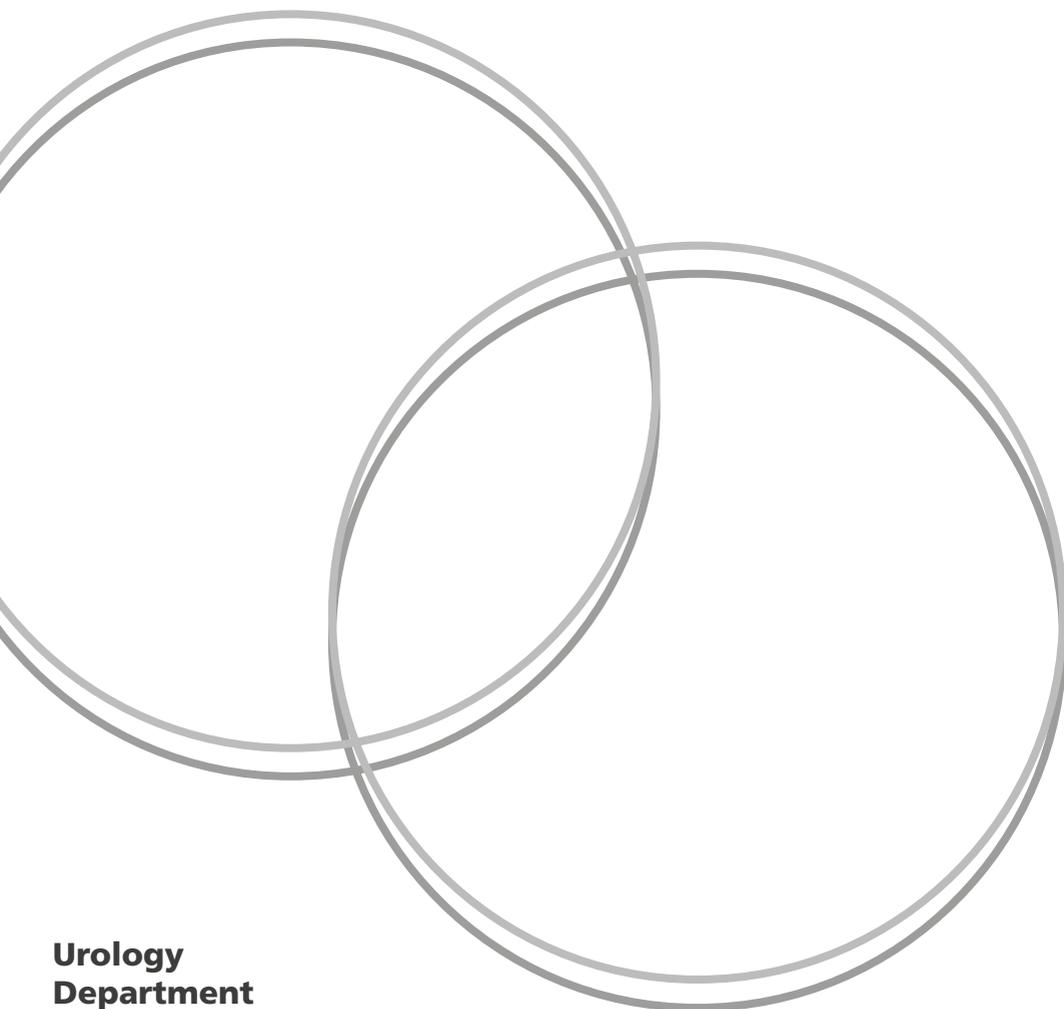


TULA (Trans Urethral Laser Ablation)

**Information for patients attending
Urology Outpatient Department**



What is a TULA?

The procedure that you have been asked to attend for is called a TULA. TULA stands for Trans Urethral Laser Ablation. This is a very similar procedure to a flexible cystoscopy, which you will be familiar with as part of your bladder cancer surveillance. With TULA a small laser is passed into your bladder along your urethra (waterpipe), through the flexible cystoscope. The laser is used to destroy any recurring bladder tumours or remove suspicious areas on the bladder lining and stop any bleeding.

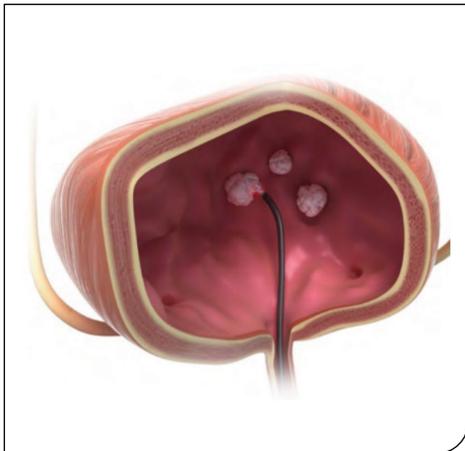


Figure 1:

An illustrated image of the inside of the bladder. At the base of the bladder, there is thin tube which has entered the bladder pointing upwards, which is representative of the flexible cystoscopy camera. The thin tube is touching what looks like small bladder tumours on the lining of the bladder.

