

Bladder Cancer

What is bladder cancer?

Bladder cancer is abnormal growth of the cells that line the inside of the bladder. The growth is called a bladder tumor. A tumor may be either invasive and grow into the muscular wall of the bladder, or it may be noninvasive. A noninvasive tumor is usually a small, wart-like growth that has not yet grown into the bladder wall. When a tumor is invasive, the cancer cells spread into the bladder wall and then can spread to other organs through the bloodstream and lymphatic system. Bladder cancer affects men more often than women. Bladder tumors are most likely to happen in white men over the age of 50.

How does it occur?

In most cases, bladder tumors happen after the cells lining the urinary tract have been exposed to cancer-causing chemicals in the urine for many years. Chemicals in the urine can come from the workplace, such as from rubber, aniline dye, some textiles, and, rarely, hairdressing supplies. Leather workers, rubber workers, painters, dry cleaners, truck drivers, and aluminum workers are at risk.

If you are exposed to any of these chemicals and are a smoker, your risk increases greatly.

What are the symptoms?

- blood in the urine
- pain when you urinate
- frequent need to urinate
- trouble starting to urinate
- lower back pain

How is it diagnosed?

Your healthcare provider will ask about your symptoms and examine you. Your urine will be tested to check for blood or infection. Your provider may also look for abnormal cells in the urine. You will probably have an exam called a cystoscopy. During this exam your provider passes a slim, flexible, lighted tube called a cystoscope through the urethra and into the bladder to look inside your bladder. (The urethra is the passageway that carries urine from your bladder to outside the body.) During the exam your provider will probably remove a small piece of tissue from the bladder. This is called a biopsy. The tissue is examined in the lab to see if it is cancerous.

You may also have the following X-rays or scans:

- intravenous pyelogram, or IVP (an exam of the whole urinary tract using X-rays after a dye is injected into a vein in your arm)
- CT scan of your abdomen
- an ultrasound of the kidneys.

If cancer is found, you will have more tests to see if cancer cells have spread into the bladder wall, to nearby lymph nodes, or to other parts of the body. For example, you might have a chest X-ray or bone scan.

How is it treated?

Treatment of a bladder tumor depends first on whether it is invasive. If it is found early and is noninvasive, your healthcare provider will try to destroy the tumor by burning it with a high-frequency electrical current passed through a cystoscope. This procedure is called fulguration. For small tumors this may be the only treatment that is needed. Another possible procedure involves putting chemicals or other medicines, such as chemotherapy, into the bladder to destroy the cancer cells. These treatments should not cause any problems for you.

Large tumors that have grown into the muscle of the bladder wall must be surgically removed. Sometimes all or part of the bladder is removed. This type of surgery is called a cystectomy. If all the bladder is removed, your provider will create a new way for urine to pass out of your body through an opening in your belly (a urostomy). Your provider will create a pouch to collect urine inside your body, or a bag will be attached to the opening outside your belly. Other treatments for invasive tumors include radiation therapy to the bladder and/or chemotherapy to help destroy cancer cells that may have spread beyond the bladder.

How long will the effects last?

As with other forms of cancer, the treatments for bladder cancer that are most successful are those that start before the disease has spread. This is why it is important to find cancer as early as possible. See your healthcare provider as soon as you notice any symptoms that concern you. If you have a noninvasive tumor (superficial bladder cancer), your chances of cure are very good. You should, however, have regular cystoscopy exams because small tumors often come back or new ones may develop. If part of your bladder is removed, your bladder will be smaller. This means the bladder will hold less urine than before the surgery and you will need to urinate more often.

How can I take care of myself?

Follow the full course of treatment prescribed by your healthcare provider.

If all your bladder is removed, keep the opening in your belly clean to prevent infection. Drain or empty the bladder pouch or bag before it gets too full.

Early in your treatment, consider talking with a counselor about the changes in your body and your body image. Some people get depressed over these changes.

Try to keep a positive outlook. Eat a healthy diet. Get regular exercise and rest. Try to reduce stress and take time for activities that you enjoy.

Do not smoke.

For more information on cancer, contact national and local organizations such as:

American Cancer Society, Inc. Phone: 800-ACS-2345 (800-227-2345) Web site: <http://www.cancer.org>

National Cancer Institute Phone: 1-800-4CANCER, or 1-800-422-6237 (TTY: 1-800-332-8615) Web site: <http://www.cancer.gov>

How can I help prevent bladder cancer?

If you smoke, stop smoking.

Take protective measures when you are likely to be exposed to industrial chemicals.

Drink lots of fluids.

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