

TransUrethral Resection for a Bladder Tumour

Your surgery and recovery at home

This booklet belongs to: _____

We also give you 'Preparing for Your Surgery' booklet.

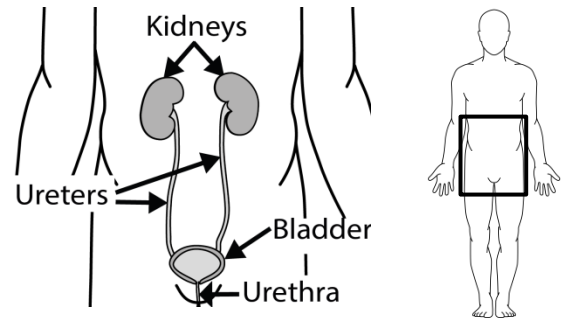
Read both booklets carefully.

Bring both booklets to every hospital visit before your surgery.

TransUrethral Resection for a Bladder Tumour

You are having surgery (an operation) to remove a tumour from the inside wall of your bladder. You might hear the surgery called a TURBT (say *ter-bit*).

The surgeon guides a scope up into your bladder through your urethra. The surgeon uses the scope to remove small tumours, or to take small samples of tissue (called a biopsy) to test for cancer.



Read 'Preparing for Your Surgery' booklet for instructions on how to prepare for your surgery.

After surgery, you have a flexible tube (urinary catheter) in place for about 2 days to drain urine from your bladder and help the area heal. You go home with the urinary catheter in place.

The surgery usually takes about 2 hours.

After Your Surgery

Going home

You go home either the same day or the day after surgery. This depends on your health before surgery and your recovery.

Going home checklist:

- You have a ride home and someone to stay with you for 24 hours, or longer if needed.
- You know what medicine(s) to take, as well as when and how to take them.
- You know how to care for your urinary catheter and drainage bag
- You know what you cannot do for 24 hours (because of anesthetic) including:
 - × **No** driving or operating hazardous machinery
 - × **No** drinking alcohol or using any substance or street drug
 - × **No** making important decisions or signing legal documents



Caring for Yourself at Home

Drinking and Eating

To keep your urine clear and a light yellow colour:

- Drink at least at least 1 ½ to 2 litres (6 to 8 cups) of liquid each day (unless you have been told differently because of a medical condition). Water is a good choice. If your urine is not clear and a light yellow colour, increase how much water you are drinking.



For at least 7 days, do not drink any fluids or eat foods that have caffeine in them such as coffee, tea, cola, or chocolate. These can irritate your bladder.

Return to your normal diet. You might feel sick to your stomach (nausea) or throw up (vomit). This should not last long. It is important to stay hydrated. If you feel sick or throw up:

- Drink 'flat' ginger ale, clear soups, and clear fluids, and eat mild foods until you feel better. Other good choices include dry toast, crackers, popsicles, and gelatin dessert (such as Jell-O). Stay away from carbonated soft drinks and acidic fruit juices while feeling sick.
- Drink and eat small amounts often.
- Rest in bed until you feel better. Place a cool, damp cloth on your face and neck.
- Try not to smoke or be around smoking. Smoke can make your nausea worse.

Need help with food choices?

Call 8-1-1.
Ask to speak to a dietitian.

Keeping your bowels regular

You can get constipated if you are less active, eating less fibre, or taking opioid pain medicine. Straining to have a bowel movement can cause bleeding into your bladder.

To prevent constipation:

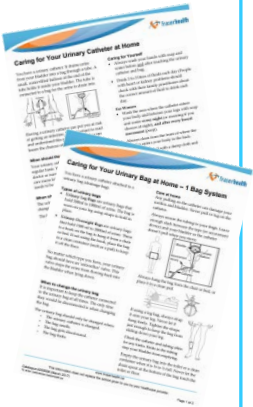
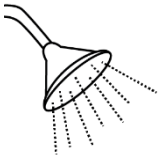
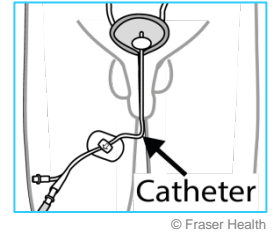
- Drink at least 1 ½ to 2 litres (6 to 8 cups) of liquid each day (unless you have been told differently because of a medical condition).
- Eat high fibre foods such as bran, prunes, whole grains, vegetables, and fruit.
- Walk and move around as much as you can.

