Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Intravesical BCG Immunotherapy

1. Introduction

1.1. Bacillus Calmette Guerin (BCG) is an attenuated strain of mycobacterium bovis. At 1975, it was introduced for treatment of non-muscle Invasive bladder cancer, prevent or delay recurrence and progression by stimulating one's immune system and activating inflammatory reaction of bladder.

2. Regime

2.1. 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 any bladder tumor recurrence. . As instructed by your doctor, you may need to continue further maintenance dose of BCG, it may be given 6 weekly (3 session each time).

3. Procedure

3.1. Urine voided must be clear.
3.2. Restrict fluid intake for at least 2-4 hours before the therapy.
3.3. Smallest size of urinary catheter is inserted through urethra into bladder and drain urine until bladder is completely emptied.
3.4. BCG is instilled into bladder, it should keep in bladder for 1 hour or follow doctor instruction. Follow doctor instruction or can turn right lateral, left lateral, prone and supine every 15 minutes.
3.5. Remove urinary catheter after therapy completed.

4. Pre-procedural preparation

Inform doctor if you:
4.1. have fever with cause not determined
4.2. are currently on immune suppressive therapy, recent radiotherapy
4.3. have any signs of urinary tract infection or hematuria

5. After Intravesical BCG instillation

5.1. Sit to urinate for the first 6 hours.
5.2. 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.

6. Possible risks and complications

6.1. Very common (>1/10)
- 6.1.1. Blood stained urine
- 6.1.2. Lower urinary tract symptoms such as frequency, urinary with or without urinary incontinence, dysuria etc.
- 6.1.3. Transient systemic BCG reaction. E.g. fever (>38.5°C), flu-like symptoms including malaise, chills, muscle pain.
- 6.1.4. Nausea

6.2. Uncommon (>1/1000, <1/100)
- 6.2.1. Severe systemic BCG reaction. Persisting high fever (>39.5°C) for more than 12 hours or >38.5°C for more than 2 days.
- 6.2.2. Skin rash
- 6.2.3. Hepatitis
- 6.2.4. Cytopenia, anemia, hypotension
- 6.2.5. Arthritis, arthralgia
- 6.2.6. Granulomatous prostatitis, epipdidymitis

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6.3. Very rare (<1/10000)
  6.3.1. Allergic e.g. oedema of eyelid, cough or dyspnoea etc.
  6.3.2. Vomiting, peritonitis
  6.3.3. Vascular infection, renal abscess
  6.3.4. Ureteral obstruction
  6.3.5. BCG infection of implants and surrounding tissues

7. Post-procedural information

7.1. Cease smoking as cigarette smoking is a major risk factor for bladder cancer.
7.2. Increase water intake to 2L the day after immunotherapy.
7.3. Take a good rest.
7.4. If there is muscle pain and fever, take medication such as paracetamaol as prescribed by Doctor.
7.5. Inform your doctor if there is a strong discomfort of lower urinary tract. To delay the therapy for several days or weeks will help tolerate the therapy better without losing the anti-tumor effect.
7.6. Should follow Surveillance Cystoscopy scheduled by your doctor.

8. Remark

8.1. 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. For further information please contact your doctor.

9. References

9.1. Hospital Authority. Smart Patient Website.
9.2. European Association of Urology Guidelines 2011.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____