Bleomycin (blee oh MYE sin)
Patient Education

US Brand Names: Blenoxane
Therapeutic Category: chemotherapy

What is this medicine used for?
Used to treat a variety of cancers.

How does it work?
Bleomycin works by killing rapidly growing cells. This drug will affect all fast growing cells, cancer cells and normal cells, in your body.

What should my doctor or nurse know before I take this medication?
- If you are allergic to any medicines.
- If you are taking other over the counter or prescription medicines, including vitamins and herbal remedies.
- If you are, or may be pregnant.
- If you are breast feeding.
- If you have kidney problems.

How is this drug given?
- This medicine can be used alone or in combination with other cancer medicine.
- This medicine is given into a vein, injected into your muscle or fat tissue. Ask your doctor or nurse how you will be taking this medication.

What are the general precautions when taking this medicine?
- Talk with your doctor or nurse before taking aspirin, aspirin-containing products, over the counter or prescription medications, including vitamins and herbal remedies.
- Drink 8 to 10 glasses of non-caffeinated liquid every day (unless told otherwise by your doctor or nurse).
- If you or your partner can get pregnant, use birth control during your treatment. Once completing treatment, discuss the timing for discontinuing birth control measures with your provider. (See Patient Teaching Sheet: Fertility)

What are the common side effects of this medicine?
- Mouth sores.
Vein discomfort. Bleomycin is irritating and can cause pain or a burning feeling along the veins of the arm during the infusion. Report discomfort or pain to nurse immediately.

- Fever and chills up to 24 hours after the infusion in normal. Your doctor may prescribe Tylenol and benadryl for the first day following your treatment.
- Discoloration of your skin, especially on your hands and feet, may occur.
- Discoloration of your skin in areas that have been treated with radiation.
- Nail thickening and discoloration.
- May cause alopecia: this medication may make your hair fallout. Hair loss starts about 2-3 weeks after you get this drug. Hair on your head is often lost first, but body hair can thin. Hair re-growth takes about 3-5 months after your last dose of this medication. (See Patient Teaching Sheet: Alopecia)
- Myelosuppression (drop in number of blood cells)
  May cause a drop in the number of white blood cells in your body (Neutropenia). These cells fight infection. A drop in the number of these cells puts you at risk for infection. You may be at an increased risk for getting an infection during your treatment. Talk to your doctor or nurse about your risk. Avoid people with infections, colds or flu when you are at risk. (See Patient Teaching Sheet: Neutropenia)

May cause a drop in the number of platelets in your body (Thrombocytopenia). Platelets help your blood clot. A drop in platelets put you at risk for bleeding. You may bleed easily during your treatment. Talk to your doctor or nurse about your risk. Avoid injury to your skin and mucous membranes by using a soft toothbrush, electric razor, etc., when you are at risk. (See Patient Teaching Sheet: Thrombocytopenia)

May cause a drop in the number of your red blood cells in your body (Anemia). Red blood cells carry oxygen throughout your body. This drop in red blood cells may lead to you feeling tired/fatigued. Talk to your doctor or nurse about your risk. (See Patient Teaching Sheet: Fatigue)

**Danger signals to report immediately to your doctor or nurse:**

- Signs or symptoms of infection. This include a fever of 100.4 F (38 C) or greater, chills, severe sore throat, ear or sinus pain, cough, increased sputum or change in color, painful urination, mouth sores, wound that will not heal, or anal itching or pain.
- Severe nausea or vomiting or diarrhea not controlled by medication.
- Not able to eat or drink.
- Bleeding from your nose, mouth, gums, or in your urine or bowel movements. Bruising that does not heal.
- Feeling extremely tired, weak, dizzy or light headed.

Prepared by the Oncology Nursing Committee 10/04.
Reviewed/revised by Oncology Clinical Nurse Specialist (T. Baltic) 4/07,12/09; Robert Carlson, MD 6/07.

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