

**En bloc resection of bladder tumour - the emerging future in endoscopic procedures for early stage bladder cancer**

**Jeremy Teoh**

The oncological control of non-muscle-invasive bladder cancer following conventional transurethral resection of bladder tumour (TURBT) is far from satisfactory. There are two main problems with the procedure. Firstly, a 'complete resection' is often determined subjectively by the operating surgeon without any histological proof. Residual disease is common and second TURBT is often needed in selected patients. Secondly, piecemeal resection results in floating tumour cells which may lead to tumour reimplantation. This may explain why tumour recurrence is often multi-focal and it may develop away from the original site of tumour. En bloc resection of bladder tumour (ERBT) has been proposed to overcome the above problems, and it has gained increasing interest in the past decade. Recently, the global consensus statement on ERBT has been developed to standardize the resection procedure. It serves as an important reference to provide interim guidance for urologists practising ERBT in their clinical practices. A recent systematic review showed that ERBT has a better safety profile than TURBT, and randomized studies evaluating its potential oncological benefits are currently underway. In this lecture, we shall discuss about the development, the potential benefits and limitations, as well as the current evidence that we have on this uprising surgical approach.