

PATIENT INFORMATION

Intravesical chemotherapy (known as Mitomycin therapy): procedure-specific information

What is the evidence base for this information?

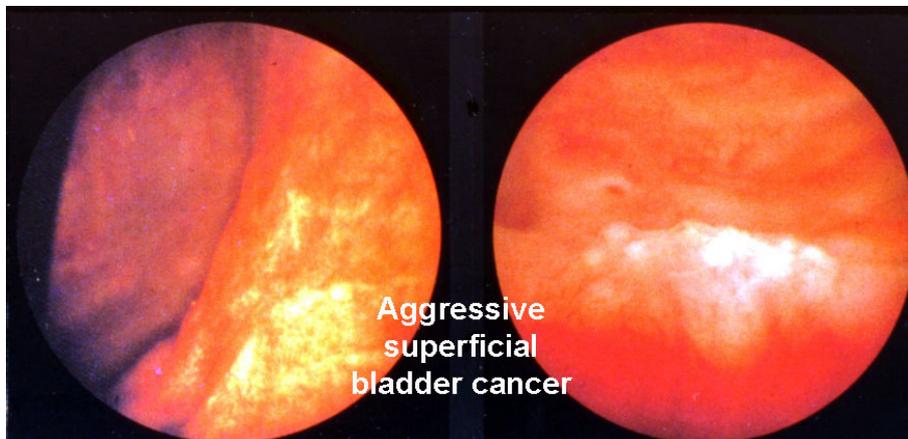
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

Instillations of Mitomycin C into the bladder for aggressive, multiple or recurrent superficial cancer of the bladder

What are the alternatives to this procedure?

Repeated cystoscopy, radiotherapy, surgical removal of the bladder with urinary diversion or bladder reconstruction, systemic chemotherapy



What should I expect before the procedure?

Your Consultant Urologist has referred you for treatment of your superficial bladder cancer. Superficial bladder cancer affects a few layers of cells on the inner surface of the bladder only but has the ability to progress to more aggressive disease if not treated effectively.

The aim of the treatment, therefore, is to stop or slow down re-growth by instilling a drug into the bladder; this is called intravesical chemotherapy.

You will be asked to come to the Hospital once a week for 6 weeks. You should limit your fluid input for 6 hours before each treatment.

Your first treatment will take up to 90 minutes. On arrival in the clinic, you will be asked to pass urine which will be tested to ensure that you do not have an infection in the urine. If you do, your treatment will need to be postponed for one week while you are treated with antibiotics.

Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection

What happens during the procedure?

A fine plastic tube (called a catheter) will be passed into the bladder and the medication (approximately half a cup of fluid) will be given through it. The catheter will then be removed. You will be asked not to pass urine for an hour to allow the medication to treat the bladder lining.

On your first visit, If you have not had Mitomycin before, you will be asked to stay in the clinic for the duration of the treatment and you will be asked to pass urine before you go home. For the remaining treatments, If you live within 20 minutes of the hospital and have your own transport, you may be allowed to go home with the medication in your bladder and pass urine after one hour.

What happens immediately after the procedure?

Once the treatment has been completed, you will be able to go home. There is no risk of contamination with Mitomycin when you get home.

You should drink plenty of fluids (2-3 litres) for the few days after the treatment. Some patients find that, for a few days after BCG treatment, a glass of cranberry juice daily eases any bladder symptoms; cranberry juice, however, should not be used If you are taking Warfarin

Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than 1 in 10)

- Some bladder discomfort after treatment
- Flu-like symptoms which can persist for 2-3 days
- Discoloured urine
- Blood in the urine
- Debris in the urine

Occasional (between 1 in 10 and 1 in 50)

- Skin rash
- Failure to complete the course of treatment due to bladder discomfort
- Urinary tract infection
- Stricture of the urethra (water pipe) following repeated use of a catheter

Rare (less than 1 in 50)

- Severe pain on instillation, persisting afterwards
- Allergic reaction to the instilled chemicals, requiring discontinuation of the treatment

Hospital-acquired infection (overall chance of contracting infection during stay at the West Suffolk Hospital (all wards included))

(obtained from West Suffolk Hospital Infection Control Data June 2009)

- MRSA bloodstream infection (0.0000394 cases per bed day occupancy)
- Clostridium difficile bowel infection (0.0004865 cases per bed day occupancy)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after prolonged hospitalisation or after multiple admissions)

What should I expect when I get home?

If you think you have a urine infection (i.e. pain on passing urine, frequency or foul-smelling urine), it is important to contact your GP and get treatment with antibiotics.

When you leave hospital, you will be given a "draft" discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please

take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

What else should I look out for?

Because this treatment is put directly into the bladder and not into the blood stream, you will not experience the side-effects often associated with other cancer drug treatments. You should also inform your Specialist Nurse if this happens

Are there any other important points?

You should wash your hands and genitals after you have passed urine and it is advisable to bring a wash bag with you to Hospital when you come for the treatment.

You are advised not to have sexual intercourse for at least 24 hours after the treatment as this can cause some discomfort.

If you are a smoker, we will encourage you to stop since smoking seems to encourage recurrence of bladder cancer.

Is there any research being carried out in this field?

There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

Who can I contact for more help or information?

- Uro-Oncology Nurse Specialist 01284 712735
- Urology Nurse Practitioner for 'haematuria clinic', chemotherapy & BCG therapy 01284 712806
- Urology Nurse Practitioner for prostate (transrectal) ultrasound clinic, erectile dysfunction clinic 01284 713229
- Urology Nurse Practitioner for prostate assessment clinic, self catheterisation clinic 01284 713229

Other contacts

Chaplaincy Telephone: 01284 713486

What should I do with this form?

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know.

I have read this information sheet and I accept the information it provides.

Signature.....Date.....