

UROLOGY

BLADDER CANCER

HISTORY X MANAGEMENT

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TOPIC - HISTORY TAKING



MEDIC



PATIENT



MARKER

PLEASE REFER TO YOUR SCRIPTS

PROMPT

A 68-year-old male presents to the urology clinic with a history of recurrent episodes of painless hematuria, urinary frequency, and urgency over the past six months. He also complains of occasional abdominal pain and weight loss.

COUNSELLING X PHARMACY

RED FLAGS/COMPLICATIONS

- **Red Flags**

- Persistent painless gross hematuria.
- Unintentional significant weight loss.
- Systemic symptoms like fever, night sweats, malaise.

- **Common Complications:**

- Metastatic disease (bone, liver, lungs).
- Ureteral obstruction causing renal failure.
- Blood clot formation in urine.
- Anaemia due to chronic bleeding

- **Risk factors**

- Smoking.
- Occupational exposure to certain chemicals (rubber, dyes, textiles, paint).
- Chronic bladder inflammation (recurrent UTIs, bladder stones, long-term catheter use).

OTHER KEY PHRASES

"Sometimes people who are struggling with alcohol use might think about suicide or harm themselves. Have you ever had thoughts like this?" "Do you ever experience severe withdrawal symptoms, like seizures or hallucinations, when you stop drinking?" "Do you have any symptoms like yellowing of your skin or eyes, swelling in your abdomen, or confusion that could suggest a problem with your liver?"

"Excessive drinking can lead to a number of medical problems like liver disease, pancreatitis, high blood pressure, and malnutrition. Have you ever experienced any of these issues?" "Alcohol can also affect your mood and mental health, leading to depression or anxiety, or causing episodes of confusion or hallucinations. Have you ever experienced any of these symptoms?" "Alcohol can also have a big impact on your life, leading to problems with your job, relationships, or even homelessness. Has your drinking affected these aspects of your life?"

PAST MEDICAL HISTORY

- History of bladder cancer or other urologic malignancies.
- History of recurrent urinary tract infections or bladder stones.
- History of exposure to risk factors like smoking, certain chemicals or parasitic infections.

DRUG HISTORY

- Use of any immunosuppressive drugs or chemotherapy.
- Compliance with any prescribed medications.
- Any known drug allergies and the nature of the reaction.

FAMILY HISTORY

- Family history of bladder cancer or other urologic malignancies.

SOCIAL HISTORY:

- Smoking history.
- Occupational history with potential exposure to carcinogens.
- Lifestyle and support system.

PAST MEDICAL HISTORY

- "Have you ever been diagnosed with any other medical conditions, or have you received any psychiatric diagnoses or treatments in the past?" "Are there any medical conditions in your history that could be linked to your alcohol use, or that could complicate your management?"
- "Are you currently taking any prescribed medication, over-the-counter medicines, or recreational drugs? How regularly do you take these medications, and how compliant are you with your prescribed medications?" "Do you have any allergies to medications? If so, could you tell me about the reactions you've had?"
- "Do you have any personal or family history of alcohol or other substance misuse?" "Do you currently have any major stresses in your life, such as unemployment or problems in your relationships? Have you ever been through any traumatic events like a death in the family?" "Do you have any other psychiatric disorders that might be co-occurring with your alcohol misuse?"

EXAMINATION

- **Examination Findings:**

- Vital signs: Evidence of weight loss, fever.
- General appearance: Pallor, fatigue, signs of cachexia.
- Abdominal examination: palpable mass, tenderness.
- Pelvic examination in women, digital rectal exam in men.
- Peripheral examination: lymphadenopathy, signs of metastasis (bone pain, hepatomegaly).
- Neurological findings: cranial nerves intact, motor and sensory exam, reflexes.

- **Risk Assessment (5 points)**

- Assess severity of symptoms and potential for metastatic disease.
- Evaluate risk of complications, such as renal failure or blood clots.

EXAMINATION

- Upon examination, note any signs that may suggest heavy alcohol use: an elevated heart rate, high blood pressure, or fever could suggest withdrawal; smell of alcohol, signs of self-neglect, nicotine stains, or track marks could suggest substance misuse; hepatomegaly, spider naevi, ascites, palmar erythema, or jaundice could suggest liver disease; ataxia, peripheral neuropathy, nystagmus, ophthalmoplegia, or confusion could suggest Wernicke-Korsakoff syndrome.
- Upon mental state examination, assess the patient's mood, thought form/content, perception, cognition, and insight. A Mini-Mental State Examination can be used to assess cognitive function.
- "Based on our discussion, it's important to assess any risks to your safety. Do you ever feel a risk to yourself or others? Do you feel able to take care of yourself properly?"

EXAMINATION

DIFFERENTIAL DIAGNOSIS

- UTI or cystitis: More likely to present with painful urination and positive urine culture.
- Kidney stones: Typically present with sudden onset flank pain, hematuria, history of stones.
- Benign prostatic hyperplasia (in men): More likely to have a gradual onset of urinary symptoms, prostate enlargement on rectal exam.

HISTORY

COMPLICATIONS OF TREATMENT

MOA of Therapies

- Chemotherapy works by killing rapidly dividing cells, including cancer cells.
- Immunotherapy boosts the body's natural defenses to fight cancer.

Basic Overview of Surgical Therapies:

- Transurethral resection removes cancer from the bladder wall.
- Radical cystectomy removes the entire bladder and nearby lymph nodes.

Complications of Medication and Surgical Therapy: Adverse reactions to medications.

- Side effects of chemotherapy (nausea, hair loss, fatigue).
- Risks associated with surgery (infection, bleeding, changes in urination or sexual function).

NEVER MISS

- Recognizing the chief complaint and associated symptoms.
- Identifying risk factors and ordering appropriate investigations.
- Correctly identifying bladder cancer as the most likely diagnosis.
- Establishing a comprehensive management plan.
- Patient education and safety netting advice.

TOP 1% QUESTIONS

1. What is the role of urinary biomarkers in bladder cancer?
2. How does immunotherapy work in bladder cancer?
3. What is the relevance of lymphovascular invasion in bladder cancer?
4. What is the role of bladder-sparing protocols in bladder cancer management?
5. What is the impact of bladder cancer on the patient's quality of life?

SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."