The Dudley Group
NHS Foundation Trust

Bladder tumours

Urology Department

Patient Information Leaflet

Introduction

This leaflet is for people who have been diagnosed as having a bladder tumour. It gives the facts about your condition and how it can be treated. We believe that time spent understanding the disease will help to reduce your fears and mean that you know what to expect.

If you would like more detailed information, please contact one of our urology cancer nurse specialists.

What is the bladder?

The bladder is a hollow muscular organ which acts like a balloon, in that it expands to collect and store urine. Urine is made up of water and waste products that your body does not need.

In normal health, the kidneys produce urine which then passes into the bladder through two tubes called the ureters. At regular intervals, we feel the need to pass urine as the bladder fills.

The urine leaves the bladder through another tube called the urethra. The male and female anatomy vary, in that the female exit tube for urine is very short, while in males it is much longer and passes through the prostate gland and penis before expelling the urine.

The bladder is made up of four layers:

- The outer coat of thin tissue known medically as the peritoneum. This only covers the upper part of the bladder.
- The muscle layer.
- The layer which contains the blood vessels, lymphatic vessels and nerves. The medical name of this is a submucous layer.
- The inner lining (mucous membrane layer) which is made up of cells that form a waterproof lining.

What is a tumour?

Our bodies are made up of structures called cells. Cells are constantly being replaced as they age. A tumour forms when some of these cells start to grow and divide abnormally, due to a change (mutation) in the structure of DNA in cells. Tumours can be benign or malignant. Malignant means that the tumour is cancerous. Cells from malignant tumours can spread to other parts of the body and cause cancer there.

Tumours in the bladder vary in severity and can range from a minor inconvenience to a serious condition.

What causes bladder cancer?

In many people the cause of bladder cancer is not known. Studies have shown that cigarette smoking is a potential cause. Other studies have found that this type of cancer happens more frequently in people who work in the chemical, printing and rubber industries.

There is some evidence to suggest that bladder cancer is up to three times more common in men than in women, and that it is rare before the age of 50. Other hereditary, environmental and genetic factors have also been linked to bladder cancer occurrence; however, these links are not fully understood at the current time.

Research is still taking place into the causes of bladder cancer and more will be known as new results are published.

What happens when a tumour is present?

About 70 to 80 per cent of tumours simply grow on the surface of the bladder and do not invade into the deeper layers. This type of tumour is not a threat to life but can be troublesome because they keep coming back over the years. These are called superficial tumours.

These tumours can be quite easily removed by an operation called a transurethral resection (see explanation later in leaflet). After an initial transurethral resection, some people may need to have another resection or other treatment.

However, 20 to 30 per cent of tumours invade into the deeper layers of the bladder and these are more serious. These are called invasive tumours. Sometimes superficial tumours can change and become invasive tumours.

Before treatment can be planned, you may need some more tests. We realise that this is a very trying time for you and your family. However, it is important that we have a clear picture of what is happening so that we can recommend the best treatment for you.

What investigations will I have?

Flexible cystoscopy

You may already have had this investigation by the time you read this leaflet. It involves passing a fine telescope into your bladder and inspecting the bladder lining. This is usually carried out using a local anaesthetic as an outpatient procedure.

Blood tests

Some blood tests are taken routinely to assess your general fitness. Others are taken to look specifically at how your kidneys are working and the nature of your current illness.

Ultrasound scan

This is performed to look for any abnormalities within the urinary system such as the kidneys or ureters, to assess whether they have been affected by the presence of bladder cancer.

CT or MRI scans

These can be used:

- To monitor non-invasive tumours as they can form anywhere in the lining of the urinary system.
- When there is a more serious invasive tumour, to assess the extent of the growth.

What treatment may I have?

Your treatment is planned to meet your individual needs. It may include one or more of the following treatments, which are described in brief. If you have any of these treatments, we will give you a more detailed leaflet about it.

Surgical removal of the tumour

We can remove most tumours completely with an instrument called a resectoscope. The medical name of this is transurethral resection of bladder tumour (TURBT).

Please note that there is no guarantee of cancer cure by this operation alone. It is common for consultants to recommend that people are given other treatment into the bladder, such as drugs, to help prevent other tumours from forming.

What are the benefits of the operation?

Most tumours are completely removed during this operation.

What are the risks of the operation?

