



The British Association of Urological Surgeons

35-43 Lincoln's Inn Fields
London
WC2A 3PE

Phone: +44 (0)20 7869 6950
Fax: +44 (0)20 7404 5048
Website: www.baus.org.uk
E-mail: admin@baus.org.uk

INTRAVESICAL CHEMOTHERAPY WITH EPIRUBICIN

PROCEDURE-SPECIFIC INFORMATION FOR PATIENTS

What evidence is this information based on?

This booklet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and other sources. As such, it is a reflection of best urological practice in the UK. You should read this booklet with any advice your GP or other healthcare professional may already have given you. We have outlined alternative treatments below that you can discuss in more detail with your urologist or specialist nurse.

What does the procedure involve?

Putting a chemical into the bladder for aggressive, multiple or recurrent superficial cancer of the bladder.

What are the alternatives to this procedure?

Alternatives to this procedure include repeated cystoscopy, radiotherapy, surgical removal of the bladder with urinary diversion or bladder reconstruction and systemic chemotherapy.



What should I expect before the procedure?

Your consultant urologist has referred you for treatment of your superficial bladder cancer. This only affects a few layers of cells on the inner surface of the bladder but it can progress if not treated effectively. The aim of the treatment is to stop re-growth by putting a chemical into the bladder; this is called **intravesical chemotherapy**.

You will be asked to come to the hospital once a week for eight weeks. You should restrict 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 for infection. If you have an infection, your treatment will be postponed for one week while you are treated with antibiotics.

Please tell your surgeon (before 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 regular prescription for a blood thinning agent such as warfarin, aspirin, clopidogrel (Plavix®), rivaroxaban, prasugrel or dabigatran
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have had a corneal transplant, a neurosurgical dural transplant or injections of human-derived growth hormone).

When you are admitted to hospital, you will be asked to sign the second part of your operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

What happens during the procedure?

You will have a fine plastic tube (catheter) put into the bladder and the chemical (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 whole bladder lining.



On your first visit, you will be asked to stay in the clinic for the whole treatment; you will be able to go home after you have passed urine. If you live near to the hospital and have your own transport, you may be allowed to go home after a couple of hours for the remaining treatments.

What happens immediately after the procedure?

You should be told how the procedure went and you should:

- ask the surgeon if it went as planned;
- let the medical staff know if you are in any discomfort;
- ask what you can and cannot do;
- feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team; and
- make sure that you are clear about what has been done and what happens next.

Once the treatment has been completed, you will be able to go home. You will need to have a supply of household bleach at home. After you have passed urine, pour a cupful of bleach into the toilet and leave it for 15 minutes before flushing. You should continue

doing this every time you pass urine for the next 24 hours. There is no risk of contamination.

You should drink plenty of fluids (two to three litres) for the few days after the treatment.

Are there any side-effects?

Most procedures have possible side-effects. But, although the complications listed below are well-recognised, most patients do not suffer any problems.

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 your urine.
- Debris in your urine.

Occasional (between 1 in 10 and 1 in 50)

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

Rare (less than 1 in 50)

- Severe pain on instillation which persists for some time after.
- Allergic reaction to the instilled chemicals, requiring discontinuation of the treatment.
- Stricture of the urethra (water pipe) following use of a catheter.

Hospital-acquired infection

- Colonisation with MRSA (0.9% - 1 in 110).
- MRSA bloodstream infection (0.02% - 1 in 5000).
- Clostridium difficile bowel infection (0.01% - 1 in 10,000).

Please note: The rates for hospital-acquired infection may be greater in “high-risk” patients. This group includes, for example, patients with long-term drainage tubes, patients who have had their bladder removed due to cancer, patients who have had a long stay in hospital or patients who have been admitted to hospital many times.

What should I expect when I get home?

When you are discharged from hospital, you should:

- be given advice about your recovery at home;
- ask when you can begin normal activities again, such as work, exercise, driving, housework and sex;
- ask for a contact number if you have any concerns once you return home;
- ask when your follow-up will be and who will do this (the hospital or your GP); and
- be sure that you know when you get the results of any tests done on tissues or organs that have been removed.

If you think you have a urine infection (pain when you pass urine, passing urine frequently or foul-smelling urine), you should 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.

Are there any other important points?

It is advisable to bring a wash bag to hospital when you come for the treatment and you should wash your hands and genitals after you have passed urine.

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

If you are a smoker, you should stop because it encourages the growth of bladder cancer.

Driving after surgery

It is your responsibility to make sure you are fit to drive following your surgery. You do not normally need to tell the DVLA that you have had surgery, 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 give you advice on this.

Is any research being carried out in this area?

Before your operation, your surgeon or specialist nurse will tell you about any relevant research studies taking place. In particular, they will tell you if any tissue that is removed during your surgery will be stored for future study. If you agree to this research, you will be asked to sign a special form giving your consent.



All surgical procedures, even those not currently undergoing research, are audited so that we can analyse our results and compare them with those of other surgeons. In this way, we learn how to improve our techniques and results; this means that our patients will then get the best treatment available.

What should I do with this information?

Thank you for taking the trouble to read this booklet. If you want to keep a copy for your own records, please sign below. If you would like a copy of this booklet filed in your hospital records for future reference, please let your urologist or specialist nurse know.

However, if you do agree to go ahead with the scheduled procedure, you will be asked to sign a separate consent form that will be filed in your hospital records; we can give you a copy of this consent form if you ask.

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

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

How can I get information in alternative formats?

Please ask your local NHS Trust or PALS network if you require this information in other languages, large print, Braille or audio format.



Most hospitals are smoke-free. Smoking can make some urological conditions worse and increases the risk of complications after surgery. For advice on stopping, contact your GP or the free **NHS Smoking Helpline** on **0800 169 0 169**

Disclaimer

While we have made every effort to be sure the information in this booklet is accurate, we cannot guarantee there are no errors or omissions. We cannot accept responsibility for any loss resulting from something that anyone has, or has not, done as a result of the information in this booklet.

The NHS Constitution Patients' Rights & Responsibilities

Following extensive discussions with staff and the public, the NHS Constitution has set out new rights for patients that will help improve your experience within the NHS. These rights include:

- a right to choice and a right to information that will help you make that choice;
- a right to drugs and treatments approved by NICE when it is considered clinically appropriate;
- a right to certain services such as an NHS dentist and access to recommended vaccinations;
- the right that any official complaint will be properly and efficiently investigated, and that patients will be told the outcome of the investigations; and
- the right to compensation and an apology if you have been harmed by poor treatment.

The constitution also lists patients' responsibilities, including:

- providing accurate information about their health;
- taking positive action to keep yourself and your family healthy.
- trying to keep appointments;
- treating NHS staff and other patients with respect;
- following the course of treatment that you are given; and
- giving feedback (both positive and negative) after treatment.

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