

PATIENT INFORMATION: CYCLOPHOSPHAMIDE

**Renal Vasculitis Service
Royal Infirmary of Edinburgh**

Your doctor has recommended that you take cyclophosphamide. This is a form of chemotherapy similar to that used to treat cancer. It works to suppress the body's immune system which is causing the inflammation in your body. It will be given either as an intravenous injection (every 2-4 weeks) or daily tablets.

Before starting the medication please inform your doctor if:

- You may be pregnant or are breastfeeding
- You plan to have any children in the future.

YOU MUST NOT GET PREGNANT OR FATHER A CHILD WHILE TAKING CYCLOPHOSPHAMIDE AND FOR 6-12 MONTHS AFTER STOPPING TREATMENT AS IT CAN HARM AN UNBORN BABY

Appropriate contraception can be discussed with your doctor.

Before starting this medication you need to be aware of the possible side effects:

- **Nausea or vomiting.** This is more common after the intravenous administration.
- **Hair loss.** Thinning of the hair is usual. This normally grows back on stopping the medication.
- **Infection.** As the body's immune system is suppressed resistance to infection is reduced. If you develop signs of an infection your doctor should be consulted. **Do not have any vaccinations** without discussing these with your hospital specialist.
- **Infertility.** This may occur after long-term use. The risks vary between men and women, and depending on the dose used. This will be discussed by your doctor.
- **Inflammation of the bladder.** Cyclophosphamide can cause bleeding in the bladder, leading to red urine. Inform your doctor if this occurs.
- **Increased risk of cancer.** There is a small increased risk of cancer in later life. Bladder cancer is the one most commonly linked to cyclophosphamide treatment. If blood appears in the urine at any point after stopping the drug you should consult your doctor.

Monitoring of treatment

- You will be required to have blood tests every 1-2 weeks to ensure your blood count is safe. The treatment may be stopped or adjusted based on these results.

I acknowledge that I have received the above information about cyclophosphamide

Name: _____

Signature of Patient: _____

Date: _____

Doctor's signature: _____

Date: _____

Name of Doctor: _____

Designation: _____