How is bladder cancer diagnosed?

A number of procedures will be done to diagnose bladder cancer.

Most bladder cancers have a low chance of spreading, particularly if found early, so some of these tests may not be necessary.

- general tests – simple procedures that are not used to diagnose cancer but can suggest if cancer is present. This includes a physical examination, blood tests and urine tests.
- tests to find the position of the cancer in the bladder – a cystoscopy and biopsy, ultrasound and some types of CT scan.
- tests to find any cancer that may have spread – includes CT scans, MRI scans, radioisotope bone scans and x-rays.

Most tests are done on an outpatient basis so you will probably be able to go home when they are finished.

**Physical examination**

Your doctor may feel for anything unusual by inserting a gloved finger into the rectum and, in women, the vagina. This may help to determine the size of the bladder tumour and if it has spread.

Some people have a physical examination under anaesthesia during their first cystoscopy.

**Blood test**

A blood sample will be taken to check the different types of blood cells and show how well your organs are working.

**Urine test (urinalysis)**

You will be asked to give a urine sample which is sent to a laboratory and checked for blood, bacterial infection (not cancer) or cancerous cells.

**Cystoscopy and biopsy**
Cystoscopy is the main procedure used to diagnose bladder cancer. It is a surgical procedure that is usually done as day surgery. A cystoscopy may be done under local or general anaesthetic. If the doctor needs to take a tissue sample (biopsy) it is usually done under general anaesthesia.

A slender tube called a cystoscope is inserted through your urethra into the bladder. The cystoscope has a lens and a light that allows the doctor to view the bladder on a monitor. Small pieces of tissue can be removed from suspicious areas or growths. They will be examined under a microscope to check for cancer cells.

The cystoscopy takes 10–20 minutes. For a few days afterwards you may have some soreness, pain or blood in your urine. If the tumour is large you may have a tube left in your bladder to drain urine into a bag for 1–2 days. This is called a urinary catheter.

If cancer is found during the cystoscopy it may be removed during the procedure.

Ultrasound

An ultrasound scan uses soundwaves to create a picture of your organs. It is used to show if cancer is present and how large it is. An ultrasound can't always find small tumours so your doctor may do further tests.

MRI scan

An MRI (magnetic resonance imaging) scan uses magnetic waves to create detailed cross-section pictures of organs in your abdomen.

CT IVP or three-phase renal CT scan

A CT (computerised tomography) scan is a type of x-ray that takes several pictures of the inside of your body. The pictures are put together to build up a three-dimensional picture of your body. The scan may be called a three-phase renal CT or a CT IVP (intravenous pyelogram). CT scans are usually done at a hospital or a radiology clinic.

Radioisotope bone scan

A radioisotope scan may be done to see if any cancer cells have spread into the bones.

A tiny amount of a radioactive dye is injected into a vein usually in your arm. The radioactive substance collects in areas of abnormal bone growth. After a few hours a scanner measures the radioactivity levels and records them on x-ray film.

The radioisotope scan may take several hours. You might have to sit alone after you are given the dye so you may want to bring a book or something else to occupy your time.

X-rays

A chest x-ray may be taken to check your lungs for signs of cancer.

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