All surgical procedures have some risks and it is important that we make you aware of these. The risks of this operation are:

Common risks:

- Mild burning or bleeding when passing urine for a short period after the operation.
- The need for a temporary catheter into the bladder to wash the area out.

Occasional risks:

- Bladder infection or other infection. You may need antibiotics to treat this.
- The bladder tumour may not be completely removed.
- The tumour may come back.

Rare risks:

- Delayed bleeding. If you get this, you may need to have clots removed or more surgery.
- Damage to the ureter. This may need additional treatment.
- Injury to the urethra. This may cause a scar to form.
- Damage to the bladder. If this happens, you may need a temporary urinary catheter or surgical repair.

What happens before the operation?

We will send you the date of the operation in an admission letter. This will also contain details of any instructions you should follow before the operation.

We will send you an appointment before the date of your operation for a health assessment (pre-assessment) to check your general fitness, to screen for MRSA and to perform some investigations such as a blood pressure test and a urine test.

Please ensure that you inform your surgeon in advance of your surgery if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood vessel graft
- A neurosurgical shunt
- Anything else that has been implanted such as metal pins
- A regular prescription for warfarin, aspirin or clopidogrel (Plavix ®)
- A previous or current MRSA infection
- You have received a cornea transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone, as these can be associated with Creutzfeldt-Jakob Disease (CJD)

If you smoke, try to cut down or preferably stop, as this reduces the risks of heart and lung complications during and after the operation.

Your admission letter will contain instructions about when you need to stop eating and drinking before your operation.

Please make arrangements to have a lift home after the procedure as you will not be able to drive or go on public transport.

Medication

Please make sure before you come into hospital that you have enough of your regular medication to take when you get home. It is unlikely that the medication prescribed by your GP or other hospital consultant will be changed.

Please make sure you have a supply of painkillers to take when you get home. We recommend paracetamol which can be purchased in pharmacies or supermarkets (always read the label; do not exceed the recommended dose). Alternatively, you can take any painkillers that you normally take.

Getting medication from the hospital pharmacy can sometimes take a long time as they are very busy. This may cause delays when you are leaving hospital.

If you are taking warfarin, aspirin or clopidogrel (Plavix®) on a regular basis, you must discuss this with your urologist because these drugs can cause increased bleeding after surgery. Stopping the medication will reduce the chances of bleeding but this can result in increased blood clotting which may also carry a risk to your health. Therefore, your urology consultant will need to discuss the risks and benefits with you.

Before you go home after your operation, we will give you instructions on how you can start taking these medications again safely.

What happens on the day of the operation?

You will need to come into hospital on the day of your surgery. When you come for your operation, members of the surgical team will come and see you. These may include the surgeon, anaesthetist and your named nurse.

We will either use a general anaesthetic, where you will be asleep throughout the procedure, or a spinal anaesthetic, where you are awake but unable to feel anything from the waist down. Your anaesthetist will discuss the benefits and risks of each type of anaesthetic with you before your surgery.

Consent

When you come into hospital for your operation, during the admission process we will explain the operation to you and ask you if you are willing to sign a consent form giving permission for your operation to take place. This shows that you understand what is to be done and confirms that you wish to proceed. Please ensure that you have discussed any concerns, and asked any questions you may have, before signing the form.

What happens during the operation?

During the operation, the surgeon shaves the tumour off the inside of your bladder. The fragments of tumour are washed out of the bladder and sent to the laboratory for analysis. The results will be available after about 10 to 14 days.

Depending on the size and position of the tumour, we may need to leave a catheter inside your bladder after the operation. Sometimes saline solution (salt water) is put through this catheter to wash away any blood from the area where the tumour has been removed. This area will be quite raw.

When the bleeding has settled, a nurse will remove the catheter. This is usually either on the day of your surgery or the next day.

Before the catheter is removed, we usually use it to put a special purple chemical called mitomycin C into your bladder. This reduces the risk of other tumours forming in the bladder. This is left in place for one hour, usually on the day of surgery. (See the section 'Chemotherapy' later in this leaflet for more details.)

Occasionally, it may be necessary to leave the catheter in place for longer. If this is the case, your hospital doctor will explain why it is needed.

You will normally be able to go home on the day of your surgery. If you need to go home with your catheter still in place, we will tell you about how to have it removed.

What should I expect when I get home?

