

Patient information

Bladder Chemotherapy

Introduction

This leaflet answers questions many people ask about bladder chemotherapy. This is a treatment your Consultant would like you to have after your operation.

What is bladder chemotherapy?

Bladder chemotherapy involves putting a drug into the bladder. The drug is called Mitomycin, and is used to destroy abnormal and possible cancerous cells.

The treatment can be given after specific operations e.g. cystoscopy and laser destruction of a bladder tumour; following Trans Urethral Resection of Bladder Tumour (TURBT); or your Consultant may want you to have a course of treatment as an outpatient.

Bladder chemotherapy immediately after surgery

The treatment involves a small amount of fluid containing the drug being placed inside your bladder and held there for one hour. This ensures your whole bladder lining comes into contact with the Mitomycin.

What does the treatment involve?

Usually the Mitomycin is placed into the bladder via a catheter immediately after removal of the tumour/s whilst you are still on the operating table. The catheter (draining tube) will be inserted into the bladder via the water-pipe (urethra) during the operation. Once the drug is in place the catheter will be clamped to stop the treatment draining out. The drug then stays in the bladder for one hour.

Generally you are still quite drowsy following the anaesthetic. However, if during this time you experience pain or discomfort, or feel you are desperate to pass urine then please let a member of the nursing staff know. After treatment the drug is drained from the bladder via the catheter. The catheter may then be removed, or it may have to stay in place overnight depending on the doctor's instructions.

For one to two days after the treatment you may notice increased frequency and urgency to pass urine. You may also experience some blood in the urine and a burning sensation when passing urine. The operation can also cause these symptoms.

It is important for the 24 hours after this treatment to increase the amount of clear fluids you drink to two to two and a half litres (approximately 12 glasses). This helps you to produce dilute urine, reduces bladder irritation, and decreases the risk of developing a urine infection.

It is advisable to avoid caffeine based drinks, e.g. coffee, tea or cola, as they may make you pass urine more frequently.

Having bladder chemotherapy as an Outpatient

If you are receiving treatment at Conquest Hospital or Eastbourne District General Hospital the Mitomycin will be given in the Urology Investigation Suite.

You will be asked to attend once a week for six weeks. You will be given an appointment time.

Who gives the treatment?

The treatment is given by the Urology Nurse Specialists or by other senior nurses who have been trained in the procedure.

Preparation for treatment

We advise you not to drink too much fluid for eight hours before the treatment. One glass of water may be taken with breakfast. If you drink as little as possible the kidneys will produce less urine and thus prevent the dilution of the Mitomycin when it is in your bladder. It will also make it easier for you to retain the treatment in the bladder for the necessary amount of time.

If you normally take water tablets (diuretics) take them after your Mitomycin treatment rather than first thing in the morning for your treatment days.

How long does the treatment take?

You will be in hospital for about one and a half to two hours. We try hard to keep to your appointment, but sometimes unavoidable delays do occur. You should feel well enough to drive yourself home after the treatment. However, if you are elderly or infirm, please arrange for a friend or relative to collect you.

How is the treatment given?

The treatment will be given as described above. However, the catheter is then removed after the drug is placed in the bladder and you are asked not to pass urine for an hour. It is during this time that the treatment is working.

What happens after the drug has been put into your bladder depends upon how close to the hospital you live, and whether you are able to hold the drug in your bladder for the journey home. The options will be as follows:

1. Remain on the couch for the hour (for those patients who find movement gives the desire to pass water).
2. Sit in a chair in the department for the hour.
3. Go home as soon as the drug has been put into the bladder.

If staying in the department bring something with you that will help pass the time, e.g. books, magazines, personal stereo etc.

What do I do after each treatment?

When the hour is completed you should pass urine (sooner if you are unable to hold on that long). It is advisable for men to "sit down" when passing urine straight after the treatment to avoid accidental splash. Afterwards, both men and women should wash the genital area thoroughly with soap and water. Most of the drug is passed out the first time you pass urine, and after this no further precautions are required.

You will need to drink two to two and a half litres of fluid in the 24 hours following treatment and avoid caffeine based drinks. If you are sexually active you should use 'protected' intercourse (i.e. using a condom) or abstain for 24 hours after each treatment.

Side effects

The treatment is a form of chemotherapy. However, because it is given into the bladder and not the blood stream you should experience very few side effects as the drug stays inside your bladder and does not affect other parts of your body. You may notice increased frequency and urgency to pass urine and a burning sensation when passing urine for 24 to 48 hours after treatment, and may notice some blood in the urine. These symptoms usually settle within this period of time.

You will not lose your hair (this is a common worry). Very occasionally a rash may develop after administration of Mitomycin. If this occurs you should contact your Urology Nurse Specialist and treatment may have to be discontinued.

If you develop any of the following:

- Smelly, cloudy urine.
- Severe frequency or a burning sensation when passing urine that persists for longer than 48 hours.

It is important to contact your own general practitioner (GP) or your Urology Nurse Specialist as you may have a urine infection that requires treatment with antibiotics.

Follow up

On completion of your course of treatment arrangements will be made for you to have a further cystoscopy. It is important to examine the bladder lining to assess how the treatment has worked.

Part of this assessment may involve taking biopsies from the bladder lining. Please contact your Urology Nurse Specialist if you do not receive an appointment for a follow-up cystoscopy.

We hope these details are of help to you. If you have any worries or queries do not hesitate to contact your Urology Nurse Specialist.

Sources of information

Eastbourne District General Hospital - Tel: (01323) 417400

Sally Sawyer, Tessa Rodgers, Jo Gainsford, Kelly Murrey. Nicola Jebbett, Urology Nurse Specialists - Tel: (01323) 438246 (answer phone) or (01323) 417400 ask for bleep 8246 (Urgent calls)

Urology Investigation Suite - Tel: (01323) 435887

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: (01323) 417400 Ext: 5860 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 01424 755255 Ext: 2620

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Consultant Urologists: Mr S Garnett, Mr R O Plail, Mr P Rimington

Miss Alison Gidlow, Urology Nurse Specialist

Next review by: October 2021

Responsible clinician: Alison Gidlow, Urology Nurse Specialist