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TULA of bladder lesions under local anaesthetic

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Patient information

Having a transurethral laser ablation (TULA) of bladder lesions under local anaesthetic

Excellent patient care, together

About this leaflet

Your urologist has recommended that you have a procedure called transurethral laser ablation, usually shortened to TULA. This leaflet explains what the procedure involves, what to expect before and after it, and what to do if you have any problems. It does not replace the conversation you have with your doctor or nurse. Please ask us if there is anything you do not understand.

What is TULA?

TULA is a way of treating small abnormal areas (called lesions) on the inside lining of your bladder. These may be small tumours or abnormal areas, often found at a check-up camera test (cystoscopy) or on a scan. TULA is commonly used for small, low-risk tumours, including those that come back after earlier treatment.

The procedure is similar to a flexible cystoscopy, which you may already have had. A thin, flexible telescope with a camera and light is passed through your urethra (the tube you pass urine through) into your bladder. A very fine laser fibre is then passed through the telescope. The laser is used to destroy the abnormal area and to seal small blood vessels so that bleeding is kept to a minimum.

If we need to confirm what the lesion is, we may take a small tissue sample (a biopsy) before or during treatment. This is sent to the laboratory to be examined under a microscope.

Why under local anaesthetic?

Because the telescope is flexible and thin, the procedure can be done while you are awake, using anaesthetic gel to numb the urethra. This means:

- you do not need a general or spinal anaesthetic
- you do not need to fast or stay in hospital overnight
- you can usually go home soon afterwards, and return to normal activities quickly
- it can often be arranged sooner than treatment in an operating theatre

Some people are better treated in theatre under a general or spinal anaesthetic, for example if the lesion is large, in a difficult position, or if you would prefer this.

What to expect before the procedure

Your appointment

You will receive a letter or phone call with the date and time of your appointment at the Urology Diagnostic Unit, St Albans City Hospital. Please allow around [2 hours] for your visit, although the procedure itself usually takes around 15 to 30 minutes.

You can usually eat and drink normally before the procedure, and take your usual medicines. Please have a drink beforehand, as this helps you to pass urine afterwards.

You may be asked to bring a urine sample, or to provide one when you arrive. If you have a urine infection, we may need to postpone the procedure and treat the infection first.

Please let us know before your appointment if you:

- have symptoms of a urine infection (burning when passing urine, needing to go more often, cloudy or smelly urine, fever)
- take blood-thinning medicines such as warfarin, apixaban, rivaroxaban, edoxaban, clopidogrel or dabigatran. Do not stop any medicine unless a doctor or nurse tells you to.
- have any allergies, including to local anaesthetic, latex or antibiotics
- have a pacemaker, a heart valve, or an artificial joint
- are, or might be, pregnant

You are welcome to bring a relative or friend with you. Where possible, they may wait for you in the waiting area.

You are not given a sedative, so you can normally drive yourself home. If you are unsure, please arrange for someone to take you home.

Consent

A doctor or specialist nurse will explain the procedure, the benefits and the risks, and answer your questions. You may have already been sent an online consent form to sign, otherwise, you will be asked to sign a consent form before your procedure. You can change your mind at any time, even after you have signed.

On the day

- You will be welcomed by a nurse, who will check your details and confirm that you understand the procedure.
- You will be asked to pass urine
- You will lie on a couch with your legs supported and apart. We wil always try to preserve your privacy and dignity as best as possible.

- Local anaesthetic gel is put into your urethra. It takes a few minutes to work. The gel can sting a little at first.
- Everyone in the room, including you, will wear special protective glasses. This is a standard safety measure when a laser is used.
- The telescope is passed gently into your bladder. Sterile water is run through it to gently fill your bladder so the lining can be seen clearly. You may feel a pressure or a need to pass urine as the bladder fills. Taking slow, deep breaths helps.
- The abnormal areas are treated with the laser. Most people feel little or no pain, although some feel a mild stinging or a warm sensation. Tell the team if you are uncomfortable.
- Sometimes a biopsy of the abnormal area is taken during the procedure, this can feel like a pinch in your abdomen.

What to expect after the procedure

Immediately afterwards

- You will be able to rest for a short time. A nurse will check that you are comfortable.
- You will be asked to pass urine before you go home
- If there has been more bleeding than usual, or if you cannot pass urine, a thin tube called a catheter may be placed in your bladder for a short time. This is not common. If you need one, you will be given clear instructions, and you may go home with it in place.
- Most people go home on the same day, usually within an hour or so.

