



Bladder tumour

You have a growth or tumour of the lining of the bladder.

What does my bladder do?

- The bladder is a hollow organ which holds urine made by the kidneys (See diagram: Bladder tumour)
- Urine passes into the bladder through a tube called a ureter.
- Muscles in the outside layer of the bladder surround the lining inside.
- When your bladder is full, these muscles squeeze to push urine into the urethra.

What is a bladder tumour?

- The bladder has a lining of cells called transitional cells (These cells can change shape and stretch without breaking).
- Your bladder lining shows a growth or tumour.
- Most bladder tumours (about 90% of cases) come from these cells (called transitional cell carcinoma [TCC]).
- Other types of bladder cancer include:
 - squamous cell carcinoma (SCC up to 4% of cases). If the bladder is constantly irritated or inflamed (swollen), the cells may become cancerous.
 - adenocarcinoma (about 2% of cases) is cancer that has travelled into the bladder from other organs.

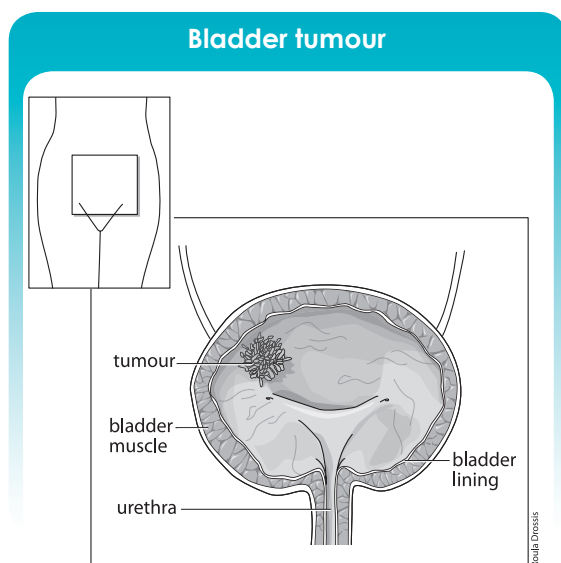
- There are also non-cancerous (benign) bladder tumours that do not usually come back once they have been taken out.

How is bladder cancer caused?

- The exact cause of bladder cancer is not known, but certain risk factors can affect the disease:
 - People who smoke tobacco (cigarettes, pipes, cigars, vaping) are more likely to get bladder cancer.
 - In some cases, workers exposed to toxins in their workplaces are at higher risk of bladder cancer.

How is bladder cancer diagnosed?

- Sometimes bladder tumours are found unexpectedly when blood in the urine (called haematuria) is tested.
- Testing the urine could also show cancer cells or signs of other urinary issues (procedure is called cytology).
- At times, tumours can cause urinary problems such as pain, the need to urinate often and very strong urges to urinate.
- Your urologist can check for a tumour by looking inside your bladder with a tool like a long narrow telescope (called a cystoscope).
- Sometimes an ultrasound of the bladder will show a tumour.
- When a cystoscope finds a tumour (process is called cystoscopy), a biopsy of the tumour at the same time will help make a diagnosis.
- More often, your urologist will recommend surgery (called Trans-Urethral Resection of Bladder Tumour or TURBT) that scrapes away the tumour by using a tool that passes through the urethra.



Bladder tumour

What do I need to know before a trans-urethral resection of bladder tumour (TURBT)?

- Often you will need to go to the hospital for a TURBT.
- Before your surgery you will be given information about the time, date, and location of the surgery along with any examinations that you might need.
- You may also meet with your anaesthesiologist who will let you know how you can be most comfortable during surgery.
- There are two main types of anaesthetic used to prevent pain during the surgery:
 - Spinal anaesthetic ("freezing" you from the waist down with a needle in your back)
 - General anaesthetic (putting you completely to sleep).
- You will be asked about medications that you are taking (such as blood thinners, aspirin, arthritis medications or even "natural herbs") because they might increase your risk for bleeding. Usually, you will need to stop taking any of those medications before surgery.
- It is important to talk with your doctor if you are not sure about the medications that you are taking.
- You may have to take an antibiotic before the surgery to lower your risk of getting an infection.

What happens during surgery?

- A tool called a resectoscope (it has a wire loop to remove a tumour) is passed through the urethra into the bladder (see diagram Bladder tumour). This is used to scrape away the bladder tumour and remove it in small pieces, which will then be carefully tested.
- No cuts are made to the skin.
- Bleeding is controlled using an electric current (the process is called cautery).
- The entire process usually takes 90 minutes or less.
- At the end of the surgery, a catheter (plastic drainage tube) is passed through the urethra into the bladder to help with urinating.
- A watery solution washes any blood out of the bladder.
- Your urologist may prescribe a chemotherapy drug that would be put into your bladder soon after surgery. This lowers the chance of the tumour coming back.

What happens right after surgery

- The catheter may stay in place for up to a few days until the urine is fairly clear. Sometimes the catheter is removed right after surgery if your urine is clear.
- Once your bladder is emptying the way it should, you will be discharged.
- This may vary from the same day as surgery up to three days after your surgery. You may need to stay in hospital until that time.
- When the tumour is scraped away, the area may be raw at first. Then a scab will form and finally be replaced with normal tissue lining.
- Sometimes you may see a few blood clots in your urine, particularly in the two to four weeks while the scab comes off.
- For a few weeks after a bladder resection, you may:
 - Have sudden and very strong urges to urinate
 - Feel burning when you urinate
- After a few weeks, most patients can restart their usual activities and return to work.

What will happen later?

- The tissue taken out at surgery will be examined to figure out the type of tumour you have. Your urologist will receive a complete report.
- It is important to look at how quickly the tumour is growing (grade of tumour) and whether it has grown deeper into the lining of the bladder (stage of tumour).
- More tests (such as CT scans, MRIs) are often needed to help decide the extent of the tumour.
- Fortunately, most bladder tumours are limited to the bladder lining or are very shallow in the tissue (superficial), although even superficial tumours tend to recur.
- It will be important to check inside your bladder regularly with a cystoscope (the process is called surveillance cystoscopy). The first cystoscopy occurs 3 months after your surgery.
- You may need to have more CT scans of the chest, abdomen, and pelvis and MRI.
- Your urologist will decide how often these check-ups need to happen.

Continued on next page

Will I need other treatments?

- Sometimes, your urologist may suggest extra treatments to decrease your chance of a tumour coming back.
- One treatment puts a drug right into the bladder through a small tube (catheter).
- Drugs that work well:
 - BCG – a type of cancer treatment that helps your immune system fight cancer
 - Mitomycin – an anti-tumour antibiotic.
 - Gemcitabine – a chemotherapy drug
 - Docetaxel – a chemotherapy drug
- Sometimes tumours that grow very quickly may end up moving into the bladder muscle and then spreading to other parts of the body.
- These tumours need to be examined thoroughly.
- Treatment may include surgery to remove the entire bladder, chemotherapy, or radiation therapy (radiotherapy).

It is important to understand that bladder tumours are common and can often be controlled with regular and continuing follow-up.

This publication is produced by

Canadian **U**rological Association
The Voice of Urology in Canada



Association des **U**rologues du Canada
La voix de l'urologie au Canada

The information in the publication is not intended to convey medical advice or to substitute for direct consultation with a qualified medical practitioner. The Canadian Urological Association disclaims all liability and legal responsibility howsoever caused, including negligence, for the information contained in or referenced by this brochure.

© 2022. Canadian Urological Association. All rights reserved.

cua.org