



Pre-operative electromotive drug administration of Mitomycin for non-muscle invasive bladder cancer

This leaflet explains more about the use of electromotive drug administration (EMDA) of Mitomycin to treat non-muscle invasive bladder cancer (sometimes referred to as superficial bladder cancer). If you have any questions or concerns, please speak to a doctor or nurse caring for you.

Why do I need to have pre-operative EMDA Mitomycin treatment?

When you had a cystoscopy (procedure to look into your bladder), the doctor has seen a growth of cancer cells in your bladder, sitting on the innermost lining of the bladder wall.

Your doctor has recommended that you have EMDA intravesical (within the bladder) chemotherapy, approximately an hour before you have surgery. This treatment involves placing a substance called Mitomycin directly into your bladder. This treatment is designed to stop any cancer cells from growing in the lining of your bladder after your surgery. Administering Mitomycin using EMDA has shown that the drug can be delivered more efficiently and reduce the frequency of, or prevent, any cancer cells from returning in the future.

If you decide to have this treatment you will be collected from the surgical admissions lounge (SAL) or the ward approximately an hour before your surgery to have the treatment given to you in the urology outpatient centre.

Please inform a member of staff if you have a pacemaker as this treatment is not suitable for you.

What is Mitomycin?

Mitomycin is a purple coloured solution that can destroy cells. It attacks cancerous cells when put into the bladder but does little damage to your normal, healthy bladder lining. It is a chemotherapy drug, but because it is put straight into your bladder and not injected into your veins, you will not get the side effects people often associate with chemotherapy, such as hair loss, nausea and vomiting.

How is EMDA Mitomycin treatment given?

Mitomycin is inserted directly into your bladder through a fine tube (catheter) to treat the entire lining of your bladder. Within the catheter is an electrode. Two further electrodes are placed on the skin on your lower abdomen. The electrodes are connected to a generator which delivers a low controlled electric current between the electrodes.

The drug itself stays in your bladder for 30 minutes and is then taken out through the catheter.

What are the side effects?

Most patients do not experience any major problems with this treatment, but it may irritate your bladder. You may find that you:

- have discomfort on passing urine
- need to pass urine frequently, or
- have blood in your urine.

We would expect these symptoms after the operation. If your symptoms do not improve after three to four days, contact the ward or your nurse specialist for advice (contact details can be found at the end of this leaflet).

To help prevent these problems, it is a good idea to increase your fluid intake for a couple of days after the procedure. You may want to reduce the amount you drink after 8pm so you don't disturb your sleep.

Very rarely, you may notice a rash on the soles of your feet and/or the palms of your hands or the trunk of your body. It may be a sensitivity (allergic) reaction, but if it happens, it is most likely to occur during your admission. If this happens, contact your nurse specialist for advice.

If you notice that your urine is smelly or cloudy you should contact your GP as this may indicate a urine infection. You will need to give a urine sample and you may possibly need antibiotics. This is unlikely to be caused by the Mitomycin, but it may happen after catheterisation or an operation. Please tell your nurse specialist of any side effects you have at the time of your next visit or by telephone.

There is also a small risk of burns occurring on the skin at the sites where the skin electrodes are applied. By ensuring good skin contact and avoiding air bubbles between the electrodes and the skin, the risk is kept to a minimum.

To prevent irritation for yourself or your partner, it is best not to have sexual intercourse for at least 24 hours after each treatment with Mitomycin. We do not recommend getting pregnant or fathering children during and for six months after Mitomycin treatment so it is essential that adequate contraceptive measures are used. If you are considering pregnancy or fathering children please discuss this further with us.

Consent – asking for your consent

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves. If you would like more information about our consent process, please speak to a member of staff caring for you.

What do I have to do before the treatment?

You will be asked to pass urine to empty your bladder. Also the nurse will test your urine as you cannot be given Mitomycin if you have a urinary tract infection (UTI) or visible blood in your urine.

What happens during the treatment?

A catheter, containing an electrode, is inserted into your urethra (tube linked to the bladder that allows urine to exit the body) with a local anaesthetic gel, to reduce any discomfort. Any remaining urine is drained away from your bladder.

Two electrode pads are placed on the skin of your lower abdomen. When the catheter and electrodes are in place, 100mls of sterile water containing the Mitomycin solution is passed through the catheter and into your bladder. The catheter and electrodes are then connected to a generator that creates an electric current.

The catheter is left in place for the whole time that the drug is in your bladder. To keep the drug in contact with your bladder, you will be asked not to pass urine for half an hour. The treatment usually lasts for 30 minutes, after which the bladder is drained and the catheter and all the electrodes removed.

What happens after the treatment?

Your nurse will take you back to SAL or the ward, so that you can then be taken to theatre for your operation. You should have received the leaflet on this operation, **Treatment for bladder tumours – transurethral resection of a bladder tumour (TURBT)**, which gives you more information. If you haven't received it, please ask a member of staff for a copy.

Your results

Your operation results should be available 10 to 14 days later. You will have an appointment in the follow-up clinic, where your doctor will be able to review your results and discuss your future care. Please make sure you have been given this appointment before you leave hospital after your operation.

The results from your TURBT will determine your future follow-up. Your doctor will discuss this with you when you come for your follow-up appointment.

If you have bladder cancer and do not need any further treatment, you will need to have regular cystoscopies to check that the cancer has not returned. This will initially be at three months following your diagnosis, then six monthly, and then progressively less often if your bladder remains cancer free. If you need further treatment or your tumour(s) return, your doctor will discuss treatment and monitoring schedules with you at your follow-up appointment.

It is important to remember that your tumour(s) may return. If this happens you can be given courses of Mitomycin or other drugs into the bladder to prevent the progression of your tumour(s). Your doctor will discuss this with you in more detail if relevant.

Contact us

If you have any questions or concerns, please contact the urology department for advice, **t:** 020 7188 7636 to speak to one of the nurses below or leave a message on the answering machine (Monday to Friday, 9am to 5pm).

Alternatively ring **t:** 020 7188 3026 and ask the operator to bleep:

- 2840 to speak to Sue Amery, Bladder Cancer Clinical Nurse Specialist, or
- 1227 to speak to Kathryn Chatterton, Bladder Cancer Clinical Nurse Specialist.

Outside of normal working hours, please call Aston Key Ward on **t:** 020 7188 8860 or Florence Ward on **t:** 020 7188 8818.

Guy's and St Thomas' hospitals offer a range of cancer-related information leaflets for patients and carers, available at www.guysandstthomas.nhs.uk/cancer-leaflets. For information leaflets on other conditions, procedures, treatments and services offered at our hospitals, please visit **w:** www.guysandstthomas.nhs.uk/leaflets



Dimbleby Cancer Care provides cancer support services for Guy's and St Thomas'. We have a drop-in information area staffed by specialist nurses and offer complementary therapies, psychological support and benefits advice for patients and carers.

Dimbleby Cancer Care is located in the Welcome Village of the Cancer Centre at Guy's, **t:** 020 7188 5918 **e:** DimblebyCancerCare@gstt.nhs.uk

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the clinical nurse specialist or other member of staff caring for you or call our helpline.

t: 020 7188 8748, Monday to Friday, 9am-5pm

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch. **t:** 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day. **t:** 111 **w:** 111.nhs.uk

NHS website

Online information and guidance on all aspects of health and healthcare, to help you take control of your health and wellbeing. **w:** www.nhs.uk

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