Postoperative mitomycin C instillation

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Approximately 30% of patients with NMIBC will experience early recurrence following initial TURBT and so an immediate bladder. This has been shown to reduce the risk of tumour recurrence by 12%. Risk stratification Based on the final histological grade and stage, the patient can be risk stratified. Those with multifocal high-grade T1 tumours with CIS are at highest risk of disease recurrence and progres sion to MIBC. For these patients, early radical cystectomy should be discussed as they are at high risk of tumour progression. An alternative is intravesical bacillus Calmette–Guérin (BCG) to reduce the risk of tumour progression. T hose with solitary low-grade Ta tumours have the lowest risk of recurrence and progression and so the management of this group consists of regular cystoscopic surveillance alone. For intermediate-risk tumours, a 6-week course of intravesical mitomycin C can be considered to reduce the risk of recurrence. Repeat TURBT For those with high-grade or T1 tumours, a repeat TURBT 2–6 weeks after initial TURBT should be performed to identify any residual tumour. Upstaging to MIBC is found in up to 40%. Intravesical BCG For high-risk tumours, intravesical treatment with immunother apy (BCG) has been shown to reduce the risk of progression to MIBC. The treatment is given weekly for 6 weeks, followed by a 3-weekly treatment ever y 6 months for 3 years. Side e ff ects include transient fever, dysuria, rarely BCG sepsis and BCG cystitis necessitating cystectomy .

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