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Transurethral Resection of Bladder Tumor (TURBT)

Post-Operative Care Instructions for Patients

THE FIRST WEEK

- Rest, but walk several times a day starting the day of surgery.
- **Drink 8 to 10 glasses of water daily** to flush the bladder and prevent clots.
- Avoid caffeine, alcohol, and spicy food for a couple of weeks.
- Avoid constipation and straining — use a stool softener.

IF CHEMOTHERAPY WAS INSTILLED IN THE OPERATING ROOM

For **6 hours after the first void**, sit to urinate and flush twice with the lid closed. Wash your hands thoroughly and wash any clothing that contacts urine separately. This protects household members from trace chemotherapy.

CATHETER CARE (IF YOU GO HOME WITH ONE)

- Keep the bag **below bladder level** at all times.
- Wash around the catheter daily with soap and water.
- Secure it to your leg to prevent tugging.
- Some blood and sediment in the bag is normal.

Catheter removal appointment: _____

MEDICATIONS

- Acetaminophen (Tylenol) is usually sufficient.
- Finish any antibiotic you were prescribed.
- Take a bladder antispasmodic as prescribed for spasms.
- **Resume blood thinners only when your surgeon tells you to.**

ACTIVITY

- **No heavy lifting over 10 pounds for 2 to 4 weeks.**
- No strenuous exercise or cycling for 2 to 4 weeks.
- Desk work in about a week.
- No sexual activity for about 2 weeks.
- No driving while taking narcotic pain medication.

WHAT IS NORMAL

- Blood in the urine, coming and going, for **1 to 2 weeks**
- A bleeding episode around **days 7 to 14** as the scab separates — increase fluids and rest
- Burning, urgency, and frequency improving over 1 to 2 weeks
- Small clots or tissue fragments

YOUR RESULTS AND WHAT COMES NEXT

Pathology takes about a week and determines everything that follows — whether the tumor was superficial or invasive, its grade, and whether muscle was involved.

Based on those results your urologist may recommend surveillance cystoscopy, a course of bladder instillations such as BCG, a **repeat TURBT**, or more extensive treatment. A repeat resection is commonly planned for high-grade tumors and does not mean something went wrong.

Bladder cancer recurs frequently, so lifelong surveillance cystoscopy is essential.

Keep every appointment, even when you feel completely well.

Follow-up appointment: _____

CALL THE OFFICE RIGHT AWAY IF YOU HAVE

Call 909.236.3333

- **Inability to urinate after the catheter is removed**
- Heavy bleeding or thick clots that do not clear with increased fluids
- Fever over 101°F or shaking chills
- **Severe abdominal pain, a rigid or distended abdomen, or shoulder pain** — these can indicate bladder perforation and need immediate evaluation
- Nausea and vomiting
- A catheter that stops draining
- Calf pain, swelling, chest pain, or shortness of breath — **go to the emergency room**

If you have severe symptoms or an emergency, go to the nearest emergency room.