If you continue to be constipated, talk with a pharmacist or family practitioner. You might need a laxative.

Caring for your urinary catheter

The urinary catheter has a small, water-filled balloon at the end of the tube and holds the catheter in your bladder. Your surgeon lets you know when your urinary catheter can be removed.

Before you leave the hospital, we tell you how to care for your urinary catheter and bag, as well as how to remove your catheter.



We give you more information on **Caring for Your Urinary Catheter and Bag at Home.**

When you have a urinary catheter:

- **Always** wash your hands with soap and water before and after touching the urinary catheter and bag.
- While you have the catheter, take only showers. No tub baths until the catheter is taken out.
- Wash the areas between your legs and around the catheter carefully with soap and water **every morning and evening, and after every bowel movement** (poop).
 - Always wash from front (where the catheter enters your body) to back.
 - If not circumcised, pull back and clean under the foreskin.
- Secure the tubing to your thigh. Leave enough slack between the tape (or the securement device we give you) and where the catheter comes out of your body. Never pull or tug on the catheter. Any pulling on the catheter can damage your urethra and bladder.
- Always keep the drainage bag below the level of your bladder so the urine can drain properly. Keep the drainage bag off the floor.
- When emptying the bag, do not let the drain spout touch the toilet, container, or floor. If it accidentally touches anything, clean it with rubbing alcohol.

Urinating

Your urine will be red with blood. Your urine gradually gets clearer as you heal. This can take up to 4 weeks.

After the urinary catheter is taken out:

- You might notice that you are urinating (going pee) more often.
- When you need to urinate, you might feel you must go right away (called urgency).
- You might leak or dribble urine.

These should get better over the next 4 weeks as you heal.

Managing pain

Your pain should be at a comfortable level that allows you to move, deep breathe, cough, and to do every day activities.

Your surgeon gives you instructions to take pain medicine. This could be for non-prescription (over the counter) pain medication such as acetaminophen (Tylenol®) or non-steroidal anti-inflammatory drugs★ (NSAIDs) such as ibuprofen (Advil®, Motrin®) or naproxen (Naprosyn, Aleve®).

- ★ **NSAIDs are not for everyone after surgery.** If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, speak with your surgeon or family practitioner before using NSAIDs.

Depending on the type of surgery, you might also get a prescription for a pain medication that contains an opioid (narcotic). Examples:

- Tramacet® (tramadol and acetaminophen) ★
- Tylenol #3® (codeine and acetaminophen) ★
- Oxycocet® / Percocet® (oxycodone and acetaminophen) ★

- ★ **Note:** These medications also have 300 to 325mg acetaminophen in each tablet. It is important to know because you should not take more than 4000mg of acetaminophen in a day from all sources (too much can harm your liver).

If your pain is at an uncomfortable level, take your pain medicine as directed. As your pain improves, take your pain medicine less often and/or a smaller amount until you have little or no pain, then stop.

At first, you might have to take a prescription medication. After a short time and as your pain improves, a non-prescription pain medicine should be enough to manage your pain.

Non-prescription pain medicines (also called 'over-the-counter' medicines) – You buy them at the pharmacy without a prescription. You might only need to take this type of medicine if you don't have much pain after surgery.

Examples of non-prescription medicines (and brand names):

- acetaminophen (Tylenol®)
- acetylsalicylic acid or ASA (Aspirin®)
- non-steroidal anti-inflammatory drugs (NSAIDs)
Examples: ibuprofen (Advil®, Motrin®) ★
 naproxen (Naprosyn, Aleve®) ★

- ★ **Note:** **NSAIDs are not for everyone after surgery.** If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, check with your surgeon or family practitioner before using NSAIDs.



Questions about medicines?

Call your local pharmacy and ask to speak to the pharmacist.

For after-hours help, call 8-1-1. Ask to speak to a pharmacist.

Family Practitioner: Refers to either a family doctor or nurse practitioner

Opioid (narcotic) pain medicines – You might get a small number of pills for severe pain.

They are only meant to be taken for a short time. Take only as much as you need to allow you to do daily activities.

