

Centre intégré de santé et de services sociaux de Laval

PREPARATION GUIDE FOR A SURGERY

**BRING THIS GUIDE
WITH YOU THE DAY
OF YOUR SURGERY**



Transurethral resection of bladder tumour

**This guide will help you understand and get ready for your surgery.
Read it over with your family.**

Québec 

© Centre intégré de santé et de services sociaux (CISSS) de Laval, 2022

Legal Deposit - Bibliothèque et Archives nationales du Québec, 2022

ISBN 978-2-550-91093-0 (Print)

ISBN 978-2-550-91094-7 (PDF)

Any reproduction of excerpts from this guide by any method whatsoever is prohibited without written authorization from the publisher.

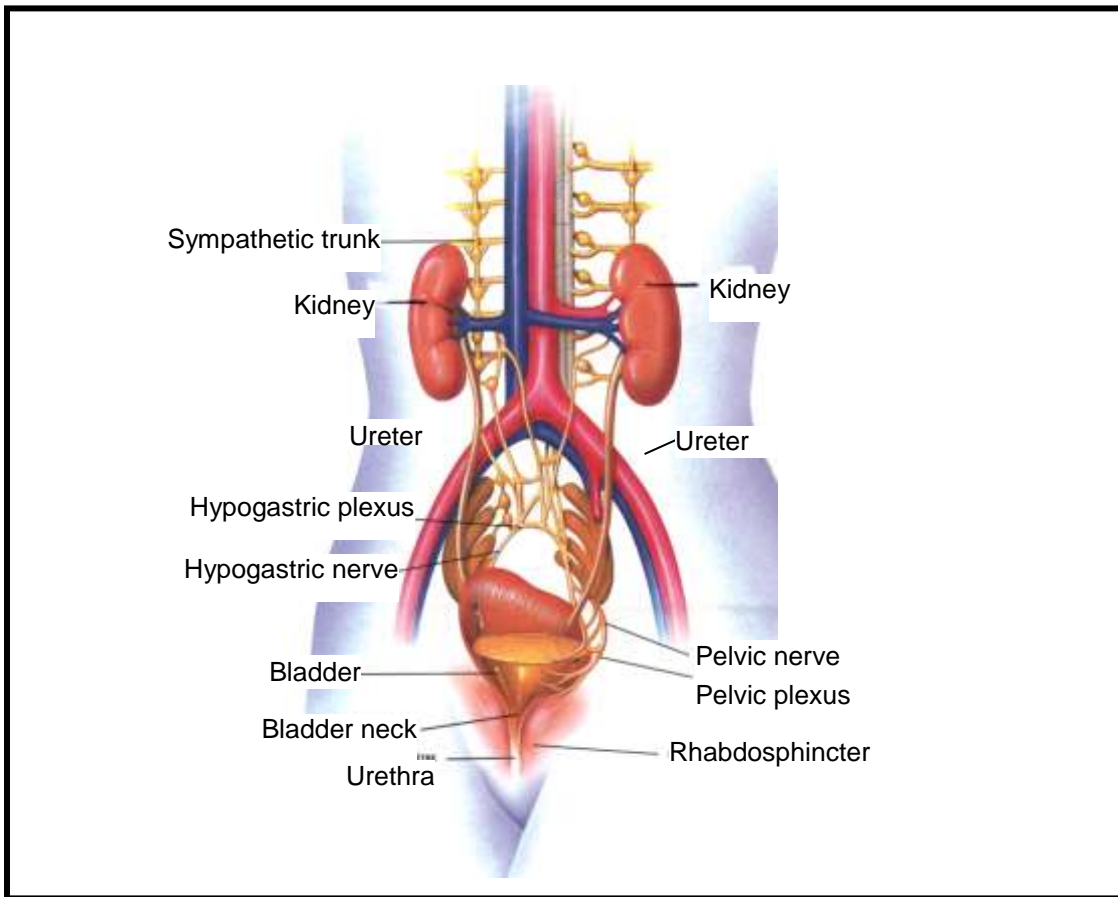
TABLE OF CONTENTS

Anatomy	4
Anatomy of the bladder	5
Your procedure	6
Before your surgery	7
How to get ready for your surgery	8
Before your visit to the Preadmission Clinic	9
Consent to surgery and anesthesia.....	9
Tobacco	10
Alcohol	10
Discharge planning.....	10
Preoperative diet	11
The night before the surgery.....	12
The night before the surgery.....	13
Hygiene before your surgery	14
What to bring to the hospital.....	15
When you arrive at the surgery unit.....	16
The day surgery unit.....	16
Operating room	17
In the recovery room.....	18
Controlling your pain.....	19
Breathing exercises	20
Circulation exercises	22
Getting up	22
Your discharge from the unit	23
Once you get back home – instructions	24
Nutrition and hydration.....	26
Activities	27
Urine colour chart	28
Complications	29
Resources.....	30
Références.....	31

ANATOMY

The urinary tract consists of the kidneys, two ureters, the bladder, the urethra and the urinary meatus.

