



**Procedure Information –
Intravesical Immunotherapy for
Non-Muscle Invasive Bladder
Cancer**

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:

Page No:

01	02	03	04	05	06	07	08	09
+10	+20	+30	+40	+50	+60	+70	+80	+90

Patient No.: PN

*Please fill in /
affix patient's label*

Introduction

Bacillus Calmette Guerin (BCG) is an attenuated strain of mycobacterium bovis. It was introduced for treatment of bladder cancer in 1975. It helps to eradicate residual non-muscle invasive bladder tumor, prevent or delay recurrence and progression by stimulating one's immune system and activating inflammatory reaction of bladder.

Indications

- Non-Muscle Invasive Bladder Cancer

Regime

- BCG Immunotherapy should be performed at least 2 weeks after Trans-Urethral Resection of Bladder Tumour.
- Induction therapy is given weekly for 6 consecutive weeks and then followed by Flexible Cystoscopy to assess the efficacy of BCG immunotherapy.
- As instructed by your doctor, you may need to continue further maintenance dose of BCG.

The Procedure

1. Restrict fluid intake for at least 2-4 hours before the therapy.
2. Smallest size of urinary catheter is inserted through urethra into bladder.
3. Drain urine until bladder is completely empty.
4. BCG is instilled into bladder by gravity.
5. After reconstitution, BCG should be used within 2-4 hours since after that time, the viability of the organism begins to diminish.
6. Remove urinary catheter.

Possible risks and complications

A. Very Common (> 10%)

- Blood stained urine
- Nausea
- Lower urinary tract symptoms such as frequency, urgency with or without urinary incontinence, dysuria etc.
- Transient systemic BCG reaction, e.g. fever (> 38.5°C), flu-like symptoms including malaise, chills, muscle pain.

B. Uncommon (> 0.1%, <1%)

- Severe systemic BCG reaction.
Persisting high fever (> 39.5° C) for more than 12 hours or (> 38.5° C) for more than 2 days.
- Hepatitis
- Skin rash
- Hypotension
- Cytopenia, anemia
- Arthritis, arthralgia
- Granulomatous prostatitis, epididymitis

C. Very rare (0.01%)

- Allergic e.g. oedema of eyelid, cough or dyspnoea etc.
- Vomiting, peritonitis.
- Vascular infection, renal abscess
- Ureteral obstruction
- BCG infection of implants and surrounding tissues



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Before the Procedure

- Your doctor will explain to you the reason, procedure and possible complications. You will need to sign a consent form.
- Inform doctor if you
 - are currently on immune suppressive therapy or recent radiotherapy.
 - have fever with unknown cause
 - have any signs of urinary tract infection
 - have haematuria

After Intravesical BCG instillation

- Let the instillation keep in bladder for 2 hours, can empty bladder after 2 hours.
- Can ambulate as tolerated or advised to turn position (right lateral, left lateral, prone and supine) every 15 minutes
- Sit to urinate for the first 6 hours
- Urine voided for first 6 hours after the instillation must be disinfected with equal amount of 5% hypochlorite and allowed it to stand for 15 minutes before flushing.

After the procedure

- Cease smoking as cigarette smoking is a major risk factor for bladder cancer.
- Increase water intake to 2 L the day after immunotherapy.
- Reduce consumption of tea, coffee and alcohol to prevent bladder irritation during the whole treatment.
- If there is muscle pain and fever, take medication such as Paracetamol as prescribed by doctor.
- Inform your doctor if there is a strong discomfort of lower urinary tract, persistent fever or chills for more than 2 days, severe hematuria, eyes and skin turning yellow in color or having white/ grey stool.
- Should follow Surveillance Cystoscopy scheduled by your doctor.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. Should a complication occur, another life-saving procedure or treatment may be required immediately. For further information please contact your doctor.

Reference

Hospital Authority – Smart Patient Website

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Patient / Relative Name

Signature

Relationship (If any)

Date