

**Patient  
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# BCG/Oncotice treatment for bladder cancer

## Introduction

This leaflet gives you information about immunotherapy treatment for bladder cancer, including its risks, benefits and alternative treatments.

## Non-invasive or superficial bladder cancer

This is an early form of bladder cancer, affecting just a few layers of cells of the inner surface of the bladder. It is important to understand that this cancer has not grown into the muscle layer of the bladder or outside the bladder wall. This means that the cancer is very treatable.

## Your immunotherapy treatment

Bladder immunotherapy treatment is a medication given directly into the bladder through a urethral catheter (a small tube which is passed up into the bladder). The most commonly used medication is BCG (Bacillus Calmette-Guerin).

This treatment is given to patients with high risk non muscle invasive bladder cancer in order to stop some kinds of bladder cancer from spreading or coming back.

BCG triggers inflammation in the lining of the bladder that destroys cancer cells.

If you are attending as an outpatient, the first course of immunotherapy treatment is usually 6 doses at weekly intervals.

You will then be asked to attend the hospital 6 to 8 weeks after the treatment, for a cystoscopy (camera into the bladder) to examine your bladder and take biopsies. The cystoscopy will be performed under a general anaesthetic, while you are asleep. This procedure will also allow us to see if the BCG is working.

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Department

**Urology**

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If the biopsy results are clear, you will be asked to attend for further BCG maintenance treatment. This will consist of one treatment each week for 3 weeks at 3, 6 and 12 months. In between these treatments you will be asked to attend the hospital for a cystoscopy which is normally performed under a local anaesthetic.

### About your treatment

You will be asked to bring a sample of urine to each treatment.

Do not drink for 4 hours before the treatment begins, and during the 2 hours after the treatment has been given. You can eat as normal.

A small catheter (tube) will be passed into your bladder through your urethra (water pipe). Any remaining urine will drain out.

The immunotherapy medication will be given directly into your bladder through the catheter. The catheter will then be removed.

If you are attending as an outpatient, you will be able to go home after the treatment has been instilled (given).

You will be asked to hold the immunotherapy in your bladder for a specified period of time (usually 2 hours). This will give the treatment time to be in contact with the lining of the bladder. After this period of time, you will be able to pass the medication out into the toilet at home. If you have problems keeping liquid in your bladder you may be advised to stay at the hospital for 2 hours.

After you have passed urine containing the treatment you must drink plenty of fluids. For example, 1 to 2 pints of water/squash initially then steadily until 1 to 2 hours before you go to bed.

We recommend that you leave the immunotherapy in the toilet then add bleach and leave for 15 minutes before flushing. Please make sure that you flush the toilet twice in order to remove all traces of the medication. Men should sit down to pass urine; this will reduce the chance of splashing.

For 6 hours following your treatment, you should try not to get any urine on your hands. If the urine comes into contact with your skin, wash it off immediately with soap and water. If urine is left on your skin, it can cause irritation.

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## Benefits of immunotherapy treatment

Immunotherapy treatment gives a 70% chance of success in delaying the time interval in between potential recurrences. If left alone, superficial bladder cancer has a high chance of recurring or growing roots into the bladder wall.

You will receive regular cystoscopy (camera) examinations of your bladder after completion of each of the immunotherapy treatments. This will allow us to monitor your bladder. It will also make sure that any recurrence can be treated quickly while in its early stages and be kept under control. The length of time that we will continue this monitoring will depend on how often you have any recurrences.

## Alternative treatments

- Regular checks of your bladder and removal of tumour recurrence as and when needed.
- Chemotherapy - use of mitomycin-c given directly into the bladder, which works by killing off the lining of the bladder and any abnormal cells.
- Cystectomy - surgical removal of the bladder. This is usually done only when the cancer has become aggressive and has grown deeper into the bladder wall muscle.

## Possible risks or reaction

You may need to pass urine more often for 2 to 3 days after the treatment. You may also have a burning sensation due to the medication used for the treatment. This usually lasts for a few days. However, if you have these symptoms for more than 3 days after a treatment, or you have cloudy or smelly urine and/or blood in your urine, please contact your GP for advice. You may have a urine infection needing treatment with antibiotics.

Some patients have bleeding/passing of slough (debris) from the bladder lining after each treatment. If this happens, please increase your fluid intake and let the person know who is giving you the treatment. They will advise you of what action (if any) to take.

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You may experience 'flu-like' symptoms sometimes with a raised temperature. This should settle in 2 to 3 days. Taking regular pain relief, such as paracetamol will help ease the symptoms.

If you have any other unusual symptoms, please ask for advice from the nurse giving your treatment or contact your GP.

This treatment is not normally given to pregnant or breastfeeding women.

## Contact information

If you have any further questions or problems before, during or after your course of bladder immunotherapy, please contact your Urology Nurse Practitioner or allocated Cancer Nurse Specialist on the numbers below:

### **Urology Nurse Specialists**

Tel: 0300 422 5193

Tel: 0300 422 3640

Monday to Friday, 8:00 am to 4:00 pm

### **Uro-oncology Cancer Nurse Specialists**

Tel: 0300 422 6672

Tel: 0300 422 4336

Tel: 0300 422 6913

Monday to Friday, 8:00 am to 4:00 pm

Alternatively, you can contact the:

### **Gloucestershire Hospitals Switchboard**

Tel: 0300 422 2222

When prompted, ask for the operator for your consultant's secretary. They are available Monday to Friday, 8:00 am to 4:00 pm.

## Further information

### **Macmillan Cancer Support**

Website: [www.macmillan.org.uk](http://www.macmillan.org.uk)

Please note, the Trust cannot be held responsible for the content of the literature provided by external organisations.

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## Making a choice

### Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



### Ask 3 Questions

**To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.**

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

\* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>