FACTSHEET

Understanding medical terms in bladder cancer

When you are diagnosed with bladder cancer or supporting someone who is, it can feel like you are learning a whole new language. Doctors and nurses often use medical terms that can be confusing or overwhelming, especially when you are already dealing with a lot.

This factsheet is here to help. We have gathered common medical words and explained them in clear, simple language. Whether you are a patient, carer, or advocate, this guide will help you better understand your care, ask the right questions, and feel more confident every step of the way.

Common terms associated with bladder cancer

Adjuvant therapy

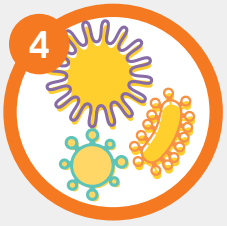
Adjuvant therapy is extra treatment, like chemotherapy or radiotherapy, given after the main treatment. It helps reduce the chance of the cancer coming back by targeting any remaining cancer cells.

Anaesthesia

Anaesthesia is medicine used during surgery to prevent pain. It may numb only one part of the body (local anaesthesia) or put you fully to sleep (general anaesthesia), depending on the procedure.

Antibiotic

Antibiotics are medicines used to treat infections caused by bacteria, such as urinary tract infections. They help stop infections from spreading and make recovery safer.



BCG treatment (one type of immunotherapy)

BCG is a treatment for early-stage bladder cancer where a liquid containing weakened bacteria is placed in the bladder. It stimulates the immune system to attack and destroy cancer cells.

Benign

A benign growth is not cancer. It does not spread to other parts of the body, although it may still need treatment if it causes problems.

Biopsy

A biopsy means taking a small sample of tissue or cells from the body to look at under a microscope. This helps doctors confirm whether cancer or another problem is present.

Bladder cancer

Bladder cancer starts almost always in the urothelial cells lining the bladder. Urothelial carcinoma is the most common type, while non-urothelial cancers such as squamous cell carcinoma and adenocarcinoma are rare.

Urothelial bladder cancer

Urothelial carcinoma is the most common type of bladder cancer, making up about 95% of all cases. It begins in the urothelial cells lining the bladder and can range from low-grade to high-grade. Some unusual patterns, such as micropapillary or plasmacytoid types, may behave differently and require specialised treatment.

Non-urothelial bladder cancer

This group includes squamous cell carcinoma, adenocarcinoma, and neuroendocrine/small cell carcinoma. These cancers behave differently from urothelial cancers and often require specialist treatment. They make up less than 5% of cases.

Carcinoma in situ (CIS)

CIS is a very early but aggressive type of bladder cancer. The abnormal cells remain in the bladder lining but have the potential to spread if untreated.

Bone scan

A bone scan uses a small amount of radioactive material to check if cancer has spread to the bones. It can show changes that may not be seen on normal X-rays.

Bricker (ileal conduit)

This is a type of surgery done after bladder removal. A piece of the small intestine is used to make a new passage for urine, which leaves the body through a stoma into a bag.

Carcinogen

A carcinogen is anything that can cause cancer, such as tobacco smoke or certain workplace chemicals. Avoiding carcinogens lowers cancer risk.

Catheter

A catheter is a thin, flexible tube that is placed into the bladder to drain urine. It can be used short-term after surgery or longer if needed.

Clinical trials

Clinical trials are research studies that test new treatments or approaches. Patients may join to access cutting-edge therapies and help improve future care.

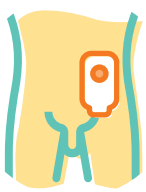
Cystectomy

A cystectomy is surgery to remove the bladder. It may be partial (only part removed) or radical (the whole bladder and sometimes nearby organs removed).

Urinary diversion

Urinary diversion is a way of creating a new path for urine to leave the body after the bladder is removed. The two main types are an ileal conduit and a neobladder. Your medical team will discuss which option is most suitable based on your health and preferences.

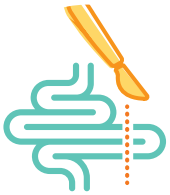
Ileal conduit (urostomy)



An ileal conduit uses a small piece of intestine to create a passage for urine to flow from the kidneys to a stoma on the abdomen. Urine drains continuously into a bag worn outside the body.

Neobladder

A neobladder is a new internal bladder made from a piece of intestine. It connects to the urethra and allows some people to pass urine in a more natural way.



Intestinal urinary diversion / Neobladder

This surgery uses part of the intestine to make a new bladder inside the body. It allows many people to pass urine more naturally after bladder removal.

Cystoscope

A cystoscope is a thin, flexible tube with a light and camera that lets doctors see inside the bladder. It is often used to check for tumours or other problems.

Cystoscopy

Cystoscopy is a test where a cystoscope is passed through the urethra to look inside the bladder. It can also be used to take tissue samples.

Cytology

Cytology is a test that checks urine under a microscope for abnormal cells. It can help detect bladder cancer or monitor for recurrence.

EMDA (electromotive drug administration)

EMDA is a treatment where a mild electric current helps chemotherapy medicine placed in the bladder reach deeper into the bladder wall. This can make the treatment more effective.

Haematuria

Haematuria means blood in the urine. It may be visible to the eye or only found with a laboratory test, and should always be checked by a doctor.

Histologic grade

Grade describes how abnormal the cancer cells look under a microscope and how quickly they may grow.

Low-grade cancers tend to grow slowly and are less likely to spread.

High-grade cancers are more aggressive and more likely to return or spread.