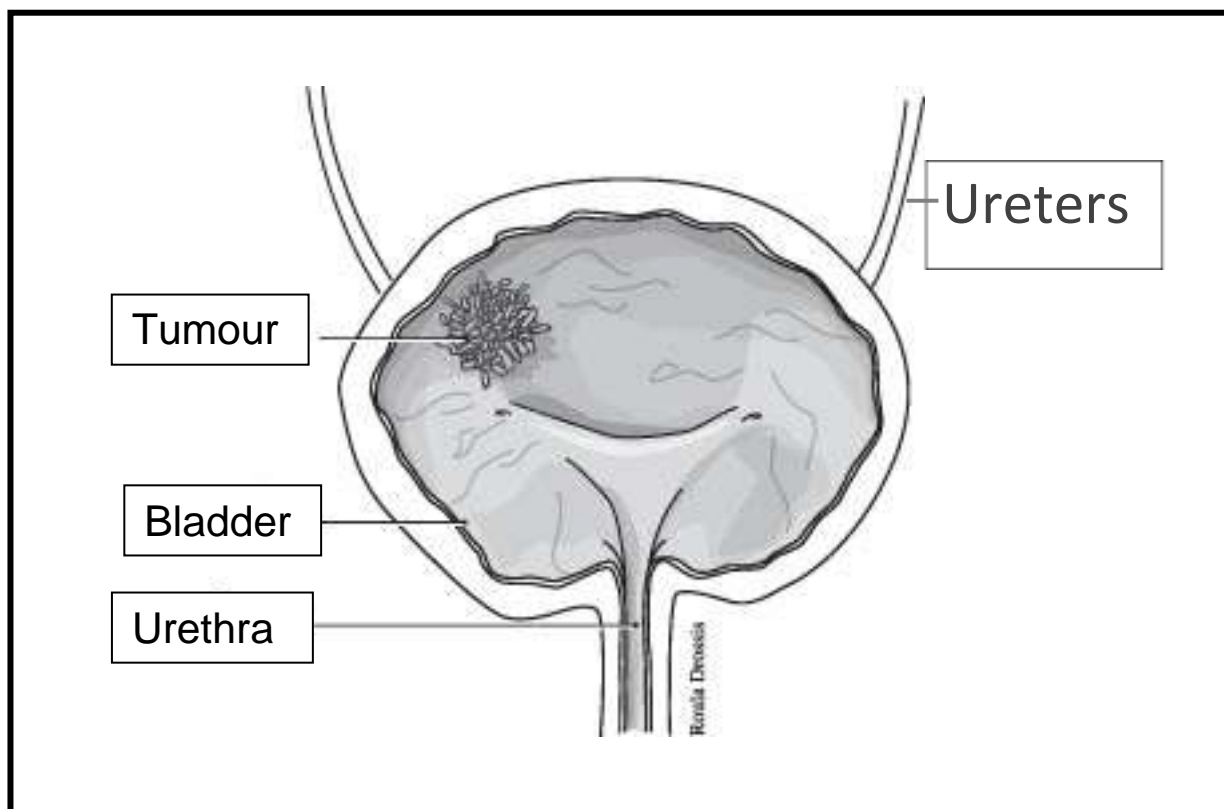
Located under the ribcage on either side of the spine, the kidneys eliminate waste from the body. This waste is dissolved in the urine generated by the kidneys and flows through the urinary tract (renal calyces, renal pelvis, and ureters) to the bladder.



From a document by Pharmascience about Urispas.

ANATOMY OF THE BLADDER

- The bladder is a hollow, balloon-shaped organ.
- It is 6 cm long and 5 cm wide when empty and double this size when full.
- It collects the urine produced by the kidneys through two tubes called “ureters.” Once full, the bladder muscles contract to expel the urine through another tube called the urethra.
- In adults, the bladder can contain up to 2 or 3 litres of urine.
- Bladder tumours are the most common type of cancer of the urinary tract:
 - Types of bladder tumours :
 - Transitional cell carcinoma (TCC) (90% of tumours)
 - Squamous cell carcinoma
 - Adenocarcinoma
 - Benign (non-cancerous) tumours that do not recur after being removed



<http://medecine-sante.org/2014/05/23/cancer-de-la-vessie-2/>

Smoking is the main cause of bladder tumours.

YOUR PROCEDURE

Transurethral resection of bladder tumour (TURBT)

To remove the tumour, your urologist will insert a thin tube with a light (cystoscope) through your urethra into your bladder.

The cystoscope, which is a camera, allows the urologist to see the wall of your bladder on a screen in order to locate the tumour.

The tumour is removed from the bladder and sent to a pathology laboratory for analysis.

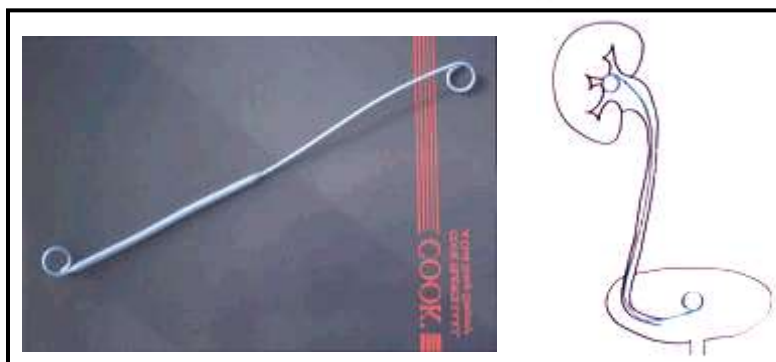
A urinary catheter is then inserted to wash out the bladder and prevent blood clots. A “scab” will form over the area and, in most cases, healthy tissue will grow back.

Depending on the type of tumour, a chemotherapy drug may be administered to your bladder shortly after the operation through the urinary catheter to reduce the risk that the tumour grows back.

Note that this medication only acts locally in the bladder and has very few side effects.

Double-J stent

During your procedure, if your urologist needs to investigate the ureter (the tube at the top of the bladder leading to the kidney) and take a sample (biopsy) because a tumour is also in this area, he or she may place a thin plastic tube (called a double-J or ureteral stent) in the ureter. This tube temporarily helps urine flow from the kidney to the bladder to prevent any blockages due to postoperative swelling. The stent is then removed through cystoscopy some time after the operation as per your urologist’s prescription.



<https://patients.uroweb.org/treatments/double-j-stent-placement/>

BEFORE YOUR SURGERY

Admission date and time

- You will receive a call from the hospital's pre-admission department.
- The secretary will inform you of the date of your surgery.
- You will be informed of the time of your arrival at the hospital by phone 24 to 48 hours before the surgery.




