

PATIENT INFORMATION

Intravesical immunotherapy (known as BCG therapy): procedure-specific information

What is the evidence base for this information?

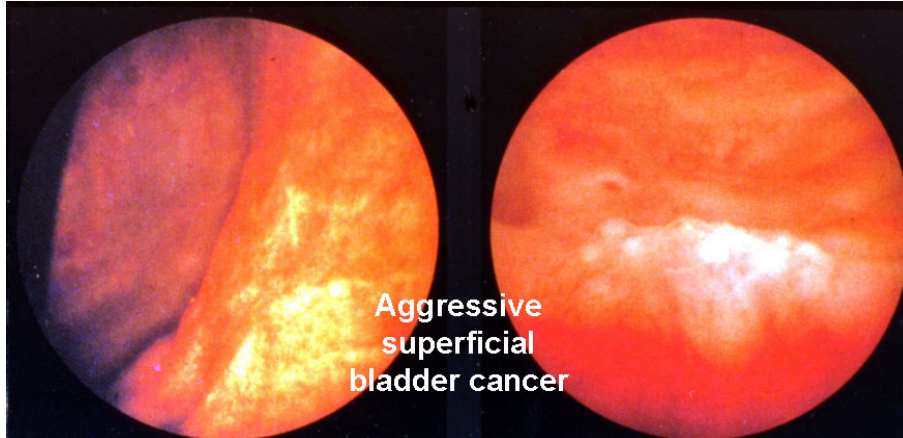
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

Instillation of BCG into the bladder for aggressive or recurrent superficial cancer of the bladder

What are the alternatives to this procedure?

Repeated cystoscopy, radiotherapy, surgical removal of the bladder with urinary diversion or bladder reconstruction, systemic chemotherapy



What should I expect before the procedure?

Your Consultant Urologist has referred you for treatment of your superficial bladder cancer. Superficial bladder cancer affects the inner surface of the bladder only but has the ability to progress to more aggressive disease.

The aim of the treatment, therefore, is to stop or slow down re-growth by instilling a drug into the bladder; this is called intravesical immunotherapy. The treatment recommended for you is BCG. BCG is a commonly-used vaccine against tuberculosis (TB) and contains a bacterium from the same family as the TB bacterium which has been altered (attenuated) to reduce the risk of infection whilst retaining the ability to produce the immune reaction needed for its beneficial effect.

It has been shown that putting liquid containing BCG vaccine into the bladder is an effective treatment for bladder cancer.

Like all powerful treatments, it comes with some possible side-effects (see below) and the risk of these should be considered against the risk of the bladder cancer for which the treatment is being given.

There is also some evidence that BCG treatment can interact with influenza vaccine; for this reason, it is recommended that you do not undergo vaccination against influenza within 6 weeks of having an instillation of BCG.

The first course is called the Induction Course and lasts for 6 weeks. Following completion of this, you will enter a program of treatment lasting approximately 3 years which includes several doses of BCG, each one preceded by a flexible cystoscopy. The main reasons for patients failing to complete the full course are side-effects (see below) and/or disease progression/

You should limit your fluid input for 6 hours before each treatment.

Your first treatment will take up to 3 hours and, depending on how well you tolerate the first treatment, future visits will take approximately 30 minutes.

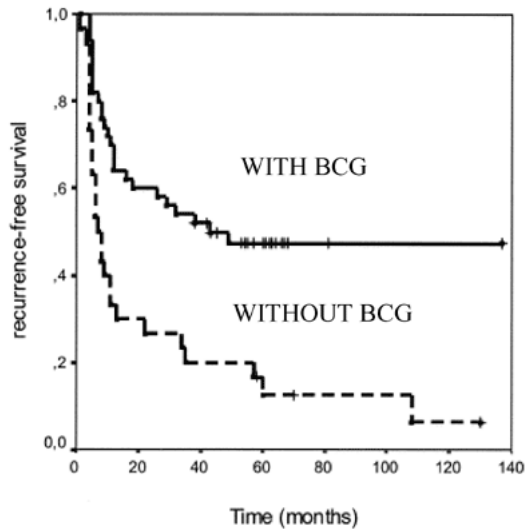
On arrival in the clinic, you will be asked to pass urine which will be tested to ensure that you do not have an infection in the urine. If you do, your treatment will need to be postponed for one week while you are treated with antibiotics.

Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection

What happens during the procedure?

A fine plastic tube (called a catheter) will be passed into the bladder and the medication (approximately half a cup of fluid) will be given through it. The catheter will then be removed. You will be asked not to pass urine for two hours to allow the medication to treat the bladder lining.



On your first visit, you will be asked to stay in the clinic for the duration of the treatment and you will be asked to pass urine before you go home. For the remaining treatments, If you live within 20 minutes of the hospital and have your own transport, you may be allowed to go home with the medication in your bladder and pass urine after two hours.

What happens immediately after the procedure?

Once the treatment has been completed, you will be able to go home.

Urine passed within the first 6 hours after you have been treated should be disinfected by pouring a quantity of undiluted household bleach (equal to the amount of urine passed) into the toilet; this should then be left for 15 minutes before flushing the toilet.

You should drink plenty of fluids (2-3 litres) for the few days after the treatment. Some patients find that, for a few days after BCG treatment, a glass of cranberry juice daily eases any bladder symptoms; cranberry juice, however, should not be used if you are taking Warfarin

Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than 1 in 10)

- Urinary tract infection requiring postponement of the next dose of BCG
- Some bladder discomfort after treatment
- Flu-like symptoms which can persist for 2-3 days

- Frequency and urgency of urination which can persist for 2-3 days
- Failure to complete the course of treatment due to bladder discomfort
- Blood in the urine
- Debris in the urine

Occasional (between 1 in 10 and 1 in 50)

- Stricture of the urethra (water pipe) following repeated use of a catheter
- A number of inflammatory reactions which can affect various parts of the body (the liver, joints and the back of the eye)

Rare (less than 1 in 50)

- Persistent or severe pain after treatment, sometimes requiring removal of the bladder
- Generalised and potentially serious infection with the BCG bacteria requiring treatment in hospital with powerful antibiotics. This is not TB and there is no risk of catching TB from the treatment

Hospital-acquired infection (overall chance of contracting infection during stay at the West Suffolk Hospital (all wards included))

(obtained from West Suffolk Hospital Infection Control Data June 2009)

- MRSA bloodstream infection (0.0000394 cases per bed day occupancy)
- Clostridium difficile bowel infection (0.0004865 cases per bed day occupancy)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after prolonged hospitalisation or after multiple admissions)

What should I expect when I get home?

If you think you have a urine infection (i.e. pain on passing urine, frequency or foul-smelling urine) or If you develop a high temperature with backache, it is important to contact your GP and get treatment with antibiotics.

When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

What else should I look out for?

Because this treatment is put directly into the bladder and not into the blood stream, you will not experience the side-effects often associated with other cancer drug treatments.

Are there any other important points?

You should wash your hands and genitals after you have passed urine and it is advisable to bring a wash bag with you to hospital when you come for the treatment.

Men should pass urine sitting down on the first occasion after the instillation but, thereafter, may pass urine in the normal fashion (standing).

You are advised not to have sexual intercourse for at least 24 hours after the treatment as this can cause some discomfort. For the duration of the treatment course, and for one week after the course, you should use a condom during sexual intercourse.

If you are a smoker, you should be aware that smoking seems to encourage recurrence of bladder cancer.

Is there any research being carried out in this field?

There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

Who can I contact for more help or information?

- Uro-Oncology Nurse Specialist 01284 712735
- Urology Nurse Practitioner for 'haematuria clinic', chemotherapy & BCG therapy 01284 712806
- Urology Nurse Practitioner for prostate (transrectal) ultrasound clinic, erectile dysfunction clinic 01284 713229
- Urology Nurse Practitioner for prostate assessment clinic, self catheterisation clinic 01284 713229

Other contacts

Chaplaincy - Telephone: 01284 713486

What should I do with this form?

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know.

I have read this information sheet and I accept the information it provides.

Signature.....Date.....