Immunotherapy

Immunotherapy helps the body's own immune system recognise and attack cancer cells. It can be given directly into the bladder, such as BCG, or through a vein as medicines that activate the immune response.

Chemotherapy

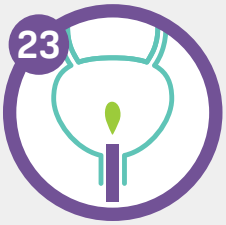
Chemotherapy uses drugs to kill cancer cells or stop them from growing. It can be given into a vein, as tablets, or directly into the bladder.

Incontinence

Incontinence means leaking urine when you do not want to. This can happen due to bladder problems or as a side effect of treatment.

Intermittent self-catheterisation

Using a thin disposable tube several times a day to empty the bladder. It can be done by the patient themselves or with the help of a carer.



Intravesical instillation

This treatment places liquid medicine directly into the bladder through a catheter. It lets the drug reach the bladder lining with fewer effects on the rest of the body.

Lymph nodes

Lymph nodes are small glands that filter fluid in the body and fight infection. Bladder cancer can sometimes spread to them, so they may be removed during surgery.

Metastasis

Metastasis means that cancer has spread from its original site to another part of the body. In bladder cancer this can include the lungs, bones, or liver.

MRI scan
(magnetic resonance imaging)

An MRI scan uses magnets and radio waves to take clear pictures of the inside of the body. It is especially good for showing soft tissues.

CT scan (computed tomography)

A CT scan uses X-rays and a computer to create detailed pictures of the inside of the body. It helps doctors see the size and spread of cancer.

Neoadjuvant chemotherapy

Treatment given before the main treatment—often before bladder removal surgery—to shrink the tumour and lower the chance of cancer returning.

Focus on your medical team

MDT
(Multidisciplinary team)

A group of healthcare professionals from different specialties who work together to plan and deliver the best treatment and care for a patient.

Cancer specialist nurse

A nurse trained to provide expert information, advice, and emotional support to people with cancer.

Oncologist

An oncologist is a doctor who specialises in cancer. They plan and manage treatments such as chemotherapy, immunotherapy, or radiotherapy.

Pathologist

A doctor who studies tissue samples under a microscope to diagnose disease.

Radiologist

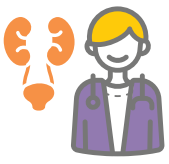
A doctor who specialises in using scans and imaging (like CT or MRI) to diagnose and guide treatment.

Radiotherapist

A healthcare professional trained to give radiotherapy treatment safely and effectively.

Urologist

A urologist is a doctor who specialises in the urinary system. They diagnose and treat bladder cancer and other conditions of the bladder and kidneys.



Urology nurse

A nurse who specialises in caring for people with bladder and urinary conditions.

Neoadjuvant therapy

Treatment given before the main treatment, often to shrink a tumour.

Adjuvant therapy

Treatment given after the main treatment to reduce the risk of cancer coming back.

Palliative care

Specialised medical care for people with serious illnesses. It includes symptom and pain management, as well as stress and emotional support. Palliative care focuses on improved quality of life.

Perioperative setting

The period around surgery, including preparation before the operation, the procedure itself, and recovery afterwards.

PET scan (positron emission tomography)

A PET scan uses a small amount of radioactive sugar to show how tissues and organs are working. It helps doctors see if cancer has spread.

Radiotherapy

Radiotherapy uses high-energy rays to destroy cancer cells. It can be used alone or together with other treatments like chemotherapy.

Recurrence

Recurrence means that cancer comes back after treatment. In bladder cancer this can happen in the bladder itself or elsewhere in the body.

Stoma

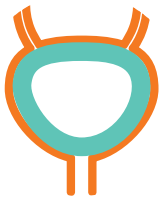
A surgically created opening that allows urine or waste to leave the body and be collected in a bag. It may be used after bladder removal.

Superficial bladder cancer (NMIBC)

This type of bladder cancer stays in the inner lining of the bladder and does not grow into the muscle. It often comes back, so regular monitoring is very important.

Muscle-invasive bladder cancer (MIBC)

This type of bladder cancer has grown into the muscle wall of the bladder. It is more serious and may spread to other parts of the body.



Targeted release system

A treatment method that delivers medicine directly to the part of the body where it is needed, limiting effects on healthy areas.

Trimodal therapy

Trimodal therapy combines three treatments: surgery through the urethra (TURBT), chemotherapy, and radiotherapy. It can sometimes be used instead of removing the bladder.

Transurethral resection (TURBT)

TURBT is surgery where a tool is passed through the urethra to remove bladder tumours. It is often the first treatment for bladder cancer.

Ureter

The ureters are two thin tubes that carry urine from the kidneys down to the bladder. Each kidney has its own ureter.

Urethra

The urethra is the tube that carries urine out of the bladder and out of the body.

Learning the language

Learning the language of bladder cancer is just one step in your journey. You may want to:

- **Write down new words you hear in the space provided.**
- **Take this booklet to appointments and use it as a reference.**
- **Visit worldbladdercancer.org for more resources, stories, and support materials created for people affected by bladder cancer.**

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The World Bladder Cancer Patient Coalition gratefully acknowledges the support of our Global Impact Partner: Johnson & Johnson, and our Premier Partners: Astellas and Ferring Pharmaceuticals, and our Sponsor: ImmunityBio.

This factsheet has been reviewed for accuracy by the World Bladder Cancer Patient Coalition Scientific Advisory Board (SAB).