

Bladder Cancer

Bladder cancer is a tumour of the lining of the bladder. It usually presents with painless hematuria (blood in the urine). It is related to cigarette smoking, although there are plenty of people with the condition who have never smoked. Unlike some forms of prostate cancer, bladder cancer is not an inherited condition.

Broadly speaking there are two categories of bladder cancer; superficial and invasive.

Superficial, as the name implies, only affects the lining of the bladder, and while it is a cancer, it generally behaves in a less aggressive fashion. This is treated with Transurethral Resection of the Bladder (TURBT). Whilst the chance of spread beyond the bladder is low with superficial disease there is unfortunately quite a high chance of recurrence within the bladder and therefore it is important that we follow you up with flexible cystoscopy. The risk of recurrence can occur for many years after the first tumour and the number of surveillance cystoscopies required depends on the riskiness of the original tumour and the frequency of recurrences. Whilst early on you may need a check every 3 or 4 months, if bladder remains clear, these checks can be extended to yearly (or more) intervals.

A small proportion of superficial bladder cancers are at greater risk of becoming invasive.

These cancers may need to be treated with intravesical BCG. BCG is a medication that is instilled into the bladder and has been shown to reduce the risk of bladder cancer becoming invasive. It is initially instilled into the bladder weekly for 6 weeks and then, if it has worked, for 3 weeks every 6 months for 3 years.

Invasive bladder cancer is a much more serious disease; this is where the cancer has penetrated through the lining of the bladder into its muscular wall and carries a risk of the cancer spreading outside the bladder to involve other organs. If caught early enough before the cancer has spread there is a good chance of long term cure with either radical cystectomy or radiotherapy.



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