SYMPTOMS TO MONITOR

If you have any of these symptoms or conditions one week before the date of your surgery :

- You have a sore throat, a cold or the flu.
- You have a fever.
- You are taking antibiotics.
- You have a contagious disease (e.g., chicken pox), or you have recently been exposed to someone with a contagious disease.
- You have a possible or unconfirmed pregnancy.
- Redness, inflammation, discharge, wound or any other problem at the operating site.

**Call immediately to inform
the administrative officer:**

 Urology: 450-975-5394



HOW TO GET READY FOR YOUR SURGERY

When to stop or continue your medication

At your appointment with your surgeon or the preadmission nurse, you will be informed whether you need to stop or continue your medication before your surgery.



- Aspirin®, Asaphen®, Rivasa®, Entrophen®, Novasen®, Persantine®, MSD AAS, Aggrenox® (dipyridamole/ASA), etc.
 Stop ____ days before your surgery.
 Do not stop this medication.
- Plavix® (clopidogrel)
 Stop ____ days before your surgery.
 Do not stop this medication.
- Effient® (prasugrel), Ticlid® (ticlopidine), Brilinta® (ticagrelor)
 Stop ____ days before your surgery.
 Do not stop.
- **Anti-inflammatory drugs** (e.g., ibuprofen such as Advil®, Motrin® (including for children), Celebrex®, Maxidol®, Aleve®, Naprosyn®, etc.)
Stop 2 days before your surgery.
- **All natural products** (glucosamine, omega 3, vitamin E, etc.).
Stop 7 days before your surgery.

You can keep taking drugs such as Tylenol®, Tylenol® Extra-Strength, acetaminophen and Tempra® until midnight the night before your surgery.

If you are taking Coumadin®, Sintrom®, Pradaxa®, Xarelto®, Eliquis®, Lixiana® :

A hospital pharmacist will call you approximately 1 to 3 weeks before your surgery and may ask you to have a blood sample taken.

When the pharmacy department has received your results, you will be called again about when to stop taking this medication.



You must follow this instruction.

BEFORE YOUR VISIT TO THE PREADMISSION CLINIC

Your record will be transferred to the hospital's Preadmission Clinic. Someone will call you with the date and time of your Preadmission Clinic appointment.

Date and time of your appointment : _____

During your Preadmission Clinic visit

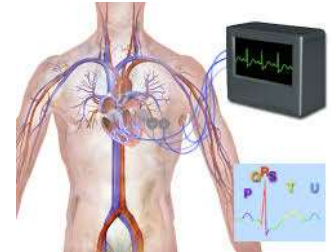
You will:

Meet with a nurse, who will explain how to prepare for surgery and what to expect during your hospital stay.

Have an ECG (electrocardiogram) if the nurse determines that you need one.

Have blood taken, if required. You will be sent to the hospital's test centre.

The nurse will tell you if you need more tests or have to meet with other doctors or professionals.



CONSENT TO SURGERY AND ANESTHESIA

At your preadmission meeting, the nurse will ask you to sign the consent to surgery and anesthesia.



This consent means that the surgeon clearly explained why you need this operation, what the procedure entails, the potential risks, and the desired results of the operation.

If you did not get the proper information, you must contact your surgeon. The preadmission clinic nurse can help you. You will need to sign the consent form the morning of your surgery.

For further information about anesthesia, please read the guide on anesthesia and pain relief Information guide which the nurse will provide when attending your preadmission meeting.

TOBACCO

Quitting smoking or reducing the amount you smoke will decrease your risk of respiratory problems after your surgery, aid in the healing of your surgical wound, and help you better manage pain.



If you need help to quit smoking, don't hesitate to contact:

- Your CLSC at **450-978-8300, extension 3169** (for Laval residents).
- Your pharmacist or family doctor.
- The Quit Smoking Centre nearest you at **1-866-JARRETE (527-7383)**.

Website: tobaccofreequebec.ca/iquitnow/.

ALCOHOL

Avoid drinking alcohol **7 days before your surgery**. Alcohol can interact with some medications and increase the risk of bleeding and complications.

To get help to stop right now, contact the regional hotline (for Laval residents): Alcochoix+ Laval at 450-622-5110, ext. 64005.

<https://www.quebec.ca/en/health/advice-and-prevention/alcohol-drugs-gambling/alcochoix-plus/>.



DISCHARGE PLANNING

Before your operation, it is important that you prepare in advance for your return home.

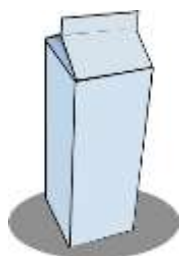


- Ask another adult to come pick you up at the hospital. You must organize a ride home in advance. This person must be available to pick you up once your discharge is signed.
- Prepare meals in advance for the days after your operation.
- Get help for errands, housework and appointments.
- If you live by yourself and your operation reduces your mobility, you need to think about having another adult stay with you during your recovery.

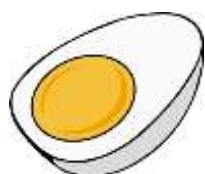
PREOPERATIVE DIET

The goal of this diet is to ensure that you have the strength and nutrients you need to recover quickly.

Suggestions to boost your protein intake.



