

The Kidneys and Bladder



Kidney problems can occur after some types of treatment for childhood cancer, but fortunately they are not usually severe. Nevertheless, you have had treatment which may make you more likely than others to have kidney damage and it is important to pick this up and treat it early.

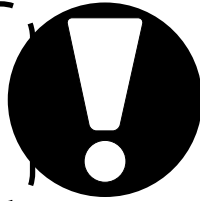
Removal of one kidney as a part of the treatment for a tumour in or near the kidney does not usually cause any problems because the remaining kidney can make up for this. However, some people may develop high blood pressure years later, and so your blood pressure needs to be monitored once a year. This can be done at your GP's. Treatment with drugs may be necessary.

The main job of the kidney is to get rid of waste products from the blood stream into the urine. It is also involved in controlling blood pressure.

Only a few cancer drugs cause problems for the kidney. Cisplatin and ifosfamide, both reduce the efficiency with which the kidneys 'clean' the blood, and may make the kidneys 'leaky'. This means that the body loses too much of certain substances, e.g. some salts such as phosphate. These substances may need to be replaced by medicines or tablets taken regularly to 'supplement' the losses from the kidneys. Kidney damage due to cisplatin or ifosfamide is always evident at or within a few months of finishing treatment, and your doctor will tell you if you have any kidney damage. Once serious kidney problems are present they usually remain. Patients whose kidneys are working satisfactorily at the end of their treatment should not develop problems in the future. Your clinic doctor will organise checks on your kidneys from time to time.

Another cause of kidney damage is radiotherapy to the abdomen, but this is unusual with modern treatment. Also some antibiotics, such as anti-fungal and gentamycin-type antibiotics, can occasionally cause kidney damage.

Remember most kidney problems due to treatment for childhood cancer are not severe but it is sensible to have your blood pressure checked once a year.



Bladder problems occasionally occur after treatment with the chemotherapy drugs cyclophosphamide and ifosfamide. Very rarely these drugs affect the blood vessels in your bladder, which can cause you to pass blood in your urine. **You must inform your clinic doctor or G.P. if this occurs.**

If you had radiotherapy to your bladder or pelvis you may have a small bladder, which can only hold a small amount of urine. This may mean that you need to pass urine more frequently than other people and may need to go during the night.

Sometimes an operation on the bladder is needed as part of the treatment for the tumour. This also may leave a smaller bladder so that you have to pass urine more frequently.

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