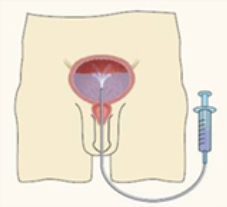
Intravesical Mitomycin C –Therapy

**Item Number:**

Why is it done?

 Treatment for localized Superficial Urothelial Carcinoma of Bladder and Ureter



How is it done?

 A Local anaesthetic gel is administered as for a Urethral Catheterisation procedure

 This is done under sterile procedure.

 A 14-16 Fr Indwelling Catheter is placed into your bladder.

 The pre-made-up Mitomycin solution is installed using strict administering criteria

 Usually 2 vials of 20mg MMC is mixed with Saline to a 50cc volume. You require 40mg.

 The catheter is then removed

 The MMC is required to stay in your bladder for 1 hours.

 Body rotation is not required.

 WARNING: Any Fevers require urgent attention



 What next?

 Some local discomfort may be experienced.

 Your voiding nature will change within the next week

 You may experience some urinary frequency

 You could developed a fever requiring urgent attention.

 Some patients may experience severe pain when/ if the tumour was resected very deep.

NB! Each person is unique and for this reason symptoms may vary

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Complications

**Side–effects**

 This will be done every week for 6 weeks

 6 weeks after this a check Flexible Cystoscopy will be scheduled as part of your surveillance protocol for your Urothelial carcinoma

 This may be repeated.

**Surveillance Protocol for Superficial Urothelial Carcinoma**

**Low Grade: Ta, T1 (G1, G2) , CIS**

 Initially 3 months after first resection

 If clear then 9months

 Then annually

**High Risk Low Grade: T1G3 with/out CIS, high volume disease**

 This disease may be best treated with a Radical cystectomy

 3 monthly Check Cystsocopy for 12 months

 If clear, then 6 monthly for a further 12 months

 If clear then annually for 5-7 years

 My recommendation thereafter would be a 2-yearly cystoscopy with intermittent Urine Cytology

 You fall back to the beginning with any recurrences

 Please don’t hesitate to direct all further queries to Dr Schoeman’s rooms.

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