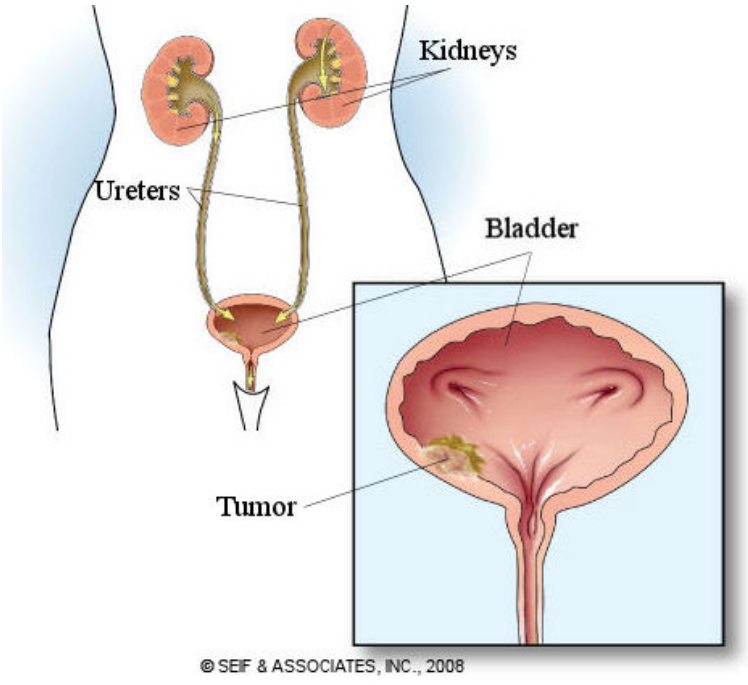
Bladder Cancer

Bladder cancer is an abnormal growth of tissue in your bladder. Your bladder is the balloon-like sack in your pelvis. It collects and stores urine that comes from the kidneys through the ureters. The ureters are 2 small muscular tubes that carry the urine from the kidneys to the bladder. When you feel the urge to pass your water (*urinate*), the urine in the bladder is passed out through the urethra.



The bladder wall is made of layers. If cancer spreads into these layers and through the wall of the bladder, it becomes more difficult to treat.

CAUSES

The exact cause of bladder cancer is not known. There is a number of risk factors that can increase your chances of getting bladder cancer. They include:

- Smoking: Smokers are more than twice as likely to get bladder cancer as nonsmokers.
- Occupational Exposures: Workers in a number of industries are at higher risk of bladder cancer. These include:
  - Rubber, leather, textile and paint production.
  - Painters, hairdressers, machinists, printers, truck drivers.
  - The combination of industrial exposure and smoking further increases risk.
- Race: Whites are about twice as likely to develop bladder cancer than African Americans and Hispanics. Asians have the lowest risk of bladder cancer.
- Age: The risk of bladder cancer increases with age. Over half of the people with bladder cancer are over 65 years of age.
- Sex: Men are four times more likely than women to get bladder cancer.
- Chronic bladder inflammation: Urinary infections, kidney and bladder stones and other causes of chronic bladder irritation are linked with bladder cancer. They do not necessarily cause bladder cancer.
- Bladder cancer history: Once you have a bladder cancer, you are at higher risk of having another bladder cancer (even if the first cancer was completely treated).
- Passed down by parents (*heredity*): Some bladder cancers seem to be inherited.
- Chemotherapy and Radiation Therapy:
  - A drug called mesna is used to protect the bladder from irritation and reduce the risk of bladder cancer.
  - People who receive radiation treatment to the pelvis are more likely to develop bladder cancer.
- Arsenic: Arsenic in drinking water has been associated with an increased risk of bladder cancer.

In certain parts of the world (not the U.S.), a parasite called schistosomiasis is strongly associated with bladder cancer. This form of bladder cancer is not discussed here.

SYMPTOMS

- Blood in the urine (*hematuria*) is the main symptom of bladder cancer. Blood may be present only in small amounts detectable under a microscope, or may cause the urine to actually appear bloody.
- Irritation with urination.
- Frequent bladder or urine infections.

DIAGNOSIS

Your caregiver may suspect bladder cancer based on your description of urinary symptoms, or based on the finding of blood or infection in the urine (especially if this has recurred several times). A specialist will perform a test by inserting a narrow flexible or rigid tube into your bladder through your penis or urethra (*cystoscopy*). They will use light anaesthesia during this test. This test searches the lining of your bladder for tumors. A biopsy will be done to sample the tumor. The sample will be examined under a microscope to see if cancer is present.

If a cancer is present, it will then be staged to determine its severity and extent. It is important to know how deeply into the bladder wall the cancer has grown, and whether the cancer has spread to any other parts of your body. Staging may require blood tests or special scans.

TREATMENT

Once your cancer has been diagnosed and staged, you should discuss a treatment plan with your caregiver. Based on the stage of the cancer, one treatment or a combination of treatments may be recommended.
The most common forms of treatment are:

- Surgery.
- Radiation Therapy.
- Chemotherapy.
- Immunotherapy.

When bladder cancer is caught early, the cancer can often be removed via cystoscopy, and no other treatment is necessary. Ongoing monitoring for recurrence is necessary.

HOME CARE INSTRUCTIONS

- Take any prescription medications exactly as directed.
- Keep all appointments for followup, for testing or with specialists.
- If you have had a cystoscopy, you may have some blood in your urine after the test. This should clear up. You may also have some irritation with urination. If you were prescribed an antibiotic or pain medication, take it as directed.

SEEK MEDICAL CARE IF:

- You develop increased pain, painful urination or fever after a cystoscopy.
- Your urine becomes bloody after initially improving.

SEEK IMMEDIATE MEDICAL CARE IF:

- You develop fever with chills, with or without back or flank ache.

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