Why do I need BCG treatment?
You have or have had non-muscle invasive bladder cancer, which is the most common type of bladder cancer. When you have a cystoscopy (procedure to look into your bladder), non-muscle invasive bladder tumours are usually visible, sitting on the innermost lining of the bladder.

You have already had a procedure (trans urethral resection of bladder tumour or TURBT) to remove the tumour(s) from your bladder. In the future you will have regular cystoscopies to check for any tumour recurrence. After each check cystoscopy, your doctor will tell you whether there has been a return of your tumour(s). Although non-muscle invasive bladder tumour(s) can mostly be dealt with by surgery alone, your surgeon may want you to have an additional form of treatment.

Your doctor has recommended that you have intravesical (within the bladder) immunotherapy. This treatment involves placing a substance called BCG, directly into your bladder. Intravesical immunotherapy is used to prevent or reduce the recurrence of bladder tumours. If you decide to have this treatment, you will receive it as an outpatient in a nurse-run clinic. This means you will not see a doctor at these visits.

What is BCG?
BCG is a cloudy solution that can destroy cancer cells by stimulating the immune system to become active in the bladder. It is also the vaccine used to prevent tuberculosis (TB).

How is BCG treatment given?
BCG is inserted directly into your bladder through a fine tube (catheter) to treat the entire lining of your bladder. The treatment usually involves coming to hospital once a week for six weeks.
as an outpatient. The drug itself stays in your bladder for up to **two hours** and is then taken out through the catheter, or drains from your bladder when you pass urine.

For your first treatment, please expect to stay in the Outpatient Department for two to three hours. On following visits, you may be able to go straight home after the drug has been put into your bladder.

**What do I have to do before each treatment?**

Before each treatment, you will be asked to pass urine to empty your bladder. You should try not to drink very much for four hours before you come to the hospital for your BCG treatment - particularly if you tend to pass urine frequently. By restricting the amount you drink, your urine will be concentrated, preventing the BCG from being diluted while it is in your bladder. You are also more likely to be able to keep the drug in your bladder for the full two hours if you have not had much to drink beforehand.

When you come in for your appointment, you will have to give a urine sample before your treatment. This is because you cannot be given BCG if you have a urinary tract infection (UTI) or blood visible in your urine. You will need to have the UTI treated or wait until the bleeding has stopped before your BCG treatment can be re-started.

**What happens at each treatment?**

A catheter is inserted into your urethra (tube linked to the bladder that allows urine to exit the body) with a local anaesthetic gel, to reduce any discomfort. Any remaining urine is drained away from your bladder and 50mls of BCG solution is passed through the catheter and into your bladder. This catheter is then either removed from your bladder or left in place until the treatment is finished. To keep the drug in contact with your bladder, you will be asked not to pass urine for two hours.

After two hours, the BCG will be removed via the catheter if this is still in place or you will be asked to pass urine as normal into a toilet. Men will be asked to sit down to avoid the drug splashing onto the skin. The first time you pass urine after having each BCG treatment, you will need to put 50ml of household bleach into the toilet and leave it to stand for 15 minutes before flushing. This neutralizes the drug.

**What do I do after each treatment?**

It is important to avoid getting the BCG in contact with your skin, so please wash your hands and genitalia (male/female reproductive organs) with soap and water immediately after passing the drug into the toilet. If the solution does get on your skin it may cause a slight rash if not washed off. If you wash it off immediately with warm, soapy water, it will not harm your skin.

**Contra-indications**

You should not receive BCG treatment if any of the following apply to you:

- impaired immune response (i.e. reduced ability to fight infection)
- HIV
- UTI
- visible blood in your urine
- active TB
- unexplained fever
- pregnant/breast feeding.
What are the alternatives?

An alternative treatment is intravesical chemotherapy. This involves a similar procedure to BCG therapy, where a substance called Mitomycin-C is introduced directly into your bladder. Mitomycin-C attacks cancerous cells when it is put into the bladder but does little damage to your normal, healthy bladder lining.

Asking for your consent

We want to involve you in all the decisions about your care and treatment. If you decide to go ahead, you will be asked to verbally give your consent that you agree to have the procedure and understand what it involves.

If there is anything you don’t understand or you need more time to think about it, please tell the staff caring for you.

Remember, it is your decision. You can change your mind at any time. Let staff know immediately if you change your mind. Your wishes will be respected at all times. If you would like to read our consent policy, please tell a member of staff.

What are the side effects?

