

Intravesical Epirubicin chemotherapy following a transurethral resection of bladder tumour (TURBT): for inpatients

This leaflet will give you an overview of Epirubicin chemotherapy, 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.

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 tumour may be a type of bladder cancer. However, around 75% of these cancers are superficial (not serious) and once removed they cause no further problems.

Why do I need further treatment after my TURBT?

Many bladder cancers will never develop into a life threatening condition. Unfortunately, some do recur after removal by TURBT. However, we know that by regularly looking into the bladder (cystoscopy) and with the use of treatments such as Epirubicin we can reduce the risk of the tumour coming back.

What is intravesical chemotherapy (Epirubicin)?

Epirubicin is a type of chemotherapy that is given into the bladder via a catheter (thin tube) for superficial bladder cancer. The chemotherapy is a liquid that coats the bladder lining and works by stopping the re-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 cancer cells growing. Research has shown that if Epirubicin is given shortly after surgery it can decrease the likelihood of bladder cancer coming back. The Epirubicin chemotherapy is given into the bladder and not the whole body, so the side effects,

particularly nausea, are not the same as those experienced by patients receiving chemotherapy for other types of cancers.

How is the treatment given?

- The Epirubicin chemotherapy will be given in theatre by one of the Urology team.
- If you are having bladder irrigation (after a TURBT a thin irrigating tube may be attached to the urinary catheter and salty water used to flush out the bladder), this will be stopped before the Epirubicin is put in.
- The chemotherapy which is a red liquid is given via the urethral catheter that will be inserted during your surgery.
- The catheter is then clamped and the Epirubicin is left in your bladder for 1 hour.
- The Epirubicin is then drained out of the bladder into a catheter bag.
- If your urine still shows blood after the Epirubicin is drained out, the irrigation may then be restarted and the catheter left in place.
- The irrigation tube and catheter may be removed later in the day or the following day.

What happens next?

If your catheter was left in place the catheter bag will be emptied by ward staff regularly. Your urine may look red for the rest of the day.

If your catheter was removed you may be asked to empty your bladder into urine bottles. This is so we can measure how much you are passing.

Men – if we ask you to pass urine into the toilet instead of using bottles, please sit down to pass urine to prevent spraying the Epirubicin onto your skin and the toilet seat for 6 hours after the treatment.

What do I expect when I get home?

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.

Avoid sexual intercourse for 48 hours to protect your partner or ensure you use a condom. If you leak urine onto your clothes, wash them thoroughly in hot water or on a hot washing machine cycle.

Wash your hands and genitals with soap and water every time you pass urine.

How safe is Epirubicin and what are the risks?

Epirubicin is not necessary for every patient; however, research shows that giving the treatment shortly after surgery is more effective. As we cannot gain consent from you while you are recovering from the general anaesthetic, we ask you to consent to the Epirubicin treatment before the operation, even if you do not receive it.

Please do take the time to read this information leaflet and feel free to ask questions if there is anything you are unsure of.

What are the risks and side-effects?

- Some degree of bladder discomfort when passing urine or having to pass urine more frequently. This is due to the Epirubicin irritating the lining of the bladder. It occurs in about 40% (4 out of every 10) patients and should settle within 48 hours.
- Flu-like symptoms which can continue for 2-3 days.
- Discolouration of your urine. Drinking 2-3 litres of water per day can help to clear this and any debris.
- Blood in your urine. Drinking 2-3 litres of water per 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% (up to 2 out of every 10) cases and is usually because the chemotherapy has come into contact with your skin. The best way to reduce the risk of this is by washing your hands and genitals each time you pass urine.
- All over body rash. This can occur in 3-19% (less than 2 out of every 10) 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, normally around 2-3 weeks.

What else do I need to know?

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

Who can I contact if I have any questions?

Uro-Oncology Nursing Team: Tel: 0118 322 7905

There is an answerphone so please leave a message and we will get back to you.

Out of hours

Either contact your GP service, NHS 111 or Hopkins Ward on 0118 322 7274.

If you require this document in another language or format please call 0118 322 7905.

Uro-oncology nursing team

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