Urology Department

Intravesical mitomycin C chemotherapy

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 urologist or nurse specialist as well as the surgical team at Addenbrookes. 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 the lining 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 six weeks. You should limit your fluid input for six 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, Rivaroxaban, Dabigatran, Apixaban, Edoxaban or Clopidogrel, Ticagrelor or blood thinning medication
- a previous or current MRSA infection
- high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human derived growth hormone)

**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. Urine passed within the first six hours after you have been treated should be disinfected by pouring a quantity of undiluted household bleach (equal to the amount of urine passed) into the toilet; this should then be left for 15 minutes before flushing the toilet. You should drink plenty of fluids (two to three litres) for the few days after the treatment. Some patients find that, for a few days after Mitomycin C 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 one in 10)**
- [ ] Some bladder discomfort after treatment
- [ ] Flu-like symptoms which can persist for two to three days
- [ ] Discoloured urine
- [ ] Blood in the urine
- [ ] Debris in the urine
- [ ] Frequency and urgency of urination which can persist for two to three days

**Occasional (between one in 10 and one 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 one in 50)**
- [ ] Severe pain on instillation, persisting afterwards
- [ ] Allergic reaction to the instilled chemicals, requiring discontinuation of the treatment

**What should I expect when I get home?**
If you think you have a urine infection (ie pain on passing urine, frequency or foul-smelling urine), it is important to contact your GP and get treatment with antibiotics.

**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.

**Driving after surgery**
It is your responsibility to ensure that you are fit to drive following your surgery.
You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than three months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

**Privacy & Dignity**

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high tech equipment and/or specialist one to one care is required.

**Hair removal before an operation**

For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team need to see or reach your skin and if this is necessary they will use an electric hair clipper with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

**References**

NICE clinical guideline No 74: Surgical site infection (October 2008); Department of Health: High Impact Intervention No 4: Care bundle to preventing surgical site infection (August 2007)

**Is there any research being carried out in this field at Addenbrooke’s Hospital?**

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 and clinical governance meeting.

**Who can I contact for more help or information?**

**Oncology nurses**

**Uro-oncology nurse specialist**
01223 586748

**Bladder cancer nurse practitioner (haematuria, chemotherapy and BCG)**
01223 274608

**Prostate cancer nurse practitioner**
01223 274608 or 216897 or bleep 154-548

**Surgical care practitioner**
01223 348590 or 256157 or bleep 154-351

**Non-oncology nurses**

**Urology nurse practitioner (incontinence, urodynamics, catheter patients)**
01223 274608 or 586748 or bleep 157-237
Patient Information

Urology nurse practitioner (stoma care)
01223 349800

Urology nurse practitioner (stone disease)
01223 349800 or bleep 152-879

Patient Advice and Liaison Centre (PALS)
Telephone:
+44 (0)1223 216756 or 257257
+44 (0)1223 274432 or 274431
PatientLine: *801 (from patient bedside telephones only)
E mail: pals@addenbrookes.nhs.uk
Mail: PALS, Box No 53
Addenbrooke's Hospital
Hills Road, Cambridge, CB2 2QQ

Chaplaincy and multi faith community
Telephone: +44 (0)1223 217769
E mail: chaplaincy@addenbrookes.nhs.uk
Mail: The Chaplaincy, Box No 105
Addenbrooke's Hospital
Hills Road, Cambridge, CB2 2QQ

MINICOM System ("type" system for the hard of hearing)
Telephone: +44 (0)1223 217589

Access office (travel, parking and security information)
Telephone: +44 (0)1223 596060

What should I do with this leaflet?
Thank you for taking the trouble to read this patient information leaflet. 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 leaflet to be filed in your hospital records for future reference, please let your urologist or specialist nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this patient information leaflet and I accept the information it provides.

Signature..................................................Date.............................................
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:
If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
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