Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

TULA Procedure Trans Urethral Laser Ablation for recurrent bladder tumours

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TULA Procedure: Trans Urethral Laser Ablation for Recurrent Bladder Tumours

Patient Information

Richmond Urology Unit, Leigh Infirmary

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Introduction

The procedure that you have been asked to attend for is called a TULA.

TULA stands for Trans Urethral Laser Ablation and is essentially a flexible cystoscopy (tube with a camera) that is inserted into the bladder through the tube that carries urine out of the body from the bladder (urethra). This will be a procedure that you will already be familiar with having had it before (See flexible cystoscopy information leaflet).

Aims & Benefits

The aim of having the laser is to destroy the suspicious area or tumour identified following your flexible cystoscopy. The laser within the camera (cystoscope) is then used to destroy the cancer cells. It is offered to patients that have been diagnosed with non-muscle invasive bladder cancer (present only in the lining of the bladder). The procedure is most often used for very small, recurrent bladder tumours. The tumours are then ablated (removed) using a laser fibre contained within the cystoscope. This procedure will be done in the outpatient department at Leigh Infirmary on The Richmond Urology Unit by a doctor or specialist nurse. It will be done under local anaesthetic, and you will be able to go home on the same day. You may have a biopsy (sample of tissue) taken first, to confirm if there is a recurrence of cancer. This will reduce the risks associated with repeat anaesthetics. The laser will then be used to completely remove any abnormal tissue and stop any bleeding.

Risks

There is a small risk of a urine infection that may require antibiotic treatment.

You may experience a mild burning sensation while passing urine for a short period after the procedure.

Delayed or on-going bleeding may require a hospital admission for monitoring with a catheter (drainage tube in the bladder) for a short time.

Secondary bleeding can occur in two to three weeks after the procedure and can be an indication of infection. There are risks of further recurrent bladder tumours in the future needing further treatment

What will happen on the day of the procedure?

- There is no special preparation required, you can eat and drink as normal on the day of the procedure.

- Please contact the department for advice regarding blood thinning medication (e.g. Warfarin, Clopidogrel) these may be able to be continued prior to this procedure. Aspirin can be continued.

- If you have symptoms of a urine infection, (frequency, urgency, burning when passing urine) then please ring the Urology department prior to your appointment on 01942 264956. We will arrange for your urine to be tested, as your procedure may need to be postponed until the infection has cleared.

- If on the day, the urine analysis shows evidence of infection, the TULA procedure may have to be cancelled to prevent a septic episode.

- You will be asked to wear a gown and sign a consent form with the Consultant after the procedure has been verbally explained to you and the risks outlined. You will be asked to sign a consent form

- Whilst in the procedure room, you will be required to wear a pair of laser protection glasses throughout the procedure as a Health and safety precaution.

- You will be asked to lie on the examination couch.

- You will be awake for the procedure.
- Local anaesthetic gel will be used to minimise discomfort.
- Once the flexible telescope has been passed into the urethra (water pipe), a biopsy will be taken first.
- The laser fibre will then be passed through the flexible telescope so the procedure can begin; the procedure is usually painless.
- Once the abnormal area/recurrence is removed, this can cause some bleeding. If there is a lot of bleeding, then a catheter (fine tube) may need to be inserted into your bladder to allow your bladder to empty.
- The procedure should take approximately 10-20 minutes but can vary between patients.

What will happen post procedure?

- You will be able to go home immediately after the procedure.
- You will need to drink plenty of fluids; you should aim to drink at least two litres daily for two to three days following the procedure. This will help to dilute your urine and reduce any discomfort when passing urine. It will help keep the bladder flushed, so that blood clots are less likely to develop, and the urine continues to flow easily.
- You can take paracetamol if you have any discomfort.
- A letter outlining the procedure will be sent to your GP and you will receive a copy.
- The details of your next follow up appointment will be sent out in the post.
- You should try to stay active as this will help speed up your recovery.

- You will need to watch out for a urine infection. If you develop a fever, if your urine becomes cloudy or thick, you may have an infection. You should contact your GP as you may require a course of antibiotics.

- If you have any questions, please contact your Urology Nurse Specialist on

01942 264491 or 01942 264956

- If you develop severe bleeding, then attend Accident and Emergency.

Contact us:

Urology Nurse Specialist:

01942 264491 or 01942 264956 Monday to Friday 8am until 5pm.



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