



## Bladder Tumour

Bladder tumours are growths which arise from the lining of the bladder and usually present when they bleed leading to the patient seeking advice because of blood in the urine.

An intravenous Pyelogram CT Urogram is an x-ray of the lining of the kidneys and bladder which is usually carried out to see if there is any possible source of bleeding from the kidneys and the ureters (tubes) which drain the urine into the bladder.

Ultrasounds are often done to check the solid part of the kidneys.

Occasionally a tumour may be small as to not be detected by these tests.

Although it is more common for tumours to develop in the bladder itself, the X-ray is necessary because the same type of skin lines the kidneys and ureters as lines the bladder.

In order to diagnose a bladder tumour it is necessary to have a cystoscopic examination of the bladder. That is done by passing an endoscopic type instrument through the normal opening (urethra) and inspecting the surface lining of the bladder. This may be done with a flexible instrument under local anaesthesia where the patient is wide awake and an anaesthetic jelly has been used to numb the urethra prior to insertion of the cystoscope. If a lesion is found then it will be necessary for the patient to return and have it removed under general anaesthetic (see below) Alternatively, it may be carried out under general anaesthetic at which time the patient is completely asleep. A general anaesthetic cystoscopy is usually carried out with a rigid stainless steel instrument and is usually too uncomfortable to be carried out under local anaesthetic.

If a tumour has been detected it is necessary for the patient to undergo a general anaesthetic (G.A) for an instrument similar to the cystoscope to be inserted and for the tumour to be removed using that instrument. If the patient is already under G.A. then it will be done there and then.

The tumours generally have an appearance rather like a cauliflower or a sea anemone. They usually have a central stalk and several fronds.

Once the specimen has been removed it is sent to the Pathologist for examination under the microscope.

The Pathologist will identify the type of tumour which is generally called a Transitional Cell Carcinoma (TCC) and this is a type of bladder cancer.

The Pathologist usually grades the tumour from 1-3. Grade 1 being more favourable than grade 3. In addition to that the Pathologist will stage the tumour. That is done by looking at the area at which the stalk is attached to the bladder to see if the tumour is growing into the wall of the bladder.

Staging is from 1 through to 4 with stage

1 being less serious than stage 4.

Tumours are usually superficial (Stage 1-2).

In the majority of cases the patient is then put on a program of check **cystoscopies**.

That means that the patient undergoes a cystoscopy every few months in order to check upon the

lining of the bladder to see that the original tumour has not recurred and that there has been no further development of new tumours.

If new tumours develop then they will be removed as previously outlined.

#### Prevention of Tumours

Occasionally a patient will be found to have multiple tumours and a number of recurrences. In these cases it is sometimes necessary to treat the patient with medications inserted into the bladder. Those medications are put through a catheter and it is necessary to leave them in place usually 1 or 2 hours before draining the fluid out and removing the catheter. Anaesthetics are not required for those procedures which may be carried out weekly for 6 weeks.

If you require that treatment it will be fully discussed with you and further information given to you.

IF YOU HAVE ANY QUESTIONS PLEASE ASK THE DOCTOR.

