

Having trans urethral laser ablation (TULA) for recurrent bladder tumours

Department of Urology

Information for Patients

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What is a TULA?

TULA stands for trans urethral laser ablation. We insert a flexible tube with a camera, called a cystoscope, into the bladder. It goes into the tube that carries pee (urine) out of the body from the bladder (urethra). You will have had this procedure before (see No. 629 [Having a flexible cystoscopy \(Urology Ward 28A / Community Hospital\)](#) or search yourhealth.leicestershospitals.nhs.uk/)

Why do I need a TULA?

When you had your cystoscopy we found a suspicious area or tumour. There is a laser in the camera (cystoscope) which destroys the cancer cells. We offer this procedure to patients who have been diagnosed with non-muscle invasive bladder cancer. That means it is only in the lining of the bladder.

TULA is most often used for very small, recurrent bladder tumours. We remove (ablate) the tumours using a laser fibre in the cystoscope.

How is a TULA done?

This procedure is done in the outpatient department at Leicester General Hospital Assessment Urology Unit (Ward 28a).

We do it under local anaesthetic. You will be able to go home on the same day.

We may take a sample of tissue (biopsy) first. This is to confirm if there is a recurrence of cancer. This will reduce the risks linked with repeat anaesthetics.

We then use the laser to remove any abnormal tissue and stop any bleeding.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

What are the risks?

There is a small risk of a pee (urine) infection. It may need antibiotic treatment.

You may have a mild burning feeling while passing pee for a short time after the procedure.

There may be delayed or on-going bleeding. You may need to be admitted to hospital to check it with a drainage tube in the bladder (catheter) for a short time.

You may have secondary bleeding. This can occur 2 to 3 weeks after the procedure. This can mean you have an infection.

There are risks of that the bladder tumours may come back and that you will need more treatment.

What will happen on the day of the procedure?

- You do not need to do anything special to prepare. You can eat and drink as normal on the day of the procedure.
- If you take blood thinning medication (for example, warfarin, clopidogrel), please contact the department before this procedure. You can keep on taking aspirin.
- If you have symptoms of a urine infection, (frequency, urgency, burning when passing pee) please ring the Urology department before your appointment on 0116 258 4632. We will arrange for your pee to be tested. We may need to delay your procedure until the infection has cleared.
- If on the day, the urine analysis shows an infection, the TULA procedure may have to be cancelled to prevent a septic episode. If we did the procedure it could cause sepsis. Sepsis is a very serious infection. It makes you very ill and is life threatening.
- You will be asked to wear a gown.
- You will sign a consent form with the consultant after we have explained the procedure to you verbally. We will explain the risks (see above)
- In the procedure room, you will need to wear laser protection glasses during the procedure. This is a Health and Safety precaution.
- You will lie on the examination couch.
- You will be awake for the procedure.
- We use local anaesthetic gel ease any discomfort.
- We pass the flexible telescope into the water pipe (urethra).
- We will pass the laser fibre through the flexible telescope. 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 we may need to insert a fine tube (catheter) into your bladder to let your bladder empty.
- The procedure should take about 10 to 20 minutes. It can vary between patients.

What will happen after the procedure?

- You will be able to go home right away after the procedure.
- You will need to drink plenty of fluids. You should aim to drink at least 2 litres a day for 2 to 3 days after the procedure. This will help to dilute your pee and reduce any discomfort when passing pee. It will help keep the bladder flushed, so that blood clots are less likely to develop and the pee continues to flow easily.
- You can take paracetamol if you have any discomfort.
- We will send a letter about the procedure to your GP. You will get a copy.
- We will send the details of your next follow up appointment 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. You may have an infection if
 - you have a fever
 - your pee becomes cloudy or thick

If this happens you can call Ward 29 Emergency Admissions Ward on 0116 258 4247 or Triage 0116 258 8293.

Contact details:

Urology Assessment Centre: 0116 258 4632 (answer machine 8am to 5pm Monday to Friday)

Triage Emergency Admissions: Monday to Friday 10 am to 6pm 0116 258 8293

Ward 29 Urology emergency admissions ward: 0116 258 4247 (24hrs)

Urology Specialist nurse: 0116 258 4635

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

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Previous reference:

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