Add this	To this
Skim milk powder or protein powder supplement (Nestlé Beneprotein®)	Cooked cereals, scrambled eggs, sauces, mashed potatoes, soups, cream sauces, milk, milkshakes, cream desserts, custards, etc.
Milk (2% or 3.25% MF)	Hot cereals, soups, casseroles, hot chocolate (instead of water)
Soy beverage	Smoothies, soups
Greek yogurt	Fresh or canned fruit, vegetables, potatoes, rice, pancakes, casseroles, stews, soups, vegetable or fruit dips
Hard-boiled eggs	Sandwiches, salads, vegetables, potatoes, sauces and soups
Peanut butter or nut butter	Cookies, milkshakes, sandwiches, crackers, muffins, fruit slices, toast, ice cream
Tofu	Milkshakes, soups, casseroles, stir-fries, salads
Canned dried peas or beans, legumes and lentils (if you can tolerate these)	Casseroles, soups, stews, salads, rice, pasta and dips
Seeds and nuts (if you can tolerate these)	Salads, cereal, ice cream, yogurt
Pieces of cooked beef, pork, poultry, seafood or fish	Salads, soups, scrambled eggs, quiches, baked potato, pasta



You can also take a supplement such as Ensure or Boost.

THE NIGHT BEFORE THE SURGERY

Preoperative diet

1. **The night before your surgery:**

- ❖ You can eat normally up to the night before your surgery.



2. **Day of your surgery**

➔ **For all users** – Starting from midnight the night before your surgery:

- Do not eat solid food.
- Do not consume dairy products.
- Do not consume alcohol and do not smoke.
- For the consuming of clear liquids, refer to the tables on the following page.



THE NIGHT BEFORE THE SURGERY

At home

Your nurse has given you specific instructions:

- You MUST remain fasting** (nothing to eat or drink from midnight the night before your surgery). Do not chew gum or eat candy.
You can brush your teeth but avoid swallowing the water.



OR

- You MUST drink clear fluids** before the surgery.

Allowed clear fluids include:

- Water
- Juice without pulp (no pulp is mandatory)
- Coffee or black tea (no milk)



Make sure that you ONLY drink these clear fluids and nothing else.

When should I stop drinking clear fluids?

You must stop drinking these fluids the morning of your surgery. The exact time depends on when you need to arrive at the hospital that morning. Someone will call you 24 to 48 hours before your surgery will give you at what time you must arrive at the hospital.

I need to arrive at the hospital at...	I have to stop drinking clear fluids at...
Before 10 a.m.	6 a.m.
After 10 a.m.	8 a.m.
I do not have a specific time and have to wait at home to be called for my surgery.	11 a.m.

IMPORTANT:



You must follow these instructions to ensure your surgery is safe and to prevent serious complications.

If you have not followed these instructions, you must advise the nurse once you get to the hospital.

HYGIENE BEFORE YOUR SURGERY



□ **Dexidin disinfectant soap (4%)**: The morning of the surgery, you must shower using the antimicrobial soap you purchased at the gift shop at the main entrance of Block C or Block D or at the pharmacy. You must use the soap from your chin to your toes and then rinse.

Put on clean clothes after your shower.



No makeup, no nail polish (fingers and toes), no fake nails, no fake eyelashes, no cream, deodorant or perfume/cologne, no jewelry or body piercings.



Do not shave the surgical area.



Medication

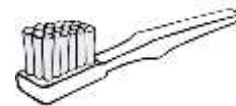
Take these medications **ONLY**
(with some water).



If you do not respect all of these instructions, your surgery could be cancelled.

WHAT TO BRING TO THE HOSPITAL

- This guide.
- A valid health insurance card.
- Your hospital card.
- Your medications, drops and pumps in their original containers.
- A complete list of your medications (ask your pharmacist for this list).
- Slippers, dressing gown, clothing and comfortable shoes.
- Tissues, toothbrush and soap.
- Notebook and pencil.
- If you wear glasses, contact lenses, a hearing aid or dentures: bring your kits or containers and label them with your name.
- If you use a cane, crutches or a walker, bring them to the hospital and label them with your name.
- If you need to, bring sanitary napkins, baby diapers or incontinence products.



Please leave all your jewelry and other valuable objects at home.

The hospital is not responsible for lost or stolen items.

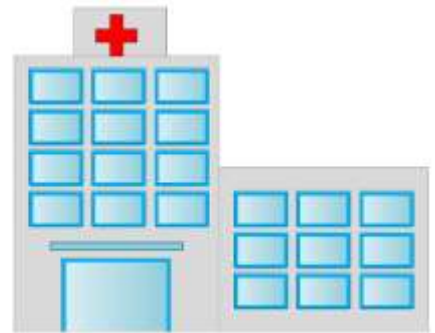
(The lockers do not have locks).

Rings will have to be cut off if not removed beforehand.

WHEN YOUR ARRIVE AT THE SURGERY UNIT

If you are going to have a day surgery: Go directly to the day surgery unit on the first floor of Block B (Room 1.165). The time of your surgery will be given to you when you arrive at the unit. **YOU WILL NOT BE STAYING AT THE HOSPITAL OVERNIGHT.**

If you have to stay at the hospital after your surgery: Go to the reception area of Room RC.5. The time of your operation will be given to you when you arrive at the unit.



- **Only one person** can accompany you.

- After you arrive at the unit, you should expect to wait a moment until being called for your surgery. Bring something to entertain yourself if you want (something to read, a music player with headphones, etc.).



- Your room might not be ready when you arrive. In this case, you will be prepared in the day surgery unit. **Please leave your suitcase in your car.** The suitcase can be retrieved after your surgery once your room is available.

THE DAY SURGERY UNIT

At your arrival, the nurse will help you to get ready for your surgery.

She will give you an hospital gown to put on.

She will proceed to a blood test if necessary.

She will go over all preparations that you had to do before your surgery.

OPERATING ROOM

When you leave for the operating room, you must only wear the hospital gown and no other personal clothing.

You must remove your:

- Glasses, contact lenses.
- Underwear, jewelry and body piercings.
- Dentures, hearing, hair piece.



Staff will direct you to the operating room.

The anesthesiologist will meet with you when you arrive in the operating room to discuss with you the most suitable methods of anesthesia and pain relief for you.

