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Zurich 20.03.2020 / KELET/dg

Urology Outpatient Surgery Report

#####, born #####
Greece, GR-00000 Greece

Date of surgery: 20.03.2020

Operation duration: 12 min. Operating theater: NORD 1 B Room 2
Operating surgeon: #####, M.D.
Diagnosis

1. **Recurrent papillary urothelial carcinoma of the bladder pTa cNx cMx, low grade (G1), EORCT intermediate risk ED 06/2017**

   Operative therapy:
   - Status post TUR-B 06/2017 (Mayo Clinic USA) Resection through the orifice on the left, pTa low-grade
   - Status post TUR-B 05/2018 (Mayo Clinic USA) with mitomycin instillation, pTa low-grade
   - Status post multiple TUR-B sessions to date (Mayo Clinic USA) in papillary recurrence, most recently 04/2019
   - EORCT-Score 03/2020: 8 points

   Imaging:
   - CT of the abdomen 03/2020: no suspected tumor
   - Status post nicotine abuse, 50 pack-years (stopped 06/2017)

2. **Prostate obstruction syndrome stage I**
   - No current medication so far, status on 03/2020
   - Transvesical prostate volume ~40-50 ml, status on 03/2020

3. **Recurrent kidney stone disease**
   - CT of the abdomen 03/2020: insignificant nephrolithiasis right lower renal pole
   - Status post spontaneous stone loss 02/2020
   - Status post URS [Ureterorenoscopy] and stone removal right 2016 (external)
   - Status post ESWL [Extracorporeal shockwave therapy] in the past (external)

4. **Right adrenal adenoma, ED several years ago**

   Medical history hormone-inactive CT of the abdomen 03/2020:
   - Nodular lesion in the body of the right adrenal gland with fat-isodensic parts, primarily compatible with the adenoma known from history
     - Nodular lesion in the left adrenal gland, not currently assessable on the unenhanced image.

Performance of a supplementary unenhanced image examination is recommended at the next tumor progression control.

5. **Arterial hypertension**

   Tc aggregation inhibitor with Aspirin cardio 100 mg 1-0-0 orally every day.

6. **GERD [Gastroesophageal reflux disease]**
7. **Status post lap. splenectomy and appendectomy in 1958**

Operation

TUR bladder [bladder transurethral resection] (the left and bottom side wall of the bladder) on 20.03.2020

Method

Lithotomy position and anesthesia. Disinfection and sterile aseptic dressing as usual. Preoperative antibiotic prophylaxis with Zinacaf, 1.5 g intravenously. Team Time Out.

Problem-free insertion of a rigid cystoscope after lubrication. Known stricture-free penobulbar urethra and constricted prostatic urethra. Both fine papillary mucosal changes were observed by the flexible cystoscopy the day before can be identified without any problems. The suspicious mucosal areas are resected with a safety margin of at least 0.5 mm in sano using a bipolar resection loop. This results in a visible muscle-deep resection. Electrocoagulation of the tumor bed. Resected tissues are collected and preserved for histological processing. Multiple rinsing of the bladder and again a precise overview cystoscopy with the rigid cystoscope. No further tumor-suspicious mucosal areas are visible. Multiple rinsing of the bladder Emptying the bladder and withdrawal of medical instruments.

Procedure

- Discharging after the end of the spontaneous micturition.
- Further urological aftercare in our clinic.
- In addition to 3-month cystoscopic monitoring and annual computer tomography of the abdomen (with late phase), intravesical BCG instillation therapy for 1 year at *intermediate risk* should be considered:
  - Induction cycle: 6 BCG instillations with one-week intervals
  - Cystoscopy every 3 months
  - As long as the recurrence is absent, total 3 BCG instillation cycles (months 3, 6, and 9)
  - Cycle: 3 BCG instillations weekly.

Yours sincerely,

#####, M.D.
Assistant Medical Director

This report has been signed electronically and does not require a signature.