PATIENT EDUCATION

Bladder cancer & radiation therapy

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is this cancer?

Most bladder cancers start in the lining (urothelium). They range from non-invasive growths managed with scopes and medicines in the bladder to muscle-invasive disease that needs more. Blood in the urine is the classic sign. Smoking is a major risk; quitting still helps after diagnosis.

What you may notice

- Painless blood in the urine, clots, or irritation that mimics infection
- Frequency or urgency
- Pain or weight loss in more advanced disease
- A history of many “UTIs” that were actually bleeding — worth saying out loud

Usual care — the big picture

Non-invasive disease is usually urology-led (TURBT, BCG, or other intravesical therapy). Muscle-invasive disease may be bladder-removal surgery or a bladder-preserving approach (maximal TURBT, chemotherapy, and radiation) for selected patients. Metastatic disease uses systemic therapy, with radiation for symptoms.

Where CureRays may fit. CureRays can deliver pelvic radiation as part of a bladder-preserving course or for bleeding control when that is the goal. The choice between cystectomy and preservation is shared with urology. We will not present radiation as “easier surgery.” Confirm fitness and tumor features.

What radiation treatment usually involves

- Review of pathology (muscle invasive or not) and imaging
- Cystoscopy findings from your urologist
- Simulation with a bladder-filling plan that matches the protocol
- Weekly urinary checks; coordination of chemotherapy if used

Immobilization — why it matters

A reproducible bladder volume keeps the target where the plan expects. Follow the fill instructions. Immobilization holds the pelvis still; it is not a catheter you go home with unless you already have one.

Side effects you should know about

Effects depend on the area treated, the dose, and other therapies. This list is typical, not a promise and not complete. Confirm your personal list with your clinician.

- **Urinary burning or frequency.** Expected to some degree; infection still must be excluded.
- **Bowel urgency.** Possible with pelvic fields.
- **Fatigue.**
- **Rare / serious.** You cannot void, fever, or heavy clots — same-day call.

What this means for you at CureRays

If you are a candidate for bladder preservation, we will explain the follow-up cystoscopies you must keep. If surgery is safer, we will say that too. Education only — not a consent form.

Questions to ask

- Is my cancer in the muscle or not?
- Am I a candidate for bladder preservation, and what follow-up does that require?
- What bladder fill do you want each day?
- How will we watch for new tumors later?

How to schedule or learn more

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