



# **Intravesical Mitomycin chemotherapy following a transurethral resection of bladder tumour (TURBT): for inpatients**

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**This leaflet will give you an overview of Mitomycin C therapy, how it is given and any side effects it may cause. Please read it carefully as it contains information that will help you to minimise any possible problems the treatment may cause. If you have any concerns or would like further information please do not hesitate to contact one of the urology team on the numbers at the back of the leaflet.**

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## **Why do I need a TURBT?**

Your body is made up of millions of cells. When body tissues become old or damaged new cells grow and divide to replace them. Occasionally this process gets out of control and the cells continue to divide and grow to create a tumour.

Your bladder has produced a tumour and this needs to be removed in order for it to be examined under the microscope. This may be found to be a type of bladder cancer. However, around 75% of these cancers are superficial and once removed cause no further problems to you.

## **Why do I need further treatment after my TURBT?**

Many bladder cancers are superficial and will never recur. Unfortunately, some do come back after removal by TURBT. However, we know that by regularly looking into the bladder (cystoscopy) and with the use of treatments such as Mitomycin C, we can reduce the risk of this.

## **What is intravesical chemotherapy (Mitomycin C)?**

Mitomycin C is a type of chemotherapy that is given into the bladder. It coats the bladder lining and works by stopping the growth and division of cancer cells. The aim of the treatment is to kill any cancer cells left in the bladder or disturbed by the TURBT and reduce the risk of further ones growing. Research has shown that if Mitomycin C is given after surgery it can decrease the likelihood of the cancer coming back.

## **How is the treatment given?**

- The Mitomycin C will be given in theatre by one of the Urology team.
- Your irrigation will be stopped.
- The treatment is given through the catheter that will be in place following your operation.
- The catheter will be disconnected from the bag and the solution (which is purple) will be drained into your bladder.

- The catheter is then clamped and the Mitomycin is left in your bladder, ideally for 1 hour.
- The Mitomycin is then drained out of the bladder into the catheter bag.
- The irrigation may then be reconnected, the catheter may be removed or left in place.

### **What happens next?**

- If your catheter was left in place it will be emptied by ward staff regularly. Your urine may look purple for the rest of the day.
- If your catheter was removed you will then be asked to empty your bladder into urine bottles.

### **What should I do for 6 hours after each treatment?**

- Men – sit down to pass urine to prevent spraying the Mitomycin onto your skin and the toilet seat.
- Each time you pass urine wash your hands and private parts with soap and water.

### **What should I do for 48 hours after each treatment?**

- Drink at least 2-3 litres of fluid a day for at least 48 hours after each treatment to help flush the treatment out of the bladder.
- If you are having sexual intercourse you should either refrain from it or ensure you use a condom for 48 hours to protect your partner.
- If you leak urine onto your clothes, wash well in hot water or on a hot washing machine cycle.

### **How safe is Mitomycin C and what are the risks?**

**Mitomycin is not necessary for every patient;** however, research shows that giving the treatment shortly after surgery is more effective, therefore we cannot gain consent from you after a general anaesthetic, so we do ask you to consent to the instillation before the operation. Please do take the time to read this information leaflet.

#### **Feel free to ask questions if there is anything you are unsure of.**

It is possible that you will notice the following side-effects:

- **Discomfort when passing urine or having to pass urine more frequently.** This is due to the Mitomycin C irritating the lining of the bladder. It occurs in about 40% of patients and should settle within 48 hours.
- **Blood in your urine.** Drinking 2-3 litres of water a day can ease this. If symptoms do not improve after 2-3 days you should consult your GP or contact one of the urology team at the hospital.
- **Smelly or cloudy urine.** This may mean that you have a urine infection. You should contact your GP who may give you some antibiotics to take.
- **Rash on your palms or genitalia.** This can occur in 5-20% of cases and is usually because the solution has come into contact with your skin. The best way to reduce the risk of this is by washing your hands and private parts each time you pass urine.
- **All over body rash.** This can occur in 3-19% of people and can be due to an allergic reaction. If this happens you should contact your GP immediately as you may require hydrocortisone cream.

## **What happens once all the treatment is finished?**

You will be given an appointment to come back to clinic to discuss the results of the biopsies in about 2-3 weeks.

## **What else should I know?**

If you or your partner are planning to become pregnant or are pregnant please inform your Consultant and nursing team prior to starting the treatment.

## **Who can I contact if I have any questions?**

**Uro-Oncology Nursing Team: Tel: 0118 322 7905 (direct line with answer phone)**

**Email: [urology.nurses@royalberkshire.nhs.uk](mailto:urology.nurses@royalberkshire.nhs.uk)**

Working hours are Monday to Friday between 8am to 5pm, excluding bank holidays and weekends. Please leave a message on the answer machine and the team will aim to respond to you on the same working day or the next working day.

Out of hours: either contact your GP service, NHS 111 or Hopkins Ward on 0118 322 7274.

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

<p><b>Please ask if you need this information in another language or format.</b></p>
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RBFT Urology / Uro-oncology

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