



**University
Hospitals Sussex**
NHS Foundation Trust

Transurethral Laser Ablation (TULA)

Urology Department

Patient information

This information explains what a TULA procedure is, why you need to have it, what happens during the procedure, and what happens afterwards. This includes signs and symptoms to look out for.

What is this information about?

This information is about a procedure called a transurethral laser ablation or TULA. It explains why you need to have a TULA, what happens during the procedure, and what happens afterwards. This includes signs and symptoms to look out for.

Why have I been given this information?

You have been given this information because you have some abnormal tissue in your bladder. Your consultant needs to look at it more closely, and may need to take a little sample (a biopsy) from it, to send away for tests.

What is transurethral laser ablation (TULA)?

Transurethral laser ablation, or TULA, is when abnormal tissue in the bladder is removed using a laser.

A cystoscope, a small tube containing a tiny telescope, is put into your urethra (the tube from your bladder that urine drains through), and then carefully passed into your bladder. The laser fibre is passed through the cystoscope.

Why do I need a TULA?

You may have had a cystoscopy (when a doctor or nurse has looked at your bladder with a cystoscope), and a small area of abnormal tissue may have been found.

The doctor or nurse looking after you has decided that this piece of tissue should be removed using a laser, so they have booked you in for a TULA.

You may also have a TULA instead of a having a cystoscopy. This is in case an area of abnormal tissue is spotted in your bladder: it can be identified and treated at the same time.

Will I need to have a general anaesthetic (be put to sleep) with a TULA?

No. You will have a local anaesthetic so you will be awake. You won't need a general anaesthetic and you will make a speedier recovery.

If I do not have a TULA, what are the alternatives?

The alternative is a cystoscopy under general anaesthetic to surgically remove the abnormal tissue, but you may not be able to have this if you have other health problems.

Another alternative is not to have treatment. But if you have a cancerous tumour, the disease will spread if nothing is done. It may become untreatable.

What preparation do I need to do before a TULA?

- You can eat and drink as normal before the procedure.
- If you are currently taking any antibiotics or have a urine infection please contact the urology department at least the day before. Your urine will be checked for infection on arrival so please arrive with a comfortable bladder or bring a fresh urine sample with you.
- You should continue to take all your medicines as normal unless you have been told not to.
- When you are seen in clinic before you have the laser treatment, you should let the doctor know if you are taking any anticoagulants (medicine that helps to prevent clots forming and thin your blood). This includes:
 - Aspirin
 - Warfarin
 - Clopidogrel
 - Apixaban/Rivaroxaban
- You may have an antibiotic injection after the TULA. Please tell us if you are allergic to any antibiotics.

What happens on the day?

Just before your procedure you will be asked to change into a hospital gown.

Once you are in the procedure room, the healthcare professional will explain the entire procedure and you will be asked to sign a consent form to agree to the procedure.

Please tell the healthcare professional doing the procedure if you have:

- a coronary artery stent
- an artificial heart valve
- a heart pacemaker or defibrillator
- a regular prescription for warfarin, aspirin, clopidogrel
- please also let us know if you have any allergies.

What happens during the procedure?

1. The healthcare professional will clean the area first and then put an anaesthetic jelly into the urethra. This is a lubricant as well as a local anaesthetic. The surrounding area will be covered with a sterile (clean) paper sheet and sterile towels.
2. The healthcare professional will put the cystoscope into the urethra and then carefully pass it into the bladder. There is a muscle in your urethra called a sphincter. The area of the sphincter may be slightly sensitive and the healthcare professional may ask you to take a deep breath or to try and pass urine. This will help the sphincter to relax.
3. When the cystoscope is inside the bladder the healthcare professional can control the tip of the cystoscope to allow a look around. To help with this, fluid is run through the cystoscope to stretch out any folds in the bladder lining. It is normal to feel that the bladder is full.
4. A fine laser fibre is passed into the cystoscope and the abnormal tissue in your bladder is treated with the laser. A small piece of tissue (called a biopsy), may get taken during the procedure to be sent for analysis in the laboratory.

5. Once the procedure is completed we will show you where the toilet is so you can empty your bladder (pass urine).
6. The whole process will take around an hour. Once you have passed urine you can leave the department.

When will I get the results?

Once the procedure is completed you will be given the initial findings.

If you need any more procedures or on-going treatment, you will be told by the healthcare professional before you leave the department. You will also be given a copy of the TULA report and your GP will receive the same copy.

If you have had a biopsy taken, you will have an out-patient appointment to receive the results in around four to six weeks.

What can I expect after the procedure?

Most patients have no problems at all after a TULA.

There may be some mild burning discomfort on passing urine for a day or two and some bleeding is not uncommon for a few days.

Please drink plenty of fluids. You should be able to return to normal activities within 24 hours if you are feeling able.

If you are feeling any discomfort then normal pain relief, such as paracetamol, will help.

Usually you would not be given antibiotics unless the doctor suspects you already have an infection or there is a chance an infection could develop. Please be aware that a urine infection can occur anyway.

If you have a temperature, pain, persistent burning or bleeding, you should contact your GP.

Occasionally passing urine may become difficult following the procedure. If this does happen, or you have any other problems or need advice on the day of the procedure, please phone your consultant's secretary, the Urology Department or the Urology Ward. You will find their contact details below.

Who can I contact for further information and advice?

Secretaries

Mr Coker's secretary	01444 441881 Ext. 68043
Mr Crawford's secretary	01444 441881 Ext. 65962
Mr Symes' secretary	01273 696955 Ext. 67809
Mr Lerner's secretary	01273 696955 Ext. 67808
Mr Alanbuki's secretary	01273 696955 Ext. 67810
Mr Zakikhani's secretary	01273 696955 Ext. 67810
Ms Blach's secretary	01273 696955 Ext. 67810

The urology nursing team,

Princess Royal Hospital **01444 441881 Ext. 65457**

**This leaflet is intended for patients receiving care
in Brighton & Hove or Haywards Heath**

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