

## 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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# Urologist



**Dr Jo Schoeman**  
Specialist Urologist

## PATIENT INFORMATION BROCHURE

## *INRAVESICAL MITOMYCIN C THERAPY*



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Patient well-being is my first priority!

# Intravesical Mitomycin C - Therapy

## Why is it done?

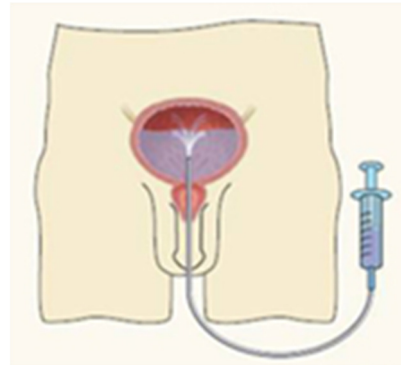
- Treatment for localized Urothelial Carcinoma of Bladder and Ureter

## Pre-requirements

- An informed consent is required from the patient .
- Patients are not required to be starved as this is done in the Oncology Ward or Day Procedure Suites (Depending on Hospital)
- You would have had a Urine Dipstick test or Urine Culture (MCS) done a few days prior.
- Patients allergic to IODINE/CHLORHEXIDINE should clearly state this at pre-admission clinics as well as to theatre staff and Dr Schoeman
- This is usually a day surgery procedure unless travelling from further than Brisbane
- Is usually also administered directly after a bladder tumour resection

## How is Mitomycin C administered?

- 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 BCG solution is installed using strict administering criteria
- Usually 1 vial 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



## After the procedure?

- You will enter your bladder and the content will be discarded as cytotoxic waste

## What to expect after the procedure

- 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!

## What next?

- 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.
- Please don't hesitate to direct all further queries to Dr Schoeman's rooms.