

## Studies are showing benefits of bladder preservation based approach

Bladder cancer is the fourth most common cancer in men behind prostate, lung and colorectal cancer.

About 80% of cases are the highly treatable non-muscle invasive bladder cancer (NMIBC), with a survival rate of around 90%.

**R**isk factors of bladder cancer include smoking and having a genetic predisposition. Workers in certain industries and exposed to particular materials have also been linked to a higher risk of bladder cancer.

Symptoms include blood in the urine, painful urination, needing to pee suddenly, feeling the urge to go also when nothing seems to come out and the need to get up at night to void.

Treatment for bladder cancer consists of an endoscopic excision, following CT scan and a camera investigation. This will allow accurate staging of the cancer and treatment in most cases. In certain groups the disease has a tendency to come back. To avoid this, chemotherapy or immunotherapy BCG are administered into the bladder to kill cancerous cells directly, or to stimulate the body's response to fight the cancer. Furthermore, some patients who failed previous BCG treatment go on to have a complete removal of the bladder (cystectomy).

### New technologies available

Recently, multiple studies have shown bladder preservation approach to be effective in such patients. Results from using Synergo® technology, which utilises the three-way combination of local, non-ionising radiofrequency (microwave) radiation of the bladder, cold chemotherapy and the targeted heating of the bladder, have been promising.

Patients are treated at the hospital's outpatient clinic with a series of weekly and later monthly, one-hour treatments. These do not require anaesthesia and patients may resume daily activities after each treatment.

I have developed the service using the Synergo® technology at the new Heatherwood hospital and together with colleagues in other referral centres across the UK we've managed to benefit hundreds of patients who wished to preserve their bladders or could not undergo major surgery, for many of whom this was the last hopeful option.

*Synergo® has been positively evaluated by NICE Medical Technologies in November 2021 and has also been recommended by the European Association of Urology guidelines since 2017.*



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*Urinary incontinence can be managed effectively and should not just be accepted or ignored.*

# Don't let urinary incontinence stop you doing what you want to do



Urinary incontinence does not need to be accepted as part of getting older, recognising the signs and symptoms is the first step to finding the right treatment.

**U**rinary incontinence is the involuntary leaking of urine. It affects around 13% of women and 5% of men and becomes more common as people get older.

Stress urinary incontinence is a urine leak which can be triggered by exertion, exercise, coughing, laughing and sneezing. In women, it accounts for nearly 50% of all incontinence and is influenced by childbirth and the menopause. In men, it is much less common but can occur after prostate surgery or radiotherapy.

Urgency incontinence is a urine leak when the toilet cannot be reached in time, usually accompanied by passing urine frequently (day and night-time). This is also referred to as an overactive bladder. It affects around 17% of people over the age of 40 and increases steadily with age. A combination of stress and urgency incontinence symptoms is termed mixed urinary incontinence.

### Treatment options are available

Urinary incontinence can be improved with simple measures and changes to lifestyle alone. However for some, medication or surgery may be needed. Stress incontinence can be helped by physiotherapy supervised pelvic floor exercises, weight loss and avoiding constipation. After trying this, surgical options are generally more effective than medicines. Operations involve supporting or 'bulking-up' the waterpipe (urethra). Different operations have their pros and cons and carry risks which will be discussed by your specialist. Sometimes additional tests are offered to help with decision making, such as urodynamics (bladder function test). The National Institute for Health and Care Excellence (NICE) and the British Association of Urological Surgeons (BAUS) provide guidelines for the management and treatment of urological conditions.

Urgency incontinence can be treated by moderating the volume and types of fluids consumed, such as avoiding caffeinated drinks, fizzy drinks and alcohol. Several different types of medication can be offered. If these are ineffective, procedures (injection of Botox into the bladder under local anaesthetic) and operations can be considered.



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### Speak to your GP for advice

There are a range of effective options for urinary incontinence including lifestyle and diet changes, pelvic floor physiotherapy and medications. If these fail, surgery may be considered. Alternatively, containment devices (pads or sheaths) or catheters may be opted for after consideration of the pros and cons. The aim of treatment is to facilitate a full and active life. Urinary incontinence can be managed effectively and should not just be accepted or ignored.



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