

Patients

General Information

Cancer

Three of the most common cancers (prostate, bladder and testis) fall within the remit of urologists.

The overall management of patients with urological cancers is very much a team effort involving urologists, radiologists, oncologists, specialist nurses and other allied professionals forming **multi-disciplinary teams (MDTs)** to work together in designated cancer centres.

Prostate cancer

Prostate cancer has shown a steady increase in recent years. It is now the second commonest cancer in men over 50, and the commonest cause of death from cancer in this age group. Not before time, prostate cancer is beginning to receive media attention which is attracting more money for research.

Earlier diagnosis of the disease, with complete removal of the prostate (radical prostatectomy), innovative forms of radiotherapy (brachytherapy) and new approaches such as high-intensity focussed ultrasound (HIFU) are beginning to have a major impact on the disease.

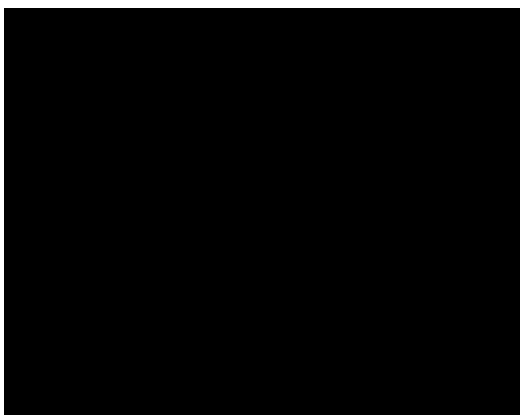
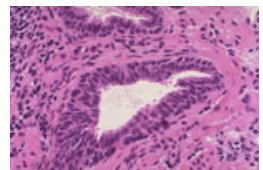
To see more detailed information about suspected prostate cancer [click here](#).

Bladder cancer

Bladder cancer commonly causes **blood in the urine** - an alarming symptom which means that patients usually seek advice early. The urologist's ability to pass a small flexible cystoscope into the bladder in a clinic or day surgery unit makes for rapid diagnosis as well as allowing simple follow-up of bladder tumours.

The treatment of these growths, and those affecting the kidney, is usually surgical removal by the urologist, sometimes followed by other forms of treatment such as radiotherapy or chemotherapy.

Read more about bladder cancer from the **Action On Bladder Cancer** group. A brief video of telescopic removal of a bladder tumour is shown below (courtesy of Mr Nigel Bullock):



There is a "fronded" tumour on the right side of the bladder base which is being resected "piecemeal", using a wire loop and high-energy electrical current; lower-energy current is used to seal any bleeding points. The tumour fragments are washed out of the bladder at the end of the procedure and sent for examination under a microscope by a pathologist.

Soon after the procedure, a chemotherapy drug such as **Mitomycin C** is instilled into the bladder to reduce the risk of tumour recurrence in the future.

 [Download the information leaflet on telescopic removal of a bladder tumour](#)

Testicular cancer

Testicular cancer is the commonest cancer in men between 20 and 50.

Its treatment is a shining example of the development of successful treatment following lengthy and complex clinical trials. For most men with testicular cancer, **surgery** followed by radiotherapy and/or chemotherapy will provide a cure, even if the cancer has spread to other parts of the body.



For more detailed information about suspected testicular cancer [click here](#).