Examples of opioid pain medicines:

- Tramacet® (tramadol and acetaminophen) ★
- Tylenol #3® (codeine and acetaminophen) ★
- Oxycocet® / Percocet® (oxycodone and acetaminophen) ★
- tramadol, hydromorphone, morphine, oxycodone

★ **Note:** These medications also have 300 to 325mg acetaminophen in each tablet. All total, **do not** take more than 4000mg of acetaminophen in 24 hours (too much can harm your liver).

When taking non-prescription pain medicines as well, most people need to take a lower amount of the opioid or take the opioid less often.

Always read the label and/or information from the pharmacist for how to take medication safely.

Activity and Rest

For the first few days, balance your activity with rest. Try to get at least 8 hours of sleep each night. Take rest breaks as needed.

For the next 4 weeks, limit heavy activities to prevent any straining or pressure on your bladder:

- ✗ **Do not** lift, push, or pull anything over 4 to 5 kilograms (10 pounds). This includes carrying children and groceries.
- ✗ **Do not** do high intensity exercise or weight training.

We teach you how to do some pelvic floor exercises. These exercises help you stop any leaking or dribbling of urine after you urinate (go pee) or when you cough or sneeze. Start doing these exercises after you have removed your catheter.

If you notice blood in your urine after doing an activity:

- Stop what you are doing and rest.
- Drink fluids to help flush out your bladder.

Do not have sex until your surgeon says it is safe to do so.

Usually, you can return to **driving** 1 week after surgery when you can shoulder check and brake in an emergency. If you are not sure about it, ask your surgeon.

Remember: Do not drive or drink alcohol when you are taking opioid pain medication.



A 4 litre milk jug weighs 4kg (9 pounds)



When to get help

Call your surgeon or family practitioner if:

- You have a fever over 38°C (101°F).
- Your urine stops draining from your catheter.
- After you take out your catheter, you have not urinated (gone pee) for 6 hours even though you drank enough fluids.
- You have blood or blood clots in your urine that do not go away with rest and drinking more fluid.
- Your urine smells bad or you notice stinging, burning, or pain when you urinate (go pee).
- You have redness, tenderness, or pain in your calf or lower leg.
- Your pain does not ease with pain medicine, or stops you from moving and recovering.
- You feel increasingly tired or dizzy.



Cannot contact the surgeon or family practitioner?

Have any questions about your recovery?

Call **8-1-1** (HealthLinkBC) to speak to a registered nurse any time - day or night.

Available in 130 languages.

For an interpreter, say your language in English. Wait until an interpreter comes on the phone.

Call 9-1-1 if you have any of the following:

- trouble breathing or shortness of breath
- chest pain
- sudden, severe pain

9-1-1



Questions you might have:

Examples: 'When will I be able to return to my regular activities?' 'When can I go back to work?' 'When can I return to my sports?'

Safe use of opioid pain medicines

If you are using any medicines with opioids (narcotics) in them, we want you to do so safely. However, serious problems can happen. Take note of the following safety information.

Before taking opioids:

- Tell your surgeon if you have sleep apnea. Opioids can make your sleep apnea worse.

Safely storing opioids:

- Store opioid medicines in a secure place.
- Keep out of sight and out of reach of children, teens, and pets.
- Never share your opioid medicine with anyone else.

Safely disposing of unused opioids:

- Take any unused opioid medicines back to your pharmacy to be safely disposed.
Do not keep unused medicines at home.

Safely taking opioids:

- Your pain should lessen over the first week. You should not need to take opioid pain medicine for more than 1 week.
- Always use the least amount possible for the shortest amount of time.
- Common side effects include constipation, feeling sick to your stomach (nausea), a dry mouth, sweating, dizziness, and feeling drowsy.
- Do not crush, cut, break, chew, or dissolve opioids before taking. Doing this could cause serious harm, even death.
- While taking opioid pain medicines:
 - Do not drive or drink alcohol.
 - Do not take any sleeping pills unless your doctor has said you can.

Appointments after surgery

See your family practitioner 7 to 10 days after going home from the hospital.

My appointment is on: _____

See your surgeon 3 to 4 weeks after going home from the hospital.

My appointment is on: _____

Have your urinary catheter removed _____ days after surgery.

My catheter to be taken out by: _____

www.fraserhealth.ca

This information does not replace the advice given to you by your healthcare provider.

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To order: patienteduc.fraserhealth.ca