When you leave hospital, we will give you a document called a discharge summary. This has important information in it about your operation and stay in hospital. If you need to call your GP for any reason, or have to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of leaving hospital.

When you get home, you should drink more fluid than you would normally for the next 48 hours – about one to two litres extra a day. This helps to flush your urinary system through and to minimise any bleeding. You may notice some burning or pain in your lower abdomen (tummy area) at first but this usually settles after a few days.

Please avoid any strenuous exercise or heavy lifting for at least two weeks or until after any bleeding has stopped.

If you develop a fever (a high temperature), severe pain on passing urine, cannot pass urine or any bleeding gets worse, you should contact your GP immediately for advice. In an emergency, please go to your nearest emergency department (A&E).

It is your responsibility to ensure that you are fit to drive after surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than three months after your surgery and the may affect your ability to drive. However, you should check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Follow up

We will contact you at home when your laboratory results come through. At this stage, we will suggest a follow-up plan for you. This may include one of the treatment options described in the following pages.

Intravesical chemotherapy

Sometimes there are a lot of tumours, or they keep coming back so rapidly that surgery to remove them becomes difficult. To try and prevent tumours from forming so quickly, we sometimes put chemicals into the bladder. This is called intravesical therapy and it is a type of chemotherapy.

As the chemicals are put directly into the bladder, and not into your bloodstream, you should not experience the side effects usually associated with other types of chemotherapy.

To receive this treatment, you will need to come to the hospital once a week for six weeks. The nurse will pass a small catheter into your bladder and put the chemicals into your bladder through this catheter. If you are to receive this treatment, we will give you more detailed information.

Intravesical immunotherapy

Immunotherapy is a treatment that uses the body's immune system to fight cancer cell growth. The drug most commonly used is Bacillus Calmette-Guerin (BCG).

As with intravesical chemotherapy, immunotherapy is given initially once a week for six weeks, directly into the bladder through a catheter. It has some side effects, and needs some preparation before treatment, and care after the treatment. This will all be discussed with you before the treatment course starts. If you are to receive this treatment, we will give you more detailed information.

Although most tumours grow on the surface of the bladder lining, and are known as superficial tumours, some are invasive and grow into the muscle layer. In these cases, people are seen by an oncologist (cancer specialist), and may need to have other treatment such as radiotherapy, chemotherapy and more surgery.

Chemotherapy

Unlike the intravesical chemotherapy given for superficial bladder tumours, this treatment is given directly into a vein using an injection or an infusion (drip). The chemotherapy passes around the whole body in the bloodstream. A course of treatment will be given over several weeks in a chemotherapy outpatient clinic. If you are to receive this treatment, we will give you more detailed information.

Can I find out more?

You can find out more information from the following organisations:

Dudley Cancer Support
10 Ednam Road
Dudley, DY1 1JX
Tel: 01384 231232. Fax: 01384 459975
Email: info@support4cancer.org.uk

http://www.support4cancer.org.uk/index.html

Provides practical help, emotional support and information to people with cancer, their families, friends and carers in the borough of Dudley and surrounding areas.

Cancer Research UK

http://www.cancerresearchuk.org/about-cancer/

This website has information on living with cancer.

Macmillan Cancer Support
89 Albert Embankment
London, SE1 7UQ
Freephone helpline: 0808 808 0000 (9am to 8pm, Monday to Friday)

www.macmillan.org.uk

Practical, emotional and financial support for people with cancer, family and friends.

NHS Choices

http://www.nhs.uk/Conditions/Cancer-of-the-bladder/Pages/Introduction.aspx

Patient website

http://patient.info/health/bladder-cancer-leaflet

The Royal College of Anaesthetists

http://www.rcoa.ac.uk/patients-and-relatives

For information about anaesthetics.

Contact information for urology cancer nurse specialists

If you have any questions, you would like more information, or if there is anything you do not understand about this leaflet, please contact:

Urology cancer nurse specialists on 01384 456111 ext. 2873 or mobile 07787 512834 (8am to 4pm, Monday to Friday)

Ward C6 on 01384 244282

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

http://dudleygroup.nhs.uk/services-and-wards/urology/

If you have any feedback on this patient information leaflet, please email patient.information@dgh.nhs.uk

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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Originator: Caroline Roberts. Date reviewed: July 2017. Next review due: July 2020. Version: 2. DGH ref.: DGH/PIL/00617