

Transurethral Resection of Bladder Tumor (TURBT)

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Open on
phone

WHAT IS THIS PROCEDURE?

A **bladder tumor** is a growth on the inside lining of the bladder, often found because of blood in the urine.

TURBT: a resectoscope goes through the urethra into the bladder. No cuts are needed. A wire loop carrying electric current shaves the tumor off the bladder wall in pieces, including some of the muscle underneath, so the pathologist can tell how deep the tumor goes. The same current seals bleeding vessels.

Specimens: the pieces are washed out of the bladder and sent to pathology. There are often several separate specimens.

Afterward: some patients get a single dose of chemotherapy placed in the bladder, and some go home with a catheter.

KEY POINTS

- **Cystoscopy first with the 30° lens, sometimes the 70°.** Have both ready to go.
- **Monopolar TURBT with 24 Fr cutting loop:** warm water (or glycine 1.5%) irrigation and a grounding pad. No saline during the resection.
- **Do not use a pressure bag.** Irrigation runs by gravity only.
- **Several specimens:** be ready to label and send each one separately.
- No B&O suppository for bladder tumor or biopsy cases.

SUPPLIES

Open

- Cysto set and TUR resectoscope set
- 30° cystoscope lens, loaded for the initial cystoscopy
- Storz camera, GloShield, cysto pack
- Cutting loop, 24 Fr
- Bladder evacuator
- 60 mL catheter-tip syringes ×2
- Sterile water 1000 mL
- Grounding pad
- Surgical jumpsuit (plastic overalls)

Available in room, open only if asked

- 70° cystoscope lens (in the room, ready to go)
- Rollerball electrode, 24 Fr (in the room)
- Bugbee electrode, 5 Fr, with cord
- Foley 20 Fr 2-way

GLOVES

- 7.5.

- Surgical jumpsuit (plastic overalls).

ANESTHESIA

- General anesthesia.
- Perioperative antibiotics: cefazolin (Ancef) 2 g IV, unless contraindicated.
- Paralysis preferred, especially for lateral wall tumors.

POSITIONING

- Dorsal lithotomy in Yellofin stirrups.
- Arms out on armboards.
- SCDs on.

ROOM SETUP, PREP AND DRAPE

- Lithotomy setup.
- Povidone-iodine (Betadine) scrub and paint: pubis, perineum, upper third of thighs, and genitals. For female patients, paint only in the vagina.
- After the prep, dry the perineum and place the lithotomy drape.
- **Do not place towels under the drape.** Towels let the drape slip and fall, which contaminates the field.
- Please continue draping after the prep; no need to wait for the surgeon.
- Throw off the cords and tubing to be plugged in right away; no need to wait for the surgeon.
- Three Rankin clamps to hold the cords and tubing in place.
- If retrograde pyelograms are planned: urology bed extension and **C-arm**. Call the X-ray tech before the case starts.

IRRIGATION

- **No pressure bag.** Hang and run 3000 mL bags by gravity.
- **Warm water** (or glycine 1.5%). No saline during the resection.
- End of case: 1 L of sterile water in a basin to clear the bladder of tumor chips.

WHY THESE RULES?

Why water or glycine, not saline: monopolar current spreads out in saline and will not cut, so the resection needs a fluid that does not conduct electricity.

Why no pressure: after resection the bladder wall is thinner where the tumor was. Overfilling the bladder under pressure can tear (perforate) it. Gravity flow lets the surgeon control how full the bladder gets.

Tell the surgeon if a bag runs out or the irrigation stops flowing.

CAUTERY

- Resection: monopolar Valleylab, cut 150 pure, coag 75.
- Biopsy with Bugbee: coag 25, cut 0.
- Grounding pad on.

SPECIMENS

- Several specimens; label each separately as the surgeon calls them out.
- To pathology in formalin.

AFTER THE CASE

- Catheter not always needed. If used, generally a 20 Fr 2-way Foley.
- Single-dose intravesical gemcitabine (Gemzar), when ordered, is generally given in PACU.

Version 1.3 · October 12, 2026
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