For further information about anesthesia, please read the guide on anesthesia – information guide, the nurse will provide when attending your preadmission meeting.

IN THE RECOVERY ROOM

You will wake up in the recovery room after your surgery.

No visitors are allowed in the recovery room.

Staff will place you comfortably on a stretcher or bed.

You won't be able to eat or drink right away, but the nurse will give you the go-ahead once your condition is stable.

Once you are stable and your pain is controlled, you will be transferred to the day surgery unit.

RETURN TO THE DAY SURGERY UNIT OR HOSPITAL UNIT

Staff will set you up comfortably on your stretcher or bed and will take your vital signs a few times.

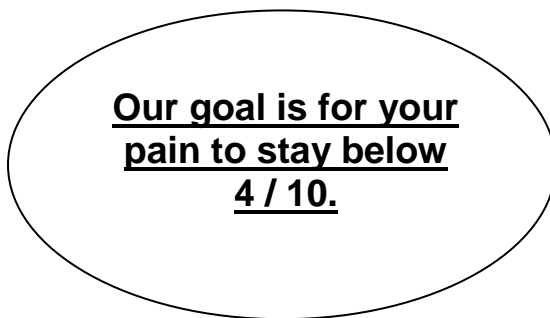
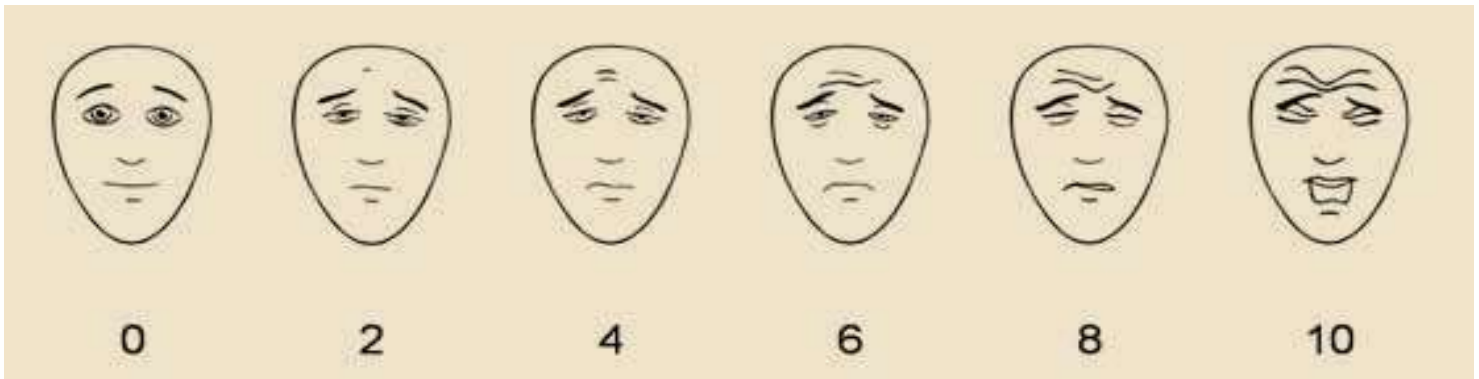
This procedure is performed through the natural way of the urethra. A urinary catheter (tube in the bladder) will be installed during the surgery to check the quantity and color of the urine.



CONTROLLING YOUR PAIN

It is normal to have pain after an operation. The amount of pain is different for everyone. However, you can control your pain with the medication prescribed by your surgeon.

You will be asked to assess your pain on a scale of 0 to 10



Pain relief is important because this will help you:

- Breathe more easily.
- Move around more easily.
- Sleep better.
- Eat better.
- Recover more quickly.
- Do things that are important to you.

PAIN RELIEF TECHNIQS

Analgesics (pain medication)

- You may receive injections if your pain is too intense.
- You will get your medication in tablet (pill) form once you can tolerate it or once you can eat food.



BREATHING EXERCISES

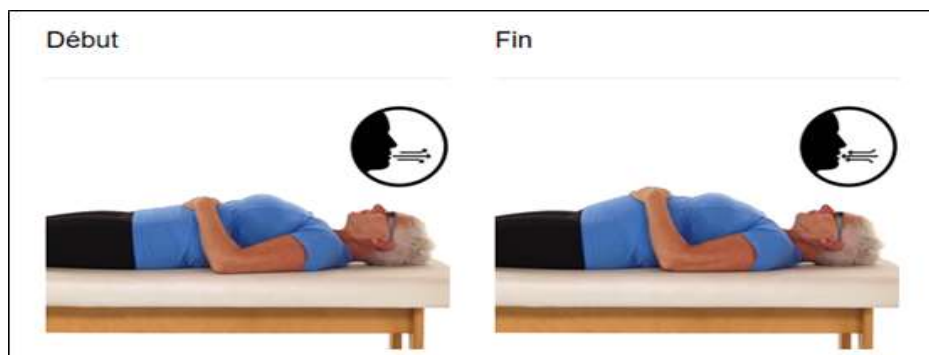
Deep breathing

****Do this as soon as you wake up from surgery****

1. Lie on your back, with your legs slightly bent. Place one hand on your stomach and the other below your breasts.
2. **Inhale slowly and deeply through your nose or mouth.** Feel your lungs inflate. Just the hand on your belly should rise.
3. Keep your lips pursed and exhale **slowly** through your mouth. This will double the length of your breath. Move your belly back in to expel the air from your lungs.



This exercise is not easy to do. Therefore, you need to practise before your operation.



