Patient Information Leaflet
SUPERFICIAL BLADDER CANCER

This document is intended for information purposes only and should be used in conjunction with the advice and further details to be discussed by Mr. Ahmed at your consultation meeting.

You have been told by your Consultant that you have cancer of the bladder. You are probably shocked and anxious. I hope this leaflet will help answer some of your worries and anxieties.

What is Cancer?
Our bodies are made up of cells which divide in an orderly fashion. Cancer cells divide and grown much more rapidly developing into a lump called a tumour. Malignant (cancerous) tumours grow, invade and destroy surrounding tissue. Superficial bladder cancer is known as pTa or pT1. The tumours in superficial bladder cancer look like tiny frilly mushrooms with their stems attached to the inner lining of the bladder. They do not extend into the muscle wall as is the case with invasive tumours, which do penetrate into the bladder wall. We use the term 'non-invasive' bladder cancer.

What are the Causes of Cancer of the Bladder?
Research is continuing all the time into possible causes of this disease. Cigarette smoking is known to increase the risk of developing bladder cancer. Also exposure to some industrial agents can increase the risk. 7000 new cases are diagnosed in England and Wales each year. It is twice as common in white men who live in the Western World. Most patients are between the ages of 50 and 70.

How is it Diagnosed?
In 85% of patients they have blood in their urine (haematuria). This usually occurs suddenly and is generally not painful. Patients can also experience irritable bladder symptoms such as frequency and urgency.

Initial tests including urine cytology, scan and X-Rays are done to check both the bladder and kidneys. An initial inspection can be undertaken using a 'flexible cystoscope' which is passed into the bladder. This is down using local anaesthetic as an outpatient and is fairly painless. In order to remove most bladder tumours it is usual to come into hospital and have a general anaesthetic.

The Surgeon (your Consultant) then uses a resectoscope which is a thin tube fitted with a telescope through which tissue can be removed. Samples are then sent to the laboratory for examination under the microscope and the results are usually available about 10 days later. The Surgeon can often tell by looking at the tumours whether they are invasive or non-invasive.

Treatment for Superficial Bladder Cancer
Superficial bladder cancer only affects a few layers of cells on the lining surface of the bladder and is very treatable. The tumours can usually be removed very easily using a resectoscope. The tumour is shaved off the bladder wall and the area is cauterised using a mild electrical current to prevent excessive bleeding. Several tumours can be treated at the same time.
Check cystoscopies are then needed at regular intervals to see if the tumours have recurred. The first cystoscopy is at 3 months. If there is any recurrence of tumours they can again be removed. If there is no sign of recurrence the interval between check cystoscopies becomes longer until they are yearly. Most of these check cystoscopies are done using a flexible cystoscope without the need for general anaesthetic.

Drug Treatment into the Bladder
After each check cystoscopy your Consultant will tell you if any tumours have recurred. If there is a tumour recurrence your Consultant may recommend that you have some other treatment to try and prevent it coming back. This treatment involves inserting a catheter through the urethra (water pipe in the penis) into the bladder. A small amount of fluid containing a special drug which helps to prevent tumours recurring is then put into the bladder via the catheter. You are asked to turn in your bed in different directions, so that the drug touches every part of your bladder. After an hour or two (depending on which drug is used) you then pass urine and go home. The doctor/nurse will explain to you all the precautions and side effects expected, before the treatment starts. You can continue as normal for the rest of the day. Some discomfort in urination may occur for 24 hours or so. Generally, a check cystoscopy (looking in the bladder with a telescope) is then carried out 6-8 weeks to 6 months after the treatment. For some patients with a particular type of superficial bladder cancer, drug treatment in addition to surgery might be advised when the condition is first diagnosed.

Are the Tumours likely to go Further into the Wall of the Bladder?
In a few cases the tumours change into an invasive type and start to grow into the muscle wall of the bladder. In this case the treatment may be radiotherapy along with surgery to remove the bladder. Your doctor at the time of first visit after the surgery (when detailed results of analysis are available) will give you all the details of how your tumour is likely to behave. Doctors use a system called the STAGE (i.e. extent), and GRADE (how the tumour is likely to behave, i.e. like a pussy cat or a tiger), to determine if you need further treatment and what form should this treatment take. Most Superficial bladder tumours come back in the bladder (called Recurrence). Some can progress to becoming Invasive or aggressive (called Progression). Your doctor will inform you of how your tumour is predicted to behave.

PLEASE REMEMBER, TREATMENT PLAN FOR EACH PATIENT IS INDIVIDUALIZED ON THE BASIS OF YOUR HISTORY, ANALYSIS, and YOUR REQUIREMENT. MR. AHMED WILL DISCUSS THAT WITH YOU.

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