In the first few days

These things are common and are not usually a cause for concern:

- Stinging or burning when you pass urine, for up to about 3 days
- Blood in your urine. It may look pink or red, or have small pieces of debris or clots. It usually settles within a few days, but may come and go for up to around 2 weeks
- Needing to pass urine more often or more urgently than usual
- Mild discomfort low in your tummy

How to look after yourself

Drink plenty of fluids, around 2 to 3 litres (3 to 5 pints) a day for the first few days, unless you have been told to limit fluids. Water is best. Drinking well helps to flush out blood and debris, and reduces the chance of infection.

Take simple **painkillers** such as paracetamol if you need them, following the packet instructions. Check with your pharmacist or doctor before taking anti-inflammatory medicines such as ibuprofen if you have kidney, stomach or heart problems, or take blood thinners.

Rest for the rest of the day. Most people feel able to return to work and normal activities the next day. Avoid heavy lifting, strenuous exercise and swimming until the bleeding has stopped, or as advised by your team.

Driving: you may drive when you feel comfortable and able to concentrate and to react quickly in an emergency.

Sex: it is best to wait until you are no longer passing blood and any stinging has settled.

Do not stop or restart blood-thinning medicines unless the team has told you what to do.

Pass urine when you need to, and do not hold on.

Possible risks and complications

TULA is a safe and commonly performed procedure, but, as with any procedure, there are some risks.

Common

- Burning when passing urine and mild bleeding, as described above
- Needing to pass urine more often for a short time

Less common

- Urine infection needing antibiotics
- Heavier bleeding or clots, which may block the flow of urine and need a catheter, or occasionally a return to hospital
- Difficulty passing urine (retention) for a short time, which may need a catheter
- The lesion not being fully treated, so that further treatment is needed
- Possible recurrence of lesions in the future. Bladder lesions can return, so regular check cystoscopies are usually needed

Rare

- Injury to the bladder wall (perforation). This is uncommon with small lesions, but can happen. It may need a catheter, a stay in hospital, or, very rarely, an operation
- Narrowing of the urethra (stricture) later on

Your doctor will discuss risks that apply specifically to you.

Your results and follow-up

If a biopsy was taken, the result usually takes around 2-3 weeks. We will tell you how and when you will receive your result. This may be at a follow-up appointment, or by phone or letter.

You may need further treatment, or regular check cystoscopies, depending on what was found. We will explain this to you.

If you are unsure when your results or follow-up will be, please contact the team (details below).

When to seek help

Contact the Urology Diagnostic Unit or your GP if you have:

- a temperature or fever, or feel shivery and unwell
- burning when passing urine that is getting worse or lasts more than 3 days
- blood in your urine that is getting heavier or lasts longer than 2 weeks
- cloudy or offensive-smelling urine
- difficulty passing urine

Go to the nearest Emergency Department or call 999 if you:

- are completely unable to pass urine
- are passing large clots, or the urine is thick red and you cannot pass it freely
- have severe or worsening tummy pain
- feel faint, very unwell, or are shaking with a high temperature
- If you have a catheter, and it stops draining, falls out, or becomes very painful, please contact us urgently.

How to contact us
Urology cystoscopy Appointments: 01727 897339

Urology Diagnostic Unit
Watford General Hospital
St Albans City Hospital
Waverley Road
St Albans
Hertfordshire AL3 5PN
Tel: (Monday to Friday, in hours): 01727 897702
Hospital switchboard: 01923 244366

Out of hours: NHS 111 (call 111 or visit 111.nhs.uk), or your GP out-of-hours service

Further information and support

- NHS website: www.nhs.uk (search 'cystoscopy' or 'bladder cancer')
- Action Bladder Cancer UK: actionbladdercanceruk.org
- Fight Bladder Cancer: fightbladdercancer.co.uk
- Macmillan Cancer Support: macmillan.org.uk, free helpline 0808 808 00 00
- British Association of Urological Surgeons (BAUS): baus.org.uk (patient information section)

PALS

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Language Large Print Braille Audio

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We welcome feedback about your care, this feedback is shared with all staff so that we can improve patients' experience. Click this link, scan the QR code with your smartphone or type in: bit.ly/4o3QVFJ.

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