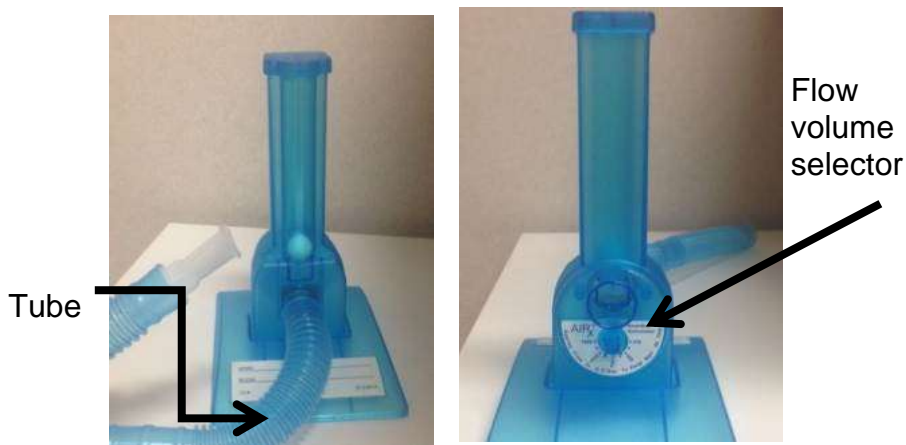
Spirometer

The preadmission nurse will give you this device if you need it.

How do I use it?

Remove the device from the package. Connect the mouthpiece to the tubing. Connect the tubing to the outlet on the other side of the flow volume selector.

1. Get into a comfortable seated position.
2. Adjust the level by turning the flow volume selector to the right that will increase the difficulty of the exercise).



3. Hold the device upright in front of you (if you lean it to the front or back, the exercise is too easy). Exhale normally.

4. Place your lips snugly around the mouthpiece and then **inhale**. Take in enough air to lift the ball.
5. Continue inhaling to keep the ball elevated for 3 seconds. This step lets you expand your lungs as much as possible. Hold your inhalation for 3 seconds, even if the ball drops back down.
6. Then, breathe out through your mouth through pursed lips. Take a break to breathe normally, and then try again.

7. Repeat steps 4 to 6 for about 5 minutes per hour or as per your nurse's instructions.

Keep the device near you so that you remember to do the exercises. Between uses, you can keep the mouthpiece attached to the end of the tubing.

Spirometer breathing exercises help you:

- Eliminate lung secretions to prevent respiratory complications.
- Regain and maintain good lung expansion.
- Stimulate the breathing reflex, which is slowed by anesthesia and pain medication.
- Improve your well-being and resume your usual activities more quickly.

CIRCULATION EXERCISES¹

These exercises encourages blood circulation in your legs while you are lying down. They are very important because they can prevent serious complications, such as blood clots in the veins of your legs (thrombophlebitis).

- **Toe flexion and extension**

While lying on your back or sitting with your legs stretched out, point your toes to the foot of the bed and then point them toward your chin. Repeat the exercise 30 times a minute for 1 to 2 minutes, every 2 hours.



- **Ankle rotations**

While lying on your back or sitting, make ankle circles from left to right and then from right to left. Repeat this exercise 30 times a minute for 1 to 2 minutes, every 2 hours.

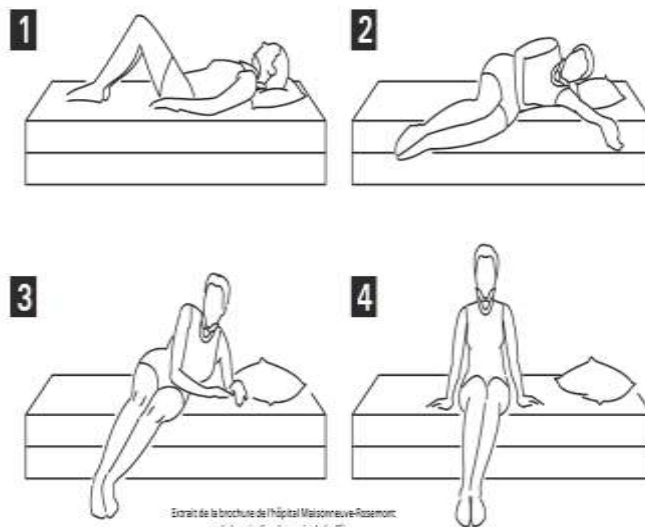


GETTING UP

When you get up for the first time, a staff member will be there to assist you; however, you should only get up at your own pace. You need to walk and increase the distance you walk each time you get up. Increase your pace gradually.

To help you get in and out of bed, you need to raise slightly the head of your bed.

1. Turn toward your non-operated side.
2. Push against the mattress using your elbow on the non-operated side and your other hand to sit up on the edge of the bed. Slide your legs over the bed at the same time.
3. Stay in this position for a few minutes. Take a few deep breaths and move your feet around.
4. If you do not feel well, tell the nurse or care attendant.



Staff will help you sit in an armchair if you need to.

¹ These circulation exercises are based on those developed by Paradis and Poissant.

YOUR DISCHARGE FROM THE UNIT

- Your surgeon is the one who will discharge you.
- You must ask another adult to come pick you up, since you cannot drive after your operation. You must plan a ride home.
- If you live by yourself, it is a good idea to ask another adult to stay with you for 24 hours for your safety reasons.
- The nurse may give you a prescription for pain medication, which you must get at your pharmacy. Your nurse will also give you a pamphlet about what you need to know if you need to take a narcotic medication for pain.
- The nurse will give you a follow-up appointment with your surgeon. You must absolutely go to this appointment, even if you feel well.



Surgeon name : _____

Date & time of appointment : _____

- You will receive a proof of hospitalization or medical leave from work form if you need one. You must notify your surgeon if you need these documents.
- N.B. If you have insurance forms to complete, contact your urologist's secretary at his or her private office (see Urologists' Reference on page 30).



All forms must be sent to the private office. No forms will be filled out at the hospital on the day of surgery.

