Urological Associates, P.C.
of the Iowa and Illinois Quad-Cities Region

Phone: 563-359-1641

Bladder Cancer

This handout is designed to give you an overview of Urothelial Non-Muscle Invasive bladder cancer. It will include definitions, treatments options, and other important information. Remember, no handout can be all-inclusive. Talk to your provider about any questions and/or concerns you have.

General Information:

Urothelial Non-Muscle Invasive bladder cancer is the most common type of bladder cancer. This means the cancer cells started in the urothelial lining of your bladder – the layer of cells closest to your urine. 90% of all bladder cancers are Urothelial Carcinoma.

Urothelial Carcinoma has a staging system like all other cancers. The two most important factors are the grade of the cancer and depth of invasion. Grading refers to how the cancer cells appear under the microscope. The pathologist will determine if the cells appear more like normal/healthy bladder cells, which is considered low grade. Or the cells may appear more abnormal in nature, which means the cancer has a label of high grade.

The depth of invasion of the cancer into the bladder wall is the most important factor in patient outcome and affects treatment options. If the cancer is limited to the superficial layers of the bladder, the treatment options are more successful for long-term management. However, if the cancer has invaded the muscular layer and/or moved to other parts of the body (metastasis), the treatment options are fewer and long-term outcomes are worse.

For non-muscle invasive bladder cancer, the long-term survival is high, but the reoccurrence rate is also high. Superficial low-grade bladder cancer has a reoccurrence rate of approximately 50% within 5 years. Management requires frequent evaluations and possible treatments.

The most common sign of bladder cancer is blood in your urine (hematuria), although hematuria can have other causes. It's important to talk to your provider if you notice blood in your urine. Generally speaking, patients do not have pain or other symptoms to indicate an issue.

Smoking and advanced age are the most common risk factors for developing bladder cancer.

Treatment:

The American Urological Association has an evidence-based protocol for bladder cancer management. It calls for routine surveillance and, when appropriate, intervention. Surveillance is in the form of cystoscopies at regular intervals to visually assess the bladder wall. In addition, the physical nature of the cells of the bladder lining can be evaluated under a microscope by a pathologist, which is a test called cytology.

If your doctor sees any area(s) of concern, he will discuss this with you, typically at the time of the cystoscopy. Depending on visual assessment, past findings, and your medical history interventions can include bladder biopsy, transurethral resection bladder tumor (TURBT), intravesical (into the bladder) medication, or continued surveillance.

TURBT is a surgical procedure which requires scheduling at either Spring Park Surgery Center (SPSC) or Genesis in the operating room. During surgery, the doctor accesses your bladder via the urethra and removes the tumor. Typically, the tumor specimens are sent for pathology, which evaluates the characteristics of the cells. After surgery, you may have a catheter left in place. The extent of tumor growth and amount of bleeding afterward are all factors that determine if an indwelling urinary catheter is required at discharge. Typically, the catheter remains in less than two weeks. It is removed at the office.

Because TURBT is a surgical procedure, if you have compromised lungs, a heart condition, and/or are on blood thinners, we may need to obtain clearance from your primary care provider/ Pulmonologist/ Cardiologist prior to scheduling surgery.

Generally, TURBTs are same-day surgeries that do not require an overnight stay. The most common post-operative issue is bleeding. Sometimes bleeding requires you to stay overnight for continuous bladder irrigation. TURBTs are tolerated well by most.

After your TURBT the doctor may recommend intravesical treatment with chemotherapy. If your surgery is done at SPSC, you will receive the chemotherapy at Urological Associates (UAPC). The purpose of the chemotherapy is to kill any remaining tumor cells in the bladder.

Please refer to the Intravesical Chemotherapy Treatment handout for more information.

If samples of the bladder tumor were sent for pathology, the results can take up to two weeks. Your doctor will discuss the results with you either at your follow-up or over the phone.

Once the final pathology has been determined, your doctor will discuss the recommended plan of care.

As mentioned earlier, bladder cancer typically doesn't hurt. Treatment can cause discomfort and bladder symptoms: burning/pain w/urination, blood, urgency, and/or frequency. As the body heals after any intervention, these symptoms typically dissipate. Many patients return to their baseline urinary pattern. It is possible to have transient blood in your urine especially during treatment or shortly afterward. Drink plenty of hydrating fluids.

Please call the office with any questions or concerns. We are here to help you navigate your bladder cancer diagnosis.