## Genitourinary - Bladder: Patient management

**Key questions**

1. **KQ:** Patients treated with a curative course of radiation therapy for bladder cancer often also receive concurrent chemotherapy with cisplatin or with mitomycin and fluorouracil. These act as a radiosensitiser. How might your care plan for a patient on concurrent chemotherapy differ from a patient not receiving concurrently chemotherapy?

**Expected response:**

Consideration of potential side effects of chemotherapy in care plan. Describes symptom management of:

* + - Nausea and vomiting – dietary recommendations, patient education and awareness of symptoms.
		- Oral mucositis – ensure patient education and awareness of symptoms, regular mouthwashes, and mouth care recommendations.
		- Hand and foot syndrome – regular moisturising of palms of hands and soles of feet, ensure patient education and awareness of symptoms.
		- Chemotherapy induced diarrhoea – educate patient about likelihood of experiencing diarrhoea, signs and symptoms and to report these. Consider probiotics if part of departmental recommendations. Provide dietary recommendations.
		- Anorexia – provide dietary recommendations and provide patient education about importance of reporting symptoms.

**Scenario**

1. **Scenario:** You receive a call from a treatment machine. The staff tell you that one of their patients who is undergoing radiotherapy to the bladder is suffering burning upon urination and ask if you are able to see the patient and offer some advice. What action would you take? What advice would you give?

**Expected response:**

* Perform a thorough assessment on the patient as there has been a change in health status. The patient may have other side effects developing which they have not yet mentioned to the treatment team.
* Ask follow up questions to determine the grade of urinary side effect experienced. E.g. are urinating more often? Do you have an increased urge to urinate? What colour is your urine? Have you noticed any blood in your urine?
* Offer appropriate management advice depending upon the grade. Management may include suggesting a urinary alkaliniser such as Ural, maintaining fluid intake and perform urinalysis to test for signs of infection.
* Document assessment and management advice in patient notes.
1. **Scenario:** You receive a call from a treatment machine. The staff tell you that one of their patients who is undergoing radiotherapy to their bladder has had an increasing post void volume over the previous few days as evident on cone beam CT. The bladder is consistently larger than it was at simulation and may affect the accuracy of the treatment plan. The patient reports feeling that they have a full bladder, but unable to urinate large volumes. The patient has reduced strength of stream and experiences some pain upon urination. What action would you take?

**Expected response:**

* The patient may be in urinary retention and may require catheterisation.
* Perform an immediate assessment – may include questions to determine severity – e.g. patients experience of lower abdominal pain. Consider performing a bladder scan pre and post void
* Organise prompt medical review.
* Document outcome of assessment and action taken.
* Communicate outcome of assessment and review to radiation therapy treatment team.