

Why do patients with bladder cancer require follow-up for such a long time?

At the time of diagnosis, most bladder cancers are confined lining of the bladder and have not spread through the muscular wall of the bladder. If this has occurred, radical treatment, usually in the form of major surgery to remove the bladder, is required.

When the cancer is superficial or confined to the inner lining of the bladder, treatment can almost always be performed using a telescope to look into the bladder to remove the tumour. Sometimes bladder washouts with specific chemicals are also required.

Unfortunately, bladder cancers often recur. They can recur in the same site where they originally appeared, but due to the nature of this type of tumour, can recur anywhere in the bladder or even in the kidney or ureter that drains urine from the kidney into the bladder. For this reason, frequent surveillance is required to ensure that tumour recurrences are not missed and that tumours are kept under control. In general, more aggressive tumours need more frequent follow-up whereas less aggressive tumours require less frequent procedures. If a patient remains free of tumour for a period of time, follow-up procedures to look into the bladder can be spread out over longer periods of time. Usually urine tests will be arranged at the time when the bladder is inspected. From time to time, x-rays of the kidneys are also required to ensure that no tumours have occurred in that part of the urinary tract.

There are very specific surveillance regimens according to well accepted protocols and your urologist will discuss these carefully with you after an initial diagnosis is made.