Treatment for non-invasive bladder cancer

There is often a misconception that non-invasive tumours are not dangerous. Although they are confined to the original site in the bladder lining, fast-growing (high-grade) non-invasive tumours, such as carcinoma in-situ, can be serious or life-threatening.

If you have this type of non-invasive cancer, your doctor will advise you to have immediate – and sometimes, aggressive – treatment.

The main types of treatment for non-invasive bladder cancer are surgery, immunotherapy and intravesical chemotherapy. Surgery, alone or combined with other treatments, is used in most cases.

After treatment your doctor will follow up with you regularly.

Surgery

If you have a cystoscopy your doctor may be able to remove the tumour during this test. However most people with non-invasive bladder cancer have a type of surgery called a transurethral resection of bladder tumour (TURBT).

The TURBT is done under a general anaesthetic. The operation takes 15–40 minutes and does not involve any external cuts to the body. It is done by passing a rigid cystoscope, a slender tube with a light and lens, through your urethra and into the bladder. The cystoscope has a wire loop which allows the doctor to remove the tumour through the urethra.

During the operation the surgeon may use other techniques to kill the cancer cells. The cystoscope may be used to burn the base of the tumour (fulguration). A high-energy laser can also be used to damage or kill the cancer cells.

The TURBT procedure may be repeated if the cancer comes back. If the TURBT isn't effective the surgeon may consider a cystectomy.

If you have a high-grade cancer, carcinoma in-situ or a large tumour that comes back quickly, you may have a type of operation called a cystectomy.

Side effects of surgery

Most people who have TURBT surgery are in hospital for 1–3 days. You may have a thin tube (catheter) in
your bladder which drains your urine into a bag. If the tumour is small there is no need for a catheter and you may be discharged from hospital on the same day.

Some people are given intravesical chemotherapy immediately after surgery or within 24 hours.

Surgery may cause some bleeding but fluid will be used to flush out your bladder to prevent blood clots from forming. This is called bladder irrigation. When there is no longer a risk of clots the catheter will be removed and you will be allowed to go home.

You should take it easy for a few weeks after returning home. Try to avoid any heavy lifting or strenuous exercise.

You should expect to see blood in your urine for up to two weeks after the procedure. You may have been prescribed antibiotics to prevent bladder infection. If you develop symptoms of an infection, such as pain or burning, or if you are passing clots or have difficulty passing urine, see your doctor immediately or go to the Emergency Department.

**Intravesical chemotherapy**

Chemotherapy is the treatment of cancer with anti-cancer drugs. The aim is to stop cancer cells from growing and reproducing, while doing the least possible damage to normal cells.

Chemotherapy drugs are commonly given by mouth or injected into a vein. However in intravesical chemotherapy, the drugs are put directly into the bladder using a flexible tube called a catheter. This is called an installation. Intravesical chemotherapy is most commonly used for non-invasive bladder cancer.

One of the advantages of intravesical chemotherapy is that the drugs stay in the bladder and do not usually spread throughout the body. This limits the common side effects that can occur when chemotherapy is given intravenously or orally.

You may have one installation at the time of surgery or weekly installations for six weeks. During this time your doctor may advise you to use contraception.

**Side effects of intravesical chemotherapy**

The main side effect is bladder irritation (cystitis). This may make you feel as if you have a urinary infection causing you to want to pass urine more often or feel soreness and pain when urinating. Some people also develop a rash on their hands or feet.

Drink plenty of fluids and take a mild pain-killer if you are uncomfortable. Your doctor can prescribe a course of antibiotics if you develop an infection.

For more information about chemotherapy see [Understanding chemotherapy](#).

**Immunotherapy**

Immunotherapy uses substances that encourage the body's own natural defences (immune system) to fight disease. This is the main way of treating carcinoma in-situ and it can also be used to treat invasive cancer that has grown into the lamina propria.

Bacillus Calmette-Guérin (BCG) is the most effective type of immunotherapy for treating non-invasive bladder cancers. BCG is a vaccine that was originally developed to prevent tuberculosis. It switches on the body's immune system to destroy the cancer.

BCG is usually given 2–4 weeks after TURBT surgery, as six weekly treatments. It is given directly into the bladder through a catheter. You may be asked to change position every 15–20 minutes so the vaccine washes over the entire bladder.

Long-term BCG therapy is also often used – some people have three treatments over a six-month period, for up to two years. This is called maintenance treatment.

**Side effects of immunotherapy**
During BCG treatment you may have blood in your urine, a need to pass urine often and pain when you pass urine. These side effects are common and they almost always settle down on their own.

Flu-like symptoms such as fever, pain in your joints, a cough, a skin rash or severe tiredness, may indicate a spread of BCG infection throughout the body. This is uncommon. If you have any of these symptoms contact your doctor immediately.

When you have maintenance therapy it is common for the side effects to increase with every treatment. The severity of your side effects may determine how long you have treatment.

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