

Trans Urethral Laser Ablation (TULA)

Urology

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

Introduction:

TULA stands for Trans Urethral Laser Ablation and is essentially a flexible cystoscopy procedure using a form of Laser treatment.

What is a flexible cystoscopy and TULA?

This is a procedure to inspect the inside of your urethra (water pipe) and bladder using a telescopic instrument (flexible cystoscope). During the TULA procedure if a suspicious area or a tumour is identified then a biopsy (tissue sample) may be taken and sent for pathology (i.e. to look under the microscope). A fine laser fibre is passed through the cystoscope and abnormal tissues are destroyed. The laser will then be used to completely remove any abnormal tissue and stop any bleeding.

This is called transurethral laser ablation or TULA.

If it is thought to be beneficial you will be given a treatment into your bladder after the TULA procedure. This treatment is called mitomycin. You will be given information about this treatment in a separate leaflet.

Why do I need this procedure?

The procedure may be recommended if your clinician suspects that there may be an abnormality that can be removed under local anaesthetic, or as part of surveillance following previous bladder cancer treatment.

Are there any alternatives?

Rigid cystoscopy can be performed, but this requires a general / spinal anaesthetic in an operating theatre.

Using Laser, allows you to have the procedure done under local anaesthesia in the Outpatient Department.

What are the potential risks and side effects?

The procedure is generally tolerated very well. As with all procedures, there are risks involved. Although these complications are well recognised, most patients do not suffer any problems.

Common (greater than 1 in 10 patients): A mild burning sensation or pink urine (haematuria due to the presence of blood) for a short time after the procedure. If present, this should improve within a few days.

Occasional (between 1 in 10 and 1 in 50 patients): Urine infection – if you have a persistent burning sensation when passing urine, or feel feverish, infection may be present, which will require antibiotics.

Rare (less than 1 in 50 patients): Urine retention – during the procedure your bladder is gently filled with water so that all areas of your bladder can be inspected. Distending the bladder can cause a small risk of urine retention requiring temporary insertion of catheter. For that reason, ideally you should pass urine before leaving the department to ensure you can.

If significant bleeding occurs, a temporary catheter tube may be placed into your bladder at the end of the procedure. This is usually removed the following day.

Perforation of the bladder – if a bladder tumour is lasered, a perforation of the bladder wall may occur. This is extremely rare. Usually this only means that the catheter may be kept in place for a few days longer to allow the area to heal. However, if the bladder perforation causes leakage of bladder irrigation into the abdomen, then an open operation is required to repair the defect.

In addition, there is a small risk of urethral injury or recurrent disease requiring further procedures. Dependent on the size of the tumour, more than one procedure may be required.

What happens 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. You will have been counselled regarding any blood thinning medication (for example, Clopidogrel) at your initial appointment; if however, you have any doubts or questions please contact us.

On your arrival you will be asked to produce a urine sample for analysis prior to undergoing the procedure. If the urine analysis shows evidence of infection the TULA procedure will have to be cancelled to prevent a septic episode.

You will be given a single dose of antibiotic.

Details of the procedure:

Whilst in the procedure room you will be required to wear a pair of laser protection glasses throughout the procedure as a Health & Safety precaution. Approximate time of the procedure varies between 10 and 20 minutes.

We'll observe you in the department for 20-30 minutes post procedure. Then, you will be able to go home.

Following the procedure a letter will be sent to your GP informing him/her of the procedure, the outcome and the next appointment.

Is there any way I can prevent post-operative problems?

Yes, there are several measures that will help

Drink adequate amount of fluid (Preferably clear fluids); you should aim to drink at least two litres daily for two or three days following your procedure.

This will dilute your urine and reduce any discomfort when you pass urine. It also helps to keep the bladder flushed, so that blood clots are less likely to develop, and the urine continues to flow easily.

Take paracetamol if you have any discomfort.

Results and follow-up appointment

If you have a biopsy during TULA, you will receive a telephone appointment or a letter with the biopsy results within 3-4 weeks. If you do not require a biopsy and just had laser ablation of a tumour, your next follow-up flexible cystoscopy / TULA will be agreed before you leave hospital.

Contact us

If you have any questions or concerns, please phone urology cancer nurse specialists on 01902694467 (Mon-Fri 08.30-16.30)

If you need help or advice outside these hours, then either call your GP or NHS 111. If you have serious concerns, go to your nearest A&E. After 24 hours, please seek advice from your GP

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。