ONCE YOU GET BACK HOME – INSTRUCTIONS

Your incision

The procedure is performed through the natural route of the urethra, so no incision on the belly is required.



HYGIENE

1. Your urinary catheter will be removed before you leave the hospital and once your urine is clearer. If you have to keep the catheter even when you are discharged home, you will get a referral to your CLSC and your nurse will give you a document on catheter care with the steps to follow.
2. You can take a bath or shower as soon as your catheter is removed, unless your urologist gives you other instructions.
3. After the operation, you may have problems urinating or feel pain, as your mucous membranes may be irritated. These issues usually go away after a few days.
4. You will notice an increase in urination and an urgent need to urinate for a few weeks.
5. You may also occasionally notice blood in your urine for a few weeks, and you may pass clots, especially after 2 weeks when the bladder is healing and the “scab” starts to come off.
6. Staying hydrated (one 250-ml glass per hour during the day when you are awake, if you have no medical restrictions against this amount of fluid intake) up to a maximum of 8 to 10 glasses per day and frequent urination will help relieve these symptoms.
7. If you continue to have a large amount of blood in your urine, you may have to stay at the hospital longer. Saline irrigation through the urinary catheter (cystoflow) may be set up to resolve this problem. The cystoflow device will be monitored by the nurse at the hospital.
8. Bladder spasms caused by the urinary catheter :
 - The bladder catheter may cause discomfort.
 - You may feel the need to urinate. You need to relax, as urine will flow **freely** through the catheter (a tube in the bladder inserted during surgery).



- These spasms are caused by a balloon that inflates at the end of the catheter. The balloon keeps the catheter in place, but when it touches the bladder wall, you may feel the need to urinate.
- Severe bladder spasms may cause urine leakage around the catheter. **This is not dangerous.**

NOTE: You can buy pads at pharmacies specifically to protect against this discomfort.

If chemotherapy is administered through the urinary catheter after the procedure, here are the instructions to follow:

- Properly wash your hands and genitals before and after urinating.
- For 48 hours, clean the toilet bowl with bleach after you urinate and let it sit for 15 minutes before flushing.
- Keep the bathroom well ventilated.
- For 48 hours, urine splashes must be wiped away with disinfectant or bleach.

Going back to work

Your surgeon and nurse will give you more details about your recovery, which will depend on your procedure and the type of work that you do.

In general, the convalescence is 2 to 3 weeks.



Breastfeeding

If you are breastfeeding, ask the surgeon or nurse if you can continue.



Generally, you need to wait 2 to 3 hours after having general anesthesia before breastfeeding your baby. As soon as you return home, you can breastfeed if you feel alert and comfortable.

NUTRITION AND HYDRATION

Generally, you can eat normally after your surgery. Start with light meals and gradually increase as you can tolerate.

If you need to adjust your diet after your operation, the surgeon and nurse will give you instructions. If you have questions, please do not hesitate to ask them.



If you have nausea (you feel sick to your stomach), start by drinking clear fluids and gradually increase the amount and change the texture of the foods you eat as you can tolerate them.

To avoid constipation, which can be caused by pain medication:

- Eat plenty of fiber (grains, whole-grain bread, fruit, vegetables, etc.).
- Drink 7 to 8 glasses of water a day (unless you have a medical restriction).
- Walking can help with bowel function.



If, despite these tips, you are unable to have a bowel movement:

- You can use a mild laxative such as Metamucil®, Colace®, Lax A day® or Prodiem® at a pharmacy. Ask your pharmacist for advice.



If you have not had a bowel movement for at least 3 days despite these tips, consult a health care professional (family doctor, pharmacist, Info-Santé at 811).

ACTIVITIES



You can drive when:

- You no longer feel dizzy.
- You no longer have pain and you have stopped taking narcotic medications for at least 24 hours.

1. Depending on your procedure, your surgeon or nurse may give you other instructions that are appropriate for your situation. Do not hesitate to ask questions.
2. You need to stay active after your operation, but you also need to rest. It is normal to feel tired.
3. Pain should not prevent you from your daily activities such as getting dressed, washing yourself or eating. Take your pain medication if the pain is too intense, and take it at least 30 minutes before doing exercise, if you need to.
4. Walking is one of the best exercises, except if restricted by your surgeon. Increase the distance you walk everyday and alternate with periods of rest. Avoid vigorous exercise, sudden movements, or contact sports.
5. You must restrict your activities for the first week. You can resume your activities gradually thereafter, depending on your tolerance. You can go up and down the stairs.
6. Avoid vigorous exercise, sudden movement, contact sports, and travelling. To prevent bleeding, avoid lifting heavy weights (10 kg / 20 lbs.) for 2 weeks after your follow-up visit with your urologist and not until your urine starts running clear.
7. A double-J stent often increases bladder pain, frequency of urination, and an urgent need to urinate. Patients also commonly feel pain in their side when urinating or when their bladder is full. They may also see blood in the urine. These symptoms can be aggravated by activity.
8. You can resume sexual activity about 2 weeks after your surgery and once your pain has subsided.



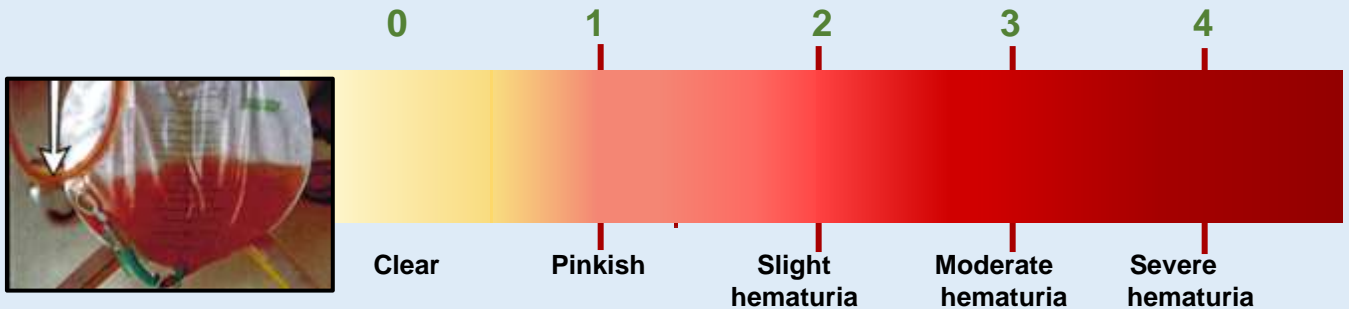
URINE COLOUR CHART

Your nurse will give you the urine colour chart below so that you can check the colour of your urine after your operation and make sure it returns to normal.

