Adult Nursing II

Bladder Tumours

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2025

Bladder Tumours: Classification

- **Superficial**: benign papillomas on a stalk **but** tend to recur and become malignant
- **Invasive**: bald shaped, malignant
- Position of tumours: base of bladder, ureteric orifices, bladder neck, multiple locations at once.
- Mostly transitional, few squamous cell tumours

Bladder Tumours: Aetiology

- Smoking: the most important predisposing risk factor
- Chemical dyes
- May be metastatic spread from the colon or rectum, and from the prostate in males and uterus in females

Bladder Tumours: Clinical Manifestations

- <u>Painless visible haematuria</u>
- Possibly frequency and urgency associated with accompanying infection
- If metastatic, pelvic or back pain

Bladder Tumours: Diagnosis

- **Cystoscopy**:
- to inspect the bladder mucosa
- to resect or cauterise tumours and send biopsies to the lab for histology
- to send urine samples and bladder washings for cytology
- (Bladder tumours shed easily recognisable cancer cells)

Bladder Tumours

- Medical Management

Bladder Tumours: Medical Management

- **Superficial Papillomas:**
- Trans-urethral resection of bladder tumour or diathermy via cystoscopy at the time of diagnosis (TURBT)
- Intra-vesical BCG ↑ immune response
- 25-40% recur: patients may develop severe malignant tumours from earlier benign
- Therefore patients need regular follow-up cystoscopy for life

Bladder Tumours: Medical Management

- **Invasive bladder tumours:**
- Surgery
- Chemotherapy and BCG
- Radiation therapy

Bladder Tumours: Chemotherapy

- Intravesical (topical) chemotherapy (Mitomycin) or BCG may be used to prevent recurrent tumours. The agent has direct contact with the bladder wall (However, once invasive, surgery is necessary)

- May be used IV post-surgery to resist spread of metastases

Bladder Tumours: Radiotherapy

- Pre-operative radiation may be used to reduce tumour size and confine it before surgery
- May be used post-operatively
- May be used instead of surgery for an inoperable tumour to reduce size and possibly control pain

Bladder Tumours: Surgery

- Simple or radical cystectomy and urinary diversion
- Radical:Removal of bladder, prostate, seminal vesicles in males

- Removal of bladder, lower ureters, uterus, fallopian tubes, ovaries, anterior vagina, urethra, pelvic lymph nodes in females

Bladder Tumours: Urinary Diversion

- Cutaneous Ileal Conduit: 12cm loop of ileum resected for ureters to transplant. Remaining ileum anastamosed. Urine drains via an ileostomy (“urostomy”) into drainage bag on skin

- Continent diversion: Indiana pouch or “Kock” pouch (with valve). A reservoir created from a resected portion of ileum and caecum. Drained via catheter.

Bladder Tumours: Nursing Considerations

- Health education: risk factors, importance of follow-up, vitamin C (cranberry juice)
- Preparation and post-op care following cystoscopy and TURBT. Prevention and management of clot retention
- Preparation and post-op care following Cystectomy and Urinary Diversion; care of urostomy (stoma care)
- Care related to chemotherapy or radiation