Why have I been booked for a TULA ?

TULA can be performed in the Outpatient Department, without the need for a general anaesthetic. There is no special preparation required before TULA. Please eat and drink as normal on the day of your TULA. You do not need to stop any of your regular medications (including anticoagulant medication 'blood thinners'). You should be able to go home the same day following the procedure. The preparation for a TULA is the same as for a flexible cystoscopy.

Why do we not use TULA for all bladder tumour operations?

TULA is most often used for small, recurrent bladder tumours which are not invading the bladder wall. TULA can successfully remove cancers from the surface of the bladder lining but it cannot be used to remove all cancer cells in cases where the tumour has invaded below the bladder lining. For larger tumours, it may be preferable to have a TURBT (which stands for Trans Urethral Resection of a Bladder Tumour). A TURBT takes place under general anaesthetic in the operating theatre.

The most appropriate treatment for you will have been discussed with you with the clinician (doctor or advanced nurse practitioner) in clinic.

What are the risks and after effects?

- 1.** Almost all patients will experience a mild burning sensation while passing urine for a short period after the procedure. If you experience discomfort or pain during the procedure, you can inform the doctor/nurse practitioner who can adjust the laser settings if needed.
- 2.** Infection: There is a small risk of a urine infection that may require antibiotic treatment. You will be given a single dose of antibiotic in the Outpatient Department, prior to your procedure to reduce this risk.
- 3.** Most patients will experience blood in your urine for a few days after the TULA. Generally, this resolves without the need for intervention.

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.

- 4.** Cancer recurrence: there are risks of further recurrent bladder tumours in the future needing further treatment.

Preparing for my TULA procedure.

As with a normal flexible cystoscopy, if you have symptoms of a urine infection (frequency, urgency, burning when passing urine) then please ring either your GP or the Urology department prior to your appointment to have your urine tested. The procedure will need to be postponed until the infection has cleared.

On the day of the procedure, you can eat and drink normally and take all your regular medication. You can drive yourself to and from the hospital.

Please bring:

- A fresh urine specimen (taken within the last 2 hours) in a clean container. If you have not been able to do this you will be asked to provide a specimen on arrival in the department. This is to check that you do not have a urine infection.
- A list of your current medication.
- A dressing gown and slippers.

What should I expect when I arrive?

Please come to the reception at the Wytham Urology Outpatient Department (Churchill Hospital).

A nurse will go through some question and ask you to change into a hospital gown and remove your lower clothes.

You should expect to be in the department for up to one hour so that we can prepare you for the procedure. The TULA procedure itself usually takes 10 to 20 minutes.

We need to ask for your consent – or permission – before we carry out the TULA. The doctor/nurse practitioner will explain the risks and benefits before they ask for your consent. Remember that it is your choice whether you give your consent or not. If you have any doubts or would like more information before you make a decision, please ask us for more information. We will do everything we can to help you. You will then be asked to sign a consent form.

What should I expect during the TULA?

When you enter the procedure room, the team will introduce themselves and will explain the procedure to you. You will have been asked to wear a gown and 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 as a Health and Safety precaution.

You will be asked to lie on the examination couch and a sterile drape will be placed over your lap and legs.

Some cold wash will be used on the entrance to your urethra (waterpipe) and local anaesthetic gel will be used to minimise discomfort.

Once the flexible telescope has been passed into the bladder, a biopsy may be taken or a laser fibre will be passed through the flexible telescope so the procedure can begin.

You can watch the procedure on the screen if you wish.

What will happen after the procedure?

You will be able to go home immediately after the procedure.

You should drink plenty of fluids in the 48 hours after the procedure, to help to dilute your urine and reduce any discomfort when passing urine. It will also help keep the bladder flushed, so that blood clots are less likely to develop, and the urine continues to flow easily.

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.

If you develop a fever, or if your urine becomes increasingly painful to pass, you may have an infection. You should contact your GP as you may require a course of antibiotics.

If you have difficulty passing urine (this may be because your urine has blood clots in) then please call Urology Triage for advice and an urgent review.

If you develop severe bleeding or are very unwell, then attend Accident and Emergency.

Further information

The OUH Trust information leaflet on 'Flexible cystoscopy' is available in the patient guide at www.ouh.nhs.uk

How to contact us

If you are unable to come for your appointment or have a query about your appointment time please contact the **admin team**:

Telephone: 01865 234 444
(8.00am to 5.00pm, Monday to Friday)

If you have questions about the procedure or preparing for the procedure please contact the **Urology Nurse Practitioner team**:

Telephone: 01865 572 373
(8.00am to 5.00pm, Monday to Friday) – answer phone.

If you feel unwell or are having difficulty passing urine please contact **Urology Triage** on:

Telephone: 01865 227 205

Please note that this is not a number for general advice or appointment queries. For general advice or appointment queries please ring the numbers above.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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February 2025
Review: February 2028
Oxford University Hospitals NHS Foundation Trust
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