
CONSULTANTS

info@uroconsultants.com
www.uroconsultants.com

Barry Aron, MD, FACS
Leonard S. Bloom, MD
Gary S. Friedlander, MD
Edward C. Gilbert, MD
Robert L. Goldman, MD
Murray Lieberman, MD
Juan P. Litvak, MD
Nizamuddin J. Maruf, MD
Eddie Michli, MD
Roberto Pedraza, MD
Bart Radolinski, MD
Mark H. Ratner, MD
Bernard J. Rogus, MD, FACS
Robert J. Sher, MD
Jonathan L. White, MD

Ambulatory Urosurgical Ctr
401 East Jefferson Street
Suite 105
Rockville, MD 20850
301.209.8219 voice

6410 Rockledge Drive
Suite 503
Bethesda, MD 20817
301.530.1700 voice
301.530.0418 fax

20528 Boland Farm Road
Suite 202
Germantown, MD 20874

18111 Prince Philip Drive
Suite 101
Olney, MD 20832
301.598.9717 voice

15225 Shady Grove Road
Suite 307
Rockville, MD 20850
301.258.1919 voice
301.258.9180 fax

9715 Medical Center Drive
Suite 404
Rockville, MD 20850
301.424.0433 voice
301.424.0422 fax

3801 International Drive
Suite 205
Silver Spring, MD 20906
301.598.9717 voice
301.598.3230 fax

2730 University Blvd, West
Suite 516
Wheaton, MD 20902

FACTSHEET

TRANSURETHRAL RESECTION OF BLADDER TUMOR (TURBT)

About the Procedure:

In some cases, especially during the work up of hematuria (blood in the urine), your doctor may discover a mass in your bladder that will need to be removed, or resected. While the mass may be suspicious for bladder cancer, your doctor will not know for certain until he can remove all or part of the tissue in the bladder. This procedure is also sometimes performed after a bladder biopsy, where your doctor is aware of the presence of bladder cancer and he wants to remove it from your bladder. The procedure is usually done under general anesthesia, but no incisions are made in the skin. Instead a telescope is passed through the urine channel (the urethra), and using very small instruments, your doctor carefully removes the tissue from the bladder. The length of the procedure varies depending on the size of the tumor, but many patients usually go home on the day of their procedure without a catheter. If the tumor is particularly large or grows deep into the bladder wall, you may go home with a catheter in your bladder, or you may have to spend a night in the hospital.

Preparing for the Procedure:

Do not eat or drink anything after midnight the night before the procedure. You should take your usual medications as you normally would the morning of your procedure with a small sip of water only (avoid juice, milk, coffee, etc.).

Starting 5 to 10 days prior to your procedure (ask your doctor for a specific time), it is important to stop taking medications that might increase your risk of bleeding. For a list of blood-thinning medications that should be avoided, [click here](#) or ask your doctor.

Make arrangements for someone to drive you home on the day of your procedure.

After the Procedure:

You may experience some increased urgency to urinate, as well as increased frequency of urination for the first few days after your procedure. Blood may also appear in the urine. This is normal and expected. Drink plenty of fluids to help dilute the urine, and these symptoms should resolve in a few days.

Some patients will require a catheter for a few days after their procedure. The catheter should only be removed by your Urologist. Drink 6 to 8 glasses (1500cc) of fluid daily until the catheter is removed. If blood appears in your urine (red fluid in the tubing of the catheter), increase your fluid intake and decrease your activity level until it clears.

While at home, keep the catheter connected to the large drainage bag. It is OK to use the smaller drainage bag if you plan on going out of the house. It is normal for your catheter to have pink to reddish urine, especially with increased activity or bowel movements. Decreasing your activity and increasing fluids will usually make the urine clear. Men with a catheter may notice pink discharge at the tip of the penis—this is normal. Applying over-the-counter antibacterial ointment (e.g. Neosporin or Bacitracin) 2 to 4 times daily to the tip of the penis will help decrease irritation.

On the second day after your surgery, it is OK to shower, but baths and soaking in a tub should be avoided for 2 weeks after the procedure. The incision should be kept clean and dry to allow it to heal, so it is important to shower once a day. The incision generally heals in five to seven days, and the stitches will dissolve and their own and do not need to be removed. Avoid any strenuous activity, exercise, or heavy lifting for 4 to 6 weeks after the procedure. You should abstain from sexual intercourse for 6 weeks following the procedure.

It is usually OK to resume your blood-thinning medications the day after your procedure, but check with your doctor to be sure. Take all the medications prescribed by your doctor (including any antibiotics and pain medications), and schedule an appointment to follow up with him within the first 2 weeks after the procedure (ask your doctor if you are unsure when to follow up).