**Standard Operating Procedure for BCG**

1. **Policy**

It is the policy of Southeastern Louisiana Veterans Healthcare System to establish guidelines for the instillation of bladder botox in a safe and effective manner.

**2.0 Procedure**

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| **Procedure** |
| **A. Contraindications** |
| 1. Hypersensitivity to any botulinum toxin preparation or to any of the components in the formulation 2. Infection at the proposed injection site 3. Urinary tract infection or urinary retention |
| **B. Gather Supplies** |
| 1. Laborie needle 2. 200 units botox 3. 1%lidocaine without epi 50-60 cc 4. 8.4% sodium bicarbonate- 8 cc 5. Red rubber catheter 6. 60 cc catheter tipped syringe 7. Two 10 cc syringes sterile 0.9 normal saline 8. Large gauge needle to draw up botox 9. Chucks for patient to sit on 10. Paper half sheet to cover patient 11. Urine cup to send urine culture 12. Urojet and penile clamp for male patients 13. Flexible cystoscope (with Y port for instrument insertion if disposable scope) 14. 250 or 500 cc sterile fluid bag (normal saline or sterile water both fine) 15. Cysto tubing 16. Urine hat for females and urinal for males (unless they sit to void) |
| **B. Before Instillation** |
| 1. All patients should have a pre-procedure urine culture within 4 weeks, no symptoms of a UTI or acute symptom changes since last seen and/or clear urine on day of procedure 2. Check vital signs. 3. Assess patient for any reports of current fever, chills, signs and symptoms of current UTI (dysuria, new frequency, urgency or hematuria).  * Notify provider if concern for active infection * Send urine for U/A and culture  1. prepare 60 cc 1%lidocaine without mixed with 8 cc 8.4%sodium bicarbonate 2. patient then prepped in usual sterile fashion 3. patient then straight cath'ed for PVR AND urine specimen. Send urine for culture. If urine visibly clear ok to proceed. If urine cloudy, pause and MD will review. 4. if urine clear, through the catheter install the previously mixed lidocaine and bicarbonate mixture into the bladder and remove catheter leaving the mixture in the bladder (install 30-60 ccs based on patients sense of fullness) 5. lidocaine bicarbonate needs a 15 minute minimal dwell time for bladder analgesia. 6. for male patients, a urojet can now be installed into the urethra and penile clamp applied for urethral |
| **C. Instillation** |
| 1. Verify medication order. 2. Verify patient’s name and social security or date of birth. 3. Explain the procedure to the patient. Medication should be retained for one hour to obtain the best results, however if patient has discomfort, the procedure should be discontinued. If the patient cannot retain medication for at least 1 hour, the catheter can be left in place for 1 hour with a catheter plug (see below) 4. Wear appropriate personal protective equipment. 5. Prepare for procedure and gather supplies needed. 6. MD will mix Botox with normal saline to 10 or 20 cc depending on amount botox used and patient pathology. Label syringes BOTOX. 7. -botox syringe does not need to be sterile as will be attached to sterile needle after scope and needle inserted (like a subQ or IM injection protocol) 8. -MD will utilized botox syringes, needle and flexible cystoscope to inject into bladder wall 9. -post procedure patient has to void into a hat or urinal (unless have known urinary retention) and a PVR checked to monitor for hematuria and ensure can empty bladder 10. -no antibiotics needed unless pre-procedure urine culture or Cystoscopic findings warrants them 11. -for patients with urinary retention with either indwelling catheters or who CIC, the catheter will be replaced at the end of the test or the patient will CIC to empty their bladder(into a hat or urinal) post procedure before leaving clinic to monitor for hematuria |
| **E. Post-Instillation Patient Instructions** |
| 1. Check vital signs at conclusion of procedure 2. Instruct patient to drink fluids, at least 8-10 glasses, after instillation of medication. 3. Bladder spasms, urinary frequency and urgency, mild blood in the urine and fatigue are normal. 4. Treatment complications can include fever greater than 101 F, allergic reactions, acute severe illnesses and sepsis 5. If experiencing fever of 100.5 F or higher, chills, Very bad dizziness or passing out, shortness of breath, chest pain, unable to pass urine or bright red blood or clots in the urine, or feeling tired or weak🡪 Seek medical attention immediately. 6. **Autonomic Dysreflexia** 7. Any patient with a spinal lesion above the lumbar spine, especially T6 or higher, a risk of sudden blood pressure rise exists 8. -typically these patients will have their first 1-2 botox injections in the OR with anesthesia monitoring with rescue meds available. After botox dose is stable, the risk for AD can decrease and they can be clinic appropriate. 9. Summary of Preferred Initial Pharmacological Antihypertensive Therapies for Emergency Use in 10. Autonomic Dysreflexia: 11. Nitroglycerine 2% Paste: Dosage 1 to 2 inches (placed on the non-hairy chest or elsewhere above the level of spinal injury) - Onset of activity: 3 to 5 minutes. The duration of action is 8 hours. The maximum dose is 5 inches. 12. Nifedipine "Bite and Swallow": Dosage 10 mg. - Onset of activity: 10 to 20 minutes - Peak activity in 1 hour - May repeat every 20 to 30 minutes. The duration of action is 4 hours. The maximum dose is 40 mg./24 hours. 13. Sublingual Captopril: Dosage 25 mg. - Onset of activity: 20 to 30 minutes - May repeat in 1 hour as needed. Peak activity in 1 hour. The duration of action is 4 hours. The maximum dose is 50 mg. 14. Sublingual Clonidine: Dosage 0.2 mg. initially followed by 0.1 mg. hourly as needed. - Onset of activity: 10 to 20 minutes. Peak activity in 1 hour. The duration of action is 12 hours. The maximum dose is 0.8 mg. 15. If BP does not immediately normalize, call Rapid response team. |