

# Information for patients with newly diagnosed bladder cancer (TURBT)

Urology department

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Yeovil Hospital  
Healthcare

At your cystoscopy today, a growth has been found which is likely to be malignant (cancer).

Bladder cancers grow like warts on the lining of the bladder. As they develop, they can put down deeper roots which may affect the muscular wall of the bladder. In the early stages, the cancer is easy to treat and the condition can be monitored by regular examinations of the bladder to check that no new tumours have occurred.

The majority of bladder cancers are small, affecting only the surface of the bladder and can be easily removed during cystoscopy under general anaesthetic. This is called a trans-urethral resection of bladder tumour (TURBT).

The tissue is then sent for examination under the microscope. It is usual for there to be some bleeding so a catheter (tube which passes into the bladder) is left in place so that the bladder may be washed out. The catheter is removed after 12 to 24 hours, then, when you are passing urine satisfactorily, you will be able to go home.

The average stay in hospital is one night. Patients who have undergone a TURBT are likely to need to pass urine frequently and urgently, may have some urinary leakage and experience pain when passing urine. This should settle down after a few days.

You may also see some blood in the urine after the catheter is removed and when you are at home, but this should also settle within a few weeks.

To relieve symptoms you may take mild pain relief medication such as paracetamol. If the symptoms do not settle it is advisable that you go and see your GP.

The need for further treatment will depend on what is seen under the microscope and will be discussed when you are seen in outpatients a few weeks later.

If the growth has been removed early, before it has spread, all that will be needed is regular cystoscopies to check for any new tumours. As tumours are easy to deal with when small, this is likely to be done after three to four months, then if no new tumour is found, at longer time intervals under local anaesthetic.

Sometimes additional treatment by chemotherapy (anti cancer drugs) may be suggested. This treatment is put directly into the bladder through a catheter and may be done as a single treatment immediately after the TURBT or as a course of six treatments at weekly intervals. Alternately immunotherapy (BCG) may be suggested. This treatment is also put directly into the bladder through a catheter.

An 'induction' course of treatment involves receiving one dose into your bladder for six weeks, and then "maintenance" therapy may be suggested and this can be given for up to two to three years.

Regular cystoscopies are performed to check for any new tumours.

In a small number of cases, the cancer has developed deeper roots invading the bladder wall making more radical treatment with surgery or radiotherapy necessary.

In these cases, x-ray investigations are likely to be carried out to see if the cancer has spread beyond the bladder.

When the results of any tests are complete, the doctor will discuss the treatments with you and help you to decide which you think is best for you.

**Please use this space for  
any notes or questions  
you may have**

**For further information or  
advice**

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**Macmillan Cancer Support**

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