

NMIBC: Surveillance Cystoscopy Schedule -low risk non muscle invasive bladder cancer

Frequency of cystoscopies

You will have a cystoscopy 3 months and 12 months after diagnosis.

Discharge criteria

Routine urinary cytology or prolonged cystoscopic follow up after 12 months is not recommended for people with low risk non muscle invasive bladder cancer. People who have had low risk non muscle invasive bladder cancer and who have no recurrence of the bladder cancer within 12 months have a very low risk of this recurring and will therefore be discharged to their GP. This means that you and your GP will be given a clear summary of your treatment to date and guidance regarding what symptoms to look out for that may mean you need to be referred back to urology.

A treatment summary and care plan will be offered to you at the end of any treatment phase. This will be reviewed by your GP at a 6 month cancer care review.

Date sent: _____ Care plan: Accepted Declined

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Date sent: _____ Care plan: Accepted Declined

If you have any concerns regarding your bladder cancer or treatment between appointments, please contact your keyworker. If, after discharge, you have any of the following symptoms you should see your GP to ask to be referred back to Urology:

- blood in your urine
- a proven urinary tract infection that keeps coming back

If you have the above symptoms between urology appointments contact your keyworker. DO NOT wait until your next appointment

Patient Name

NHS Number

Cystoscopy record

Date	Flexible/ rigid cystoscopy	Recurrence	Size and number of tumours	Listed for Biopsy/ TUR	Plan	Patient Comments
		Yes No				
		Yes No				
		Yes No				
		Yes No				
		Yes No				

Patient Name

NHS Number

Cystoscopy record

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