

What does the bladder do?

The bladder is a hollow organ, which collects, stores and expels urine which has been produced by the kidneys. The urine drains down the ureters (tubes connecting the kidneys to the bladder) into the bladder and collects there until it is convenient to urinate.

What is Bladder Cancer?

It is a common disease and every year approximately 13,000 people in the UK develop bladder cancer. Most bladder cancers arise from the inside lining of the bladder. If bladder cancer is not diagnosed and treated, it may spread deeper into the bladder wall and muscle and can spread to the lungs and bones.

What causes bladder cancer?

The main risk factor for bladder cancer is smoking. A smoker is 4 times more likely to develop bladder cancer. It has been associated with certain industries, especially dye and rubber manufacturing. Men are 3 times more likely to get bladder cancer than women. As you get older your risk of getting bladder cancer increases. Bladder cancer generally occurs in middle aged and elderly people but can occur at any age.

Will I need any other tests or investigations?

Depending on your type of cancer, your doctor may want you to have other tests which may include:-

- **Chest X-ray**
- **CT Scan** or **MRI Scan**
- **Bone Scan**

Occasionally, your doctors may request other investigations. If you do not understand why these are necessary or what they involve, please ask.

What is the treatment for bladder cancer?

There are several ways of treating bladder cancer and your treatment will be planned individually for you. Other people with bladder cancer may have different treatment from you. If you are concerned about your treatment at any time do not hesitate to ask your doctors or nurse.

Transurethral Resection of Bladder Tumour (TURBT)

Many bladder cancers only affect the lining of the bladder and can be removed using a resectoscope, a special telescope that is passed along the urethra (water pipe) into the bladder. The doctor is then able to cut away any cancer s/he sees and the tissue is sent to the laboratory to be looked at under the microscope. You will have an outpatient appointment after your TURBT in order that your doctor can discuss your results and future plans.

Radiotherapy

This treatment destroys cancer cells (also normal cells) using high energy x-rays. The treatment area will include the bladder and sometimes all of the pelvis. This treatment is currently given at Velindre Hospital. You will be asked to come for treatment 5 days a week (Monday-Friday) for 4-6 weeks. This is an outpatient treatment and takes about 30 minutes. The treatment is painless.

If your Doctor feels this is the best treatment for you, this will be discussed with you in more detail and you will be referred to a doctor who specialises in radiotherapy (Oncologist) and you will be given more information about this treatment when you are seen at this appointment.

Chemotherapy

This is treatment using drugs which interfere with the way cells grow and divide. Most often these drugs are given directly into the bladder. You may be given 1 dose of chemotherapy after your TURBT and a course afterwards, as an outpatient. A course of treatment is usually given 1 day a week for 6 weeks. If you are going to have this treatment, your doctor will discuss this in more detail and you will be given more information at this time.

Cystectomy

Although the majority of bladder cancers can be controlled with the above treatments, there are cancers that spread beyond the bladder lining into the muscle of the bladder wall. Some of these cancers are best treated by removing the bladder completely to help reduce the risk of the cancer spreading.

If this operation is necessary, you will be given detailed information about it. A specially trained nurse (stoma nurse) will be able to offer you practical advice and support on how to adjust to this new situation.

What happens after the treatment? (not cystectomy patients)

Check Cystoscopies

Although the cancer can be controlled very well it can be common for it to re-appear at any time. Therefore, after your treatment, it is necessary for you to have regular check-ups to ensure that all is well.

A flexible cystoscope will be used to look into your bladder to make sure it is clear of cancer. A local anaesthetic is used and this test will be done as an outpatient procedure. If the bladder remains clear of tumours the time between check-ups will get longer until you only need to be checked yearly. These check-ups will be continued for 1, 5 or 10 years depending on the type of bladder cancer you have, you will be advised of this when you get your results. If a recurrence is noted, you will return to the start of your surveillance programme.

Cystectomy patients – After your operation your doctor will arrange to see you in the Outpatient Department to monitor your progress. Some men may still need to undergo urethroscopy (camera to look into the waterpipe).

If you have any questions or concerns, please find below contact numbers for the Urology wards and Urology nurses:-

Urology Wards

D 5 West on:- 01633 – 234040 / 234041 (24 hours)

D 5 East on:- 01633 – 234104 (24 hours)

Urology Day Ward on:-

Tel. No:- 01633 – 656378 / 656377

Monday – Friday office hours

Urology Outpatient Department on:-

Tel. No:- 01633 – 234979

Monday – Friday office hours

Janet Marty Uro-oncology Specialist Nurse on:-

Tel. No:- 01633 - 656143

Monday – Friday office hours (answer machine if no answer)

Maureen Hunter/Laura Reynolds, Urology Nurse Practitioner on:-

Tel. No:- 01633 – 234758

Monday – Thursday office hours and alternate Fridays (answer machine if no answer)

Julia Simpson, Uro-oncology Specialist Nurse on:-

Tel. No:- 01633 – 238976 / 01873 – 732081 (answer machine if no answer)

Stef Young, Pre-admission Nurse Practitioner on:-

Tel. No:- 01633 – 234533

Monday – Thursday office hours (answer machine if no answer)