

## Benefits of a TURBT

The aim and benefits of having the operation are:

- To obtain necessary information about your disease (e.g. to see if your tumour is cancerous or not)
- To enable accurate treatment to begin
- To control the symptoms of your tumour such as bleeding or infections

Surgery is usually recommended when it is felt this would be the best option for your particular case. If you do not have the surgery:

- The tumour may continue to grow
- The tumour may cause further bleeding and discomfort
- Dr Elmes cannot fully assess what type of tumour you have. This may result in delays in future treatment



### DR MARTIN ELMES

With over 10 years of expertise in the field of Urology, Dr Elmes provides a full range of high quality urological services for patients needs with the use of advanced technologies and cutting edge equipment to perform procedures. Dr Elmes is highly qualified in the field of urology having completed extensive surgical training throughout Melbourne and Sydney.

His main interests in the field include minimally invasive Robotic prostate & kidney surgery, BPH treatments (Advanced laser prostate enucleation (HoLEP) & UroLift) and Erectile Dysfunction (needle-free intracavernosal injections and penile prosthesis surgery). Dr Elmes is dedicated to teaching and training today's medical students, junior doctors and surgeons to ensure there is continuous development in the field of Urology.




Please visit our website or call us on (07) 5598 0098 for more information about what is best suited for you.

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PROCEDURE DATE:	
PROCEDURE LOCATION:	

TIME TO BE ADVISED BY ROOMS THE WEEK  
PRIOR TO PROCEDURE DATE

# A PATIENT GUIDE TO TURBT



**UROLOGICAL SURGEON**  
**DR MARTIN ELMES**

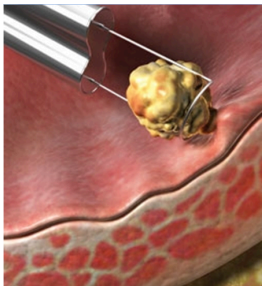
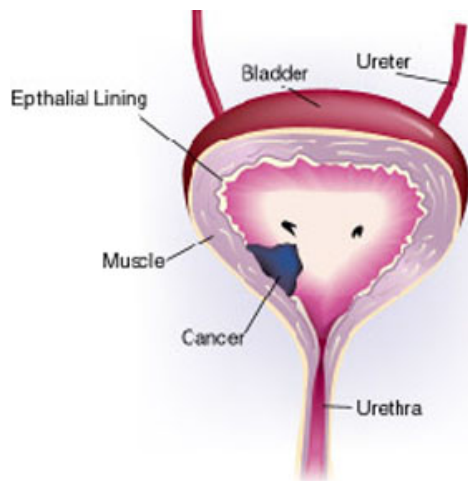
MBBS (MELB), FRACS (UROL. SYD)  
ROBOTIC & LAPAROSCOPIC UROLOGICAL SURGEON

## What is TURBT?

TURBT is short for transurethral resection of bladder tumour. The procedure allows Dr Elmes to both diagnose and potentially treat various bladder disorders.

It is performed under general anaesthetic and often requires an overnight stay and a catheter placed to drain your urine for usually 24 hours. The procedure is performed with a telescope that is inserted through the urethra into the bladder.

The information that is gained from the procedure will inform Dr Elmes as to the type of tumour or abnormality that is in the bladder and how extensive it is. This can then guide Dr Elmes in determining whether or not additional treatment will be required for your condition.



During a TURBT procedure, a small wire loop is inserted through the urethra into the bladder to remove cancerous cells.

## Before Surgery

### FASTING

You will be instructed by the hospital or Dr Elmes' rooms when to fast (food & fluid).

### TABLETS

Continue all tablets (including if fasting with a sip of water) except blood thinners.

### BLOOD THINNERS

- **Plavix or Clopidogrel or Persantin or Asasantin**
  - ⇒ Cease TEN DAYS prior
  - ⇒ You may be instructed to take 100mg aspirin daily in its place
- **Warfarin or Xarelto or Pradaxa**
  - ⇒ Cease SEVEN DAYS prior
  - ⇒ You may need Clexane bridging therapy (last dose 24 hours before surgery)
- **Brilinta**
  - ⇒ Cease THREE DAYS prior
  - ⇒ You need to take aspirin 100mg daily in its place
- **Asprin**
  - ⇒ Stay on this unless otherwise instructed by Dr Elmes' rooms

### INSULIN

Please let Dr Elmes know if you are on insulin as the dosage will need to be adjusted peri-operatively.

### PRE-OP ASSESSMENT/PATHOLOGY TESTS

You must attend this visit if asked by Dr Elmes or the hospital

You must get all blood/urine tests done approximately one week prior to operation

### FILMS

Please bring your CT's/US or other appropriate films to your operation. In some cases your surgery will be postponed if you do not.

## After Surgery

### Expect:

- Catheter (tube into your bladder) with fluid running in to reduce any blood clots
- Catheter to be removed within 12-36hrs
- Nursing staff will check with an ultrasound that you are emptying your bladder well
- Six weeks of:
  - ⇒ Frequency, urgency of urination, rarely accidents on the way to the toilet
  - ⇒ Mild burning pain on voiding
  - ⇒ Pinkish discolouration of urine, occasional blood clots or blood in part of your stream

### What to do:

- Drink plenty of fluid
- Take URAL sachet (up to 4 times per day if burning)
- Take it easy for 6 weeks
- Use oxytrol patches if you have severe urgency/frequency of urination

### Avoid:

- Heavy lifting or constipation for 6 weeks

### Inform Dr Elmes' rooms if:

- Unable to urinate
- Heavy continuous bleeding / multiple clots
- Fevers / unwell