Most patients do not have any major problems with this treatment, but you may:

- have discomfort on passing urine;
- need to pass urine more frequently; or
- have blood in your urine.

These problems will either get better within a few days or you may need minor treatment to clear these up. **If your symptoms do not improve after two to three days, contact your nurse specialist for advice.**

To help prevent these problems, it is a good idea to increase your fluid intake after each treatment for a couple of days. This will help to flush any remaining BCG from your bladder; although you may want to reduce the amount you drink after 8pm so you don’t disturb your sleep.

**You should contact your nurse specialist, the ward or your doctor immediately if you develop:**

- a temperature (more than 38.5°C or 101°F) and chills or flu-like symptoms;
- joint pain;
- a cough;
- a skin rash;
- exhaustion; or
- nausea/vomiting.

**These symptoms could indicate that you have an allergic reaction or that some of the BCG has got into your system giving you TB symptoms. These are rare but if they do occur, you will need treatment. Please do not wait until your next visit to tell your nurse specialist.**
To prevent irritation for yourself or your partner, it is best not to have sexual intercourse for at least 24 hours after each treatment with BCG. Please use a condom throughout the course of your BCG treatment and for one week after.

If you notice that your urine is smelly or cloudy you should contact your GP. This could be a sign of a urine infection. You will need to give a urine sample and you may possibly need antibiotics. This is unlikely to be due to the BCG, but can happen after catheterisation.

Finding out the success of your treatment

A check cystoscopy is performed under general anaesthetic six to eight weeks after completing the course of BCG, to find out how successful the treatment has been.

You will be sent an appointment for this in the post after your last treatment visit. You will also need to provide a urine sample to the Urology Department at Guy’s hospital two weeks before your check cystoscopy.

It is important to remember that your tumour(s) may return. If this happens you can be given further shorter courses of BCG to prevent the progression of your tumour(s). Your doctor will discuss this with you in more detail if relevant.

Further information

Macmillan Cancer Support (all numbers freephone)
t: 0808 808 2020 (information on living with cancer)
t: 0808 800 1234 (information on types of cancer and treatments)
t: 0808 801 0304 (benefits enquiry line)
w: www.macmillan.org.uk

Cancer Research UK has a patient information website, with information on all types of cancer and treatment options.
w: www.cancerhelp.org.uk

Contact us

If you want any further information or any help, do not hesitate to contact the Urology Department for advice. Call 020 7188 7636 to speak to one of the nurses below (Monday to Friday, 9am to 5pm) or leave a message on the answering machine.

- Sue Amery, Bladder Cancer Clinical Nurse Specialist
- Kathryn Chatterton, Bladder Cancer Clinical Nurse Specialist

Alternatively ring 020 7188 3026 and ask the operator to bleep: 2840
Outside of normal working hours, please call Aston Key Ward on 020 7188 8860 or Florence Ward on 020 7188 8818.
PALS – To make comments or raise concerns about the Trust’s services, please contact our Patient Advice and Liaison Service (PALS). Ask a member of staff to direct you to PALS or:
t: 020 7188 8801 at St Thomas’
t: 020 7188 8803 at Guy’s
e: pals@gstt.nhs.uk

Language support services – If you need an interpreter or information about the care you are receiving in the language or format of your choice, please get in touch using the following contact details:
t: 020 7188 8815  fax: 020 7188 5953  e: languagesupport@gstt.nhs.uk

Knowledge & Information Centre (KIC) – For more information about health conditions, support groups and local services, or to search the internet and send emails, please visit the KIC on the Ground Floor, North Wing, St Thomas’ Hospital.
t: 020 7188 3416

Become a member of your local hospitals, and help shape our future
Membership is free and it is completely up to you how much you get involved. To become a member of our Foundation Trust, you need to be 18 years of age or over, live in Lambeth, Southwark, Lewisham, Wandsworth or Westminster or have been a patient at either hospital in the last five years.

To join, please call 0848 143 4017, email members@gstt.nhs.uk or visit www.guysandstthomas.nhs.uk

Dimbleby Cancer Care is the cancer support service for Guy’s and St Thomas’. They have drop-in information centres, and also offer complementary therapies, psychological support and benefits advice.

Drop-in information centres are located at Guy’s in Oncology Outpatients (Ground floor, Tabard Annexe) and at St Thomas’ on the Lower Ground Floor, Lambeth Wing.
t: 020 7188 5918  e: RichardDimblebyCentre@gstt.nhs.uk

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