

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

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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.

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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 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 are superficial and will never return. But, unfortunately, some do recur after removal by TURBT. However, we know that by regularly looking into the bladder (cystoscopy) and giving a course of Epirubicin chemotherapy following TURBT, we can reduce the risk of this.

## 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. It is given as a course of weekly treatment over 6-8 weeks. This 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?

- You may be asked to limit the amount that you drink for 4 hours prior to the treatment. This is so that the Epirubicin does not dilute too much within the bladder. It also makes it easier for you to hold the chemotherapy in the bladder without needing to pass urine.
- The treatment will be given in the Outpatients setting.
- After the first treatment is put into your bladder we will ask you to stay in the department for about 90 minutes. For weeks 2-6 of treatment you may go home with the chemotherapy in your bladder. You will need to empty your bladder at home in the toilet, after 1 hour.
- The Epirubicin chemotherapy is a red liquid in a syringe which is given through a catheter that is removed immediately after instillation.
- You may be encouraged to have a walk around but please stay in the department in case of leaking.
- If you do leak the chemotherapy when walking around please inform a member of staff immediately.
- You will need to ensure you empty your bladder in the toilet after 1 hour of the treatment being instilled.
- Please sit down on the toilet to minimise the risk of splashing. Your urine may look red for the rest of the day.

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

- Men – sit down to pass urine to prevent spraying the chemotherapy onto your skin and the toilet seat.
- Each time you pass urine wash your hands and genitals with soap and water. We would recommend you do this for a few days.
- If you leak urine onto your clothes, wash them thoroughly in hot water or on a hot washing machine cycle.

### 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.
- Avoid sexual intercourse for 48 hours to protect your partner or ensure you use a condom.

### How safe is Epirubicin and what are risks and the side-effects?

Your consultant will discuss the treatment with you after your initial diagnosis. You will then see the nurse who will explain the side effects of treatment and will ask you to sign a consent form to show that you understand the risks and benefits and that you are happy to proceed. Feel free to ask questions if there is anything you are unsure of.

It is possible that you will notice:

- 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 have a cystoscopy and biopsy 8-10 weeks after the final instillation of Epirubicin  
You will then be given an appointment to come back to discuss the outcome of the treatment in about 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

We work Monday to Friday 8.30am-4pm. There is an answer machine and we will return your call if we are not in the office.

### 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, December 2019

Review due: December 2021