

Frequently asked questions

- Q. Why do I need Intravesical therapy?
- A. Chemotherapy using Gemcitabine, Docetaxel, and Mitomycin is used for non-muscle invasive bladder cancer. This diagnosis will be confirmed by your Urologist using a cystoscopy, urine cytology and pathology sample prior to initiating therapy.
- Q. Will instillation of medication hurt?
- A. The medication should not cause discomfort but some patients experience a burning sensation or cramping after instillations. We recommend taking your sodium bicarbonate as prescribed and hydrate well with water to reduce the risk of discomfort.
- Q. Will I lose my hair and will I be immuno-compromised?
- A. The treatment is directly instilled into the bladder, not through an IV. You will not lose your hair and are not at increased risk of systemic infection.
- Q. How long will I need to receive therapy?
- A. After initial diagnosis you will need to have **6 consecutive weeks** of therapy known as Induction therapy. If you have no evidence of disease on your cystoscopy following therapy you will undergo maintenance therapy which last **12-24 months** but occurs on a monthly basis.

Notes



Intravesical Chemotherapy for Bladder Cancer

What is intravesical chemotherapy?

Intravesical chemo is treatment for non-muscle invasive bladder cancer.

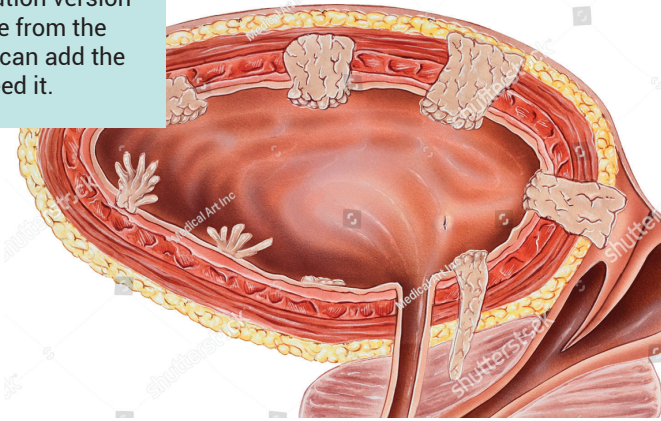
Gemcitabine, docetaxel, and mitomycin are special chemotherapy drugs that are administered through a catheter which is inserted into your urethra and passed into the bladder.

You may receive a combination of two chemotherapeutic agents or one agent depending on your treatment plan.

Before your visit

- Avoid caffeine, spicy foods, alcohol, excessive fluid intake the **night prior to and morning of therapy**. This can irritate your bladder and may cause discomfort.
- Please arrive **15 minutes** prior to your scheduled visit time. This is very important because the medication cannot be left out for a long period of time.
- Please notify our team if you are experiencing UTI-like symptoms (painful urination, fevers, chills, new or persistent bloody urine, persistent urinary urgency or frequency).

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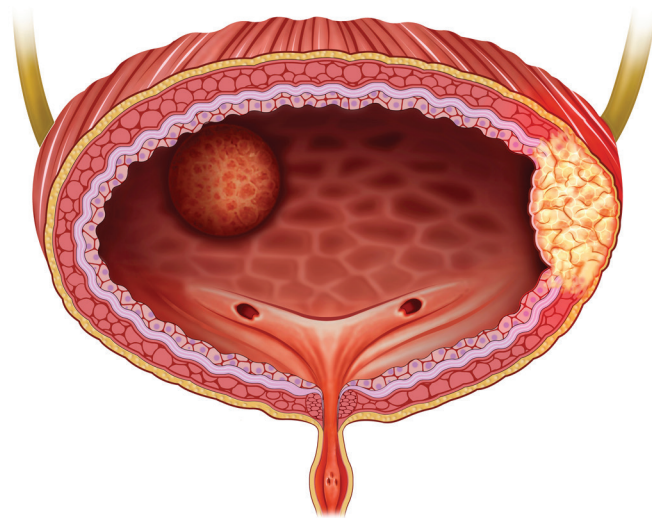


What to expect

- First, a catheter is inserted into your urethra. You may feel mild discomfort. Then, the chemotherapy is put into the catheter and flows into the bladder. You may feel a cool sensation when the chemotherapy flows into your bladder.
- If you are receiving two chemotherapeutic medications, the first will be kept in your bladder for 1.5 hours, then drained in clinic. The second medication will be instilled through the same catheter which will then be removed. You will need to keep the second medication in your bladder for 2 hours.

After your procedure

- You may leave the clinic and safely urinate in your bathroom at home.
- If you experience leakage of urine, change your clothes and wash your skin with gentle soap and water.
- You may drink fluids, eat, and resume normal activity.



Symptoms

These symptoms are **normal for several days** after your procedure:

- Urinary frequency, urgency, pain with urination, light pink blood in your urine
- Generalized fatigue, feeling “run-down”
- Nausea, vomiting, pelvic discomfort

These symptoms are **abnormal**—please call the Urology clinic or report to the closest Emergency Department if you have any of the following symptoms:

- Fevers
- Chills
- Severe, persistent pelvic or abdominal pain that does not get better with medication
- Bloody urine that is thick (tomato paste consistency) and persistent
- Persistent nausea and vomiting

Medications

Prior to every visit please take:

- **Sodium Bicarbonate:** take 2 tablets (1300 mg) the night prior to treatment and 2 tablets the morning of treatment.

Only if experiencing severe nausea:

- **Zofran:** Prescribed medication. Recommended dosage: 4mg (1/2 tab) with severe nausea.

Caution: Do not take Zofran if you have a history of a cardiac arrhythmia, with certain antibiotic medications, with certain anti-depressive medications or cardiac medications.