URINE COLOR CHART

Look at the urine in the tubing

This visual tool was developed in the context of the RASP.



Do not forget to drink 1 glass of water every hour while awake

Urine colour is 0 or 1 → normal

Urine color is 2 → drink 1 glass of water every 30 min. until the color returns to 0 or 1

Urine color is 3 or 4 → call your C.L.S.C.

C.L.S.C. - C.H.S.L.D. Ste-Rose-de-Laval: Phone: 450-622-5110.

C.L.S.C. des Mille-Îles: Phone: 450-661-2572

C.L.S.C. – C.H.S.L.D. du Marigot: Phone: 450-668-1803 CLSC in your area:

C.L.S.C. – C.H.S.L.D. du Ruisseau-Papineau: Phone: 450-687-5690 LCHC in your area:


If you live in Laval, you will be given a referral to your CLSC when you are discharged from hospital. You can contact them according to the instructions above.

COMPLICATIONS

If you have difficulty breathing:

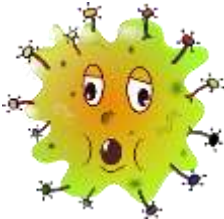
<p>Immediately call Urgences-Santé at 9-1-1</p>	
--	---

If you have one or more of the following signs or symptoms:


<p>Fever (38.5 °C or 101 °F or higher) for more than 24 hours</p>

<p>Your pain increases and is not relieved by medication.</p>	
---	--


<p>You have cramps or constant pain in your calf.</p>

<p>Inability to urinate after several hours and severe abdominal pain.</p> <p>Intense burning sensation when urinating, with cloudy and foul-smelling urine (see urine colour chart on page 28) that does not clear up despite abundant hydration.</p>	
--	---



Contact a nurse at Info-Santé by calling 811 at any time (24 hours a day).

For all other questions: Contact one of the resources listed on next page



RESOURCES

**For emergencies, call 911
Info-Santé – CLSC, call 811
24 hours a day, 7 days a week**

Outpatient Clinic

Preadmission (preoperative only) 450-975-5566
Urology 450-975-5913, poste 4

Private offices of Urologists in Laval

Polyclinique médicale Concorde
Adresse : 129, Boulevard de la Concorde West, Laval (Québec)
Téléphone 450-667-5310

Dr Mathieu Bettez
Dr Jean Cossette
Dr Béchir Hage
Dr Samer Hanna
Dre Marie-Paule Jammal
Dr Steven P. Lapointe
Dr Roger Francisco Valdivieso-O'Donovan

CLSC

Région de Laval

Accueil première ligne..... 450 627-2530, poste 64922
CLSC des Mille-Îles 450 661-2572
CLSC du Ruisseau-Papineau 450 682-5690
CLSC et CHSLD Sainte-Rose..... 450 622-5110
CLSC de l'Ouest de l'île 450 627-2530
CLSC et CHSLD Idola-Saint-Jean 450 668-1803

Région des Laurentides

Centre intégré de santé et de services sociaux des Laurentides :
Thérèse de Blainville..... 450 433-2777
Des sommets 819 324-4000
St-Jérôme 450 432-2777
Pays d'en haut 450 229-6601
Jean-Olivier Chenier 450 433-2777
Argenteuil..... 450 562-3761
Antoine Labelle 819-275-2118

Région de Lanaudière

Lanaudière Sud..... 450 654-2572
Lanaudière Nord 450 839-3864

RÉFÉRENCES

McGill University Health Centre. Patient Education Office (2013).

http://www.muhcpatienteducation.ca/DATA/GUIDE/753_en~v~minimally-invasive-hysterectomy-removal-of-uterus-surgery-guide.pdf

<https://www.cancer.net/cancer-types/bladder-cancer>

<http://www.santemonteregie.qc.ca/en/west>

[https://www.chudequebec.ca/patient/maladies,-soins-et-services/traitements-et-examens/traitements/resection-transuretrale-de-tumeur-de-vessie-\(rtutv.aspx](https://www.chudequebec.ca/patient/maladies,-soins-et-services/traitements-et-examens/traitements/resection-transuretrale-de-tumeur-de-vessie-(rtutv.aspx)
www.cua.org

Transurethral resection of bladder tumour (TURBT)
Centre intégré de santé et de services sociaux de Laval

Researcher and Writer:
Judith Dubois, Nurse Clinician, AIC
Preadmission Clinic

In collaboration with:
Clinical nurses from the Preadmission Clinic and urologists from Hôpital Cité-de-la-Santé

Original: March 1996
Revised: July 2017
Revised: November 2019
Revised: September 2020
Revised: November 2021

© Any reproduction of excerpts from this guide by any method whatsoever is prohibited without written authorization from the publisher

**Centre intégré
de santé
et de services sociaux
de Laval**

Québec 

Hôpital de la Cité-de-la-Santé
1755, boul. René-Laennec
Laval (QC) H7M 3L9
Tél. : 450 668-1010
www.lavalensante.com

February 2022
Direction des soins infirmiers
62-100-097