

Surveillance Protocol for Superficial Urothelial Carcinoma

Low Grade: Ta, T1 (G1, G2) , CIS

- Initially 3 months after first resection
- If clear then 9months
- Then annually

High Risk Low Grade: T1G3 with/out CIS, high volume disease

- This disease may be best treated with a Radical cystectomy
- 3 monthly Check Cystsocopy for 12 months
- If clear, then 6 monthly for a further 12 months
- If clear then annually for 5-7 years
- My recommendation thereafter would be a 2-yearly cystoscopy with intermittent Urine Cytology
- **You fall back to the beginning with any recurrences**
- Please don't hesitate to direct all further queries to Dr Schoeman's rooms.



Jo Schoeman
FRACS, FCS (Urol) SA, MBChB

Pelvic Medicine Centre
St Andrews War Memorial Hospital
Wickham Terrace
Springhill, Brisbane QLD 4000

Ph: 07) 3831-9049
Fax: 07) 3834-4471
E-mail: admin@brisbane-urology.com.au
Emerg: 0403 044 072

Urologist



Dr Jo Schoeman
Specialist Urologist

**PATIENT
INFORMATION
BROCHURE**

***INRAVESICAL
BCG
THERAPY***



Patient well-being is my first priority!

Intravesical BCG-Therapy

Why is it done?

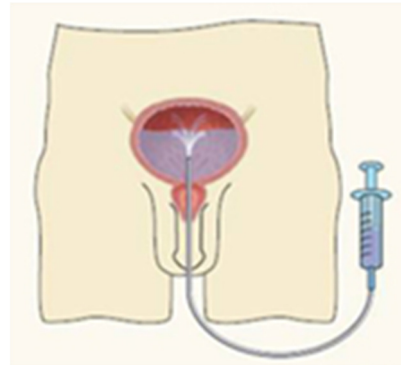
- Treatment for localized Urothelial Carcinoma of Bladder and Ureter

Pre-requirements

- An informed consent is required from the patient .
- Patients are not required to be starved as this is done in the Oncology Ward or Day Procedure Suites (Depending on Hospital)
- You would have had a Urine Dipstick test or Urine Culture (MCS) done a few days prior.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this at pre-admission clinics as well as to theatre staff and Dr Schoeman**
- This is usually a day surgery procedure unless travelling from further than Brisbane
- No need to stop any routine medications.

How is BCG administered

- A Local anaesthetic gel is administered as for a Urethral Catheterisation procedure
- This is done under sterile procedure.
- A 14-16 Fr Indwelling Catheter is placed into your bladder.
- The BCG is installed using strict administering criteria
- Usually 1 vial of BCG is mixed with Saline to a 50cc volume
- The catheter is then removed
- The BCG is required to stay in your bladder for 2 hours.
- Body rotation every 30 minutes allows optimal contact of urothelial Surfaces to the BCG.
- **WARNING: Any Fevers require urgent attention**



After the procedure?

- You will enter your bladder and the content will be discarded as cytotoxic waste

What to expect after the procedure

- Some local discomfort may be experienced.
- Your voiding nature will change within the next week
- You may experience some urinary frequency
- You could develop a fever requiring urgent attention.
- Systemic effects of BCG would be fever
- Delayed effects would be a urinary tract infection
- The possibility of Miliary Tuberculosis
- NB! Each person is unique and for this reason symptoms may vary!

What next?

- This will be done every week for 6 weeks
- 6 weeks after this a check Flexible Cystoscopy will be scheduled as part of your surveillance protocol for your Urothelial carcinoma
- A Further 2 Installations will be arranged in the following 3 months as part of a Maintenance Protocol
- This may be repeated.
- Please don't hesitate to direct all further queries to Dr Schoeman's rooms.