

## POST TRANSURETHRAL RESECTION OF BLADDER TUMOR INSTRUCTION SHEET

Your recent bladder tumor surgery requires very special post operative care. Despite the fact that no skin incisions were used, the area resected in the bladder is raw and is covered with a large scab to promote healing and prevent bleeding. Certain precautions are needed to insure that this scab is not disturbed while the healing proceeds. Because of the raw surface in your bladder and the irritating effects of urine you may expect frequency of urination and/or urgency (a stronger desire to urinate) and perhaps even more getting up at night. This will usually resolve or improve slowly over the healing period. You may see some blood in your urine over the first six weeks. Do not be alarmed, even if the urine was clear for a while. Drink lots of fluids until clearing occurs.

**CATHETER CARE:** Empty the catheter bag when full. You may use a smaller “leg bag” during the that you attach to your leg so the catheter is discrete and use the larger bag while sleeping to allow you to make it through the night. It is also acceptable if you want to use either bag during the entire day if it is easier for you. If your doctor asks you to remove the catheter, he will usually advise you to do it at 6AM. Deflate the balloon as instructed. Please refer to our instructions on catheter removal for more details.

**DIET:** You may return to your normal diet immediately. Because of the raw surface, alcohol, spicy foods and drinks with caffeine may cause some irritation or frequency and should be used in moderation. To keep your urine flowing freely and to avoid constipation, drink plenty of fluids during the day (8 - 10 glasses).

**ACTIVITY:** Your physical activity is to be restricted, especially during the first two weeks. During this time use the following guidelines:

No lifting heavy objects (anything greater than 10 lbs).

Do not drive a car. Limit long car rides.

No strenuous exercise, limit stair climbing if possible.

No sexual intercourse until the catheter is removed.

No severe straining during bowel movements - take a laxative if necessary.

**BOWELS:** It is important to keep your bowels regular during the post-operative period. The rectum and the prostate are next to each other and large, hard stools that require straining to pass can cause bleeding. You should strive to have a daily bowel movement. Use a mild laxative such as Milk of Magnesia or dulcolax if needed. Call if you are having problems.

**MEDICATION:** You should discontinue your prostate medication(s) and resume your other pre-surgery medications unless advised otherwise.

PROBLEMS YOU SHOULD REPORT TO US:

Fever over 100.5 Fahrenheit.

Heavy bleeding, or clots

Inability to urinate/catheter not draining

Drug reactions (Hives, rash, nausea, vomiting, diarrhea).

Severe burning or pain with urination that is not improving.

FOLLOW-UP: You will need a follow-up appointment to monitor your progress. Call our office to establish this appointment within 2 weeks of surgery