How is the surgery done?

Your surgeon has recommended that you have removal of a bladder tumor or tumors. This surgery is performed through a special telescope called a resectoscope. This instrument has a metal wire electrode that can cut through tissue and control bleeding. Pieces of the tumor are shaved from the inside of the bladder. The procedure takes about one hour. After the surgery a catheter may be placed in the bladder to drain the urine and control bleeding. When it is needed, a catheter usually stays in place for 1-3 days. After your catheter is removed, you may notice that when you have an urge to urinate, you will need to urinate promptly or risk losing urine. This means that you may not be able to hold urine as long as you did before surgery. This will improve in time and you'll probably have normal control within a few days.

Although no outside incision is made during this surgery, it is still considered major surgery. You should plan to limit your activities and avoid doing any stressful physical activity for a few days. If you do too much, you may cause bleeding. While you are in the hospital and shortly after you arrive back home, your urine may have a significant amount of blood. This is normal. If you notice blood clots in your urine, or if you have trouble urinating, please call us immediately. Within several days, your urine will clear up. Then, about 10-14 days after surgery, you may have another 1-2 days of bloody urine. This is normal. You will be given a prescription for antibiotics. It is very important that you take all of the antibiotics to prevent infection. You may also get a prescription for a medication to relieve burning and stinging in the urine channel. This medication turns the urine bright orange.

Sometimes it is not possible to remove all of the tumor. A second surgery may be necessary. If the bladder tumor has spread into the muscle of the bladder, it may be necessary to remove the bladder.

When will I know if the tumor was completely removed?

Most of the time, the pathology report describing the tumor is ready within a couple of days, but it could be longer.

What are the possible complications of having a bladder tumor removed?

Although we try our best to do everything possible to make the surgery safe, there are potential complications of the procedure. The most common complication following prostate removal is bleeding. Some bleeding is normal following bladder tumor removal. If the bleeding continues, it may be necessary to put a catheter into the bladder. A second surgery performed using a cystoscope may be needed. It is possible but very uncommon for a blood transfusion to be needed. Infection is also possible following major surgery such as this. If an infection occurred, additional antibiotics may be necessary. It is possible that the cut to remove the tumor may go through the bladder wall. If that happens, leaving a catheter in the bladder for a few days will usually allow it to heal. Sometimes, we take an x-ray of the bladder before we remove the catheter to make sure there is no leaking.

As with any major surgery, it is possible that a blood clot in the leg, a blood clot traveling to the lung, or pneumonia could develop following prostate surgery. We take special precautions to try to prevent such complications. This includes having patients cough and take deep breaths regularly to keep the lungs opened up. We also encourage patients to walk starting the day following the surgery. Other more rare complications could also occur. If you have specific questions, please ask your surgeon.
Will I stay in the hospital?

Most patients can go home on the day of surgery. If your surgeon recommends, you may stay in the hospital 1-3 days after surgery. Of course, each patient is unique, so your hospital stay could be longer.

How much pain will I have? What can you do to control the pain? How long will the pain last?

These are some of the most difficult questions to answer because each person experiences pain in a different way. Following your surgery, you will be given pain pills that you can take at home. Most people need to take pain medicine at home for less than a week following the surgery. However, because each person is unique, it is impossible to predict how long you’ll need to take pain pills.

When will I be able to eat?

Most patients can eat following surgery. Some patients notice that their appetite isn’t as strong for a few days following surgery.

When can I drive again?

We recommend that you not drive until you no longer need narcotic pain medication. These medications can alter your ability to respond quickly in an emergency situation. You should not sit in one place for more than 45 minutes for four weeks following your surgery. You should not drive or sit in a car for more than an hour for at least a month.

When can I go back to work?

You should plan to take about 1-2 weeks off work. Some patients are ready to go back to work sooner and some are ready later than two weeks. You will need to listen to your body to know when you are ready. It may be helpful to return to work part-time or doing light work at first. If you need a letter for your employer, let us know.

What physical activities can I do following the surgery?

After you get home from the hospital, you should plan to do a little walking every day. Gradually build up your endurance. If you overdo it, you may have bleeding. Listen to your body and use your head.

When can I shower?

You can take a shower any time following the surgery.

How long will it take before I feel “normal?”

Most patients tell us that it may take a couple of weeks before they feel back to “normal.” Remember, there is a lot of variation from one person to another. Don’t get discouraged if you don’t feel back to 100% one week following your surgery.

Will I need to eat a special diet after the surgery?

No. You can eat anything you would like. Of course, we recommend that you eat a healthy diet including plenty of fresh fruits and vegetables.

What if I have other questions?

We’re happy to answer all of your questions. It may be best to write down questions as you think of them. Please call your surgeon with any questions you may have.

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