

## **SAFE HANDLING AND DISPOSAL OF MITOMYCIN C IN THE POST ANESTHESIA CARE UNIT (PACU) FOLLOWING INTRAVESICAL ADMINISTRATION IN THE OPERATING ROOM (OR)**

Team Leader: Gloria Luu, MSN, RN, CPAN, CAPA

Department of Veterans Affairs Medical Center of San Francisco, California

Team Members: Deborah Burgoon, MS, RN, AOCN, Maria Caburnay, RN,  
Alex Lozada, MSN, RN, CPAN, Sharlyn Navarro, RN, WCC, Brian Perez, BSN, RN

### **BACKGROUND INFORMATION:**

Mitomycin C is an antineoplastic drug, which requires special handling for disposal to minimize any potential danger to staff, patients and the environment. Mitomycin C is ordered by Urology Surgeon and administered in the OR at the conclusion of transurethral resection of bladder tumor (TURBT). Our PACU averages 10 TURBT cases per month. Mitomycin C is instilled through a foley urethral catheter using a tipped syringe. A clamp is placed across the catheter to maintain the drug in the bladder for 1 hour. The patient is transferred to PACU. The bladder is allowed to drain by removing the clamp, maintaining a closed system. If the catheter is to remain in place then a new drainage bag is attached. The urinary drainage bag with/without the catheter is disposed of as biohazardous waste. It is not recommended that the nurse or doctor irrigate the catheter as this places the staff at risk for exposure from splashing. Pregnant or breast-feeding workers are exempted from handling hazardous agents.

There had been no training in the safe handling and disposal of Mitomycin C in the PACU following intravesical administration in the OR. No written guideline or standard competency existed.

### **OBJECTIVES OF PROJECT:**

- Provide specialty training in the handling of antineoplastic agents.
- Staff able to demonstrate competency in the safe disposal of Mitomycin C.
- Staff to be knowledgeable in the management of a chemotherapy spill.

### **PROCESS OF IMPLEMENTATION:**

PACU staff posted inquiries to the Nurse Educator as to whether our practice of Mitomycin C in the PACU following intravesical administration in the OR was safe. In past practice, PACU staff were using simple disposal gown, doubled gloves, mask with eye shield. The Nurse Educator researched, reviewed Medical Center Memorandums (MCM) related to antineoplastic drug management. The Nurse Educator was unable to find guidelines addressing the above issue. The Oncology Clinical Nurse Specialist was consulted and, provided in-service and recommendations. The PACU nurses gathered evidence-based information and collaborated with the Oncology CNS to draft a nursing procedure. A standardized operating procedure was submitted to the Clinical Practice Counsel, approved, and incorporated into the overall Nursing Service Procedure "Administration of Antineoplastic Agents."

### **STATEMENT OF SUCCESSFUL PRACTICE:**

- A standard of practice guideline has been established.
- PACU nurse are confident, knowledgeable and competent in the safe handling and disposal of Mitomycin C and happy that they have maintained safety for both themselves and patients.

**IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERIANESTHESIA NURSING:**

- Ensure staff and patient care safety
- Minimize risk of environmental exposure
- Enhanced staff knowledge and skill in the handling and disposal of Mitomycin C in the PACU following intravesical administration in the OR.