MEDICINE INFORMATION

Vinorelbine and cisplatin

Patient information about vinorelbine and cisplatin, including care after lung surgery, hydration and constipation.

At a glance

Treatment	Vinorelbine + Cisplatin
When it may be used	This combination may be offered after surgery for selected people with non-small-cell lung cancer to reduce the chance of cancer returning.
How it is given	Cisplatin and vinorelbine are given through a vein in the version described in this guide.
Before you start	Tell the team if you have hearing changes, kidney problems, tingling, constipation or difficulty drinking.

What this treatment is and how it works

Vinorelbine interferes with cell division. Cisplatin damages the genetic material in cells. The medicines can also affect healthy cells, especially the cells that make your blood.

When it may be used

The expected benefit depends on the results from surgery and how well you have recovered.

Before treatment

Discuss any remaining symptoms after surgery and ask when you can contact the unit between visits.

How treatment is given

The regimen uses vinorelbine and cisplatin given through a vein. There can be visits when only one drug is given. Extra fluids are given with cisplatin, and anti-sickness medicines may continue at home.

Tests and monitoring during treatment

Blood counts and kidney tests help guide whether the next visit can go ahead. Your team may check magnesium and hearing. Tell them how often your bowels are moving and whether you can eat and drink comfortably.

Side effects

Common or more frequent side effects

- **Changes in blood counts.** Treatment can lower the white cells that fight infection, the red cells that carry oxygen and the platelets that stop bleeding. You may feel tired or get breathless sooner than usual. Let the unit know about nosebleeds, new bruises or small red or purple spots. Fever or shaking chills needs a call to the urgent number even if your next blood test is already booked.
- **Constipation and nerve symptoms.** Some drugs in this regimen can slow your bowel and affect nerves. Write down how often you pass stools, and tell the team about tingling, weakness or a change in your balance. Ask about a bowel plan if you already take medicines that contribute to constipation. With severe belly pain, vomiting or a swollen abdomen, call urgently.
- **Nausea and vomiting after cisplatin.** Cisplatin can cause nausea on the treatment day and on later days. Keep the prescribed anti-sickness timetable after going home. Ask which medicine to use if nausea breaks through. Contact the unit if you cannot drink or take essential medicines. The team may need to check hydration and kidney function.
- **Tingling, altered feeling or pain in hands and feet.** Give examples of what has changed, such as difficulty with buttons, holding a cup or getting your balance on steps. Tell the team if the sensation lasts until the next visit. If temperature is hard to judge with your fingers or toes, take care around hot water and heating pads.

Other reported side effects

Tell staff about pain or redness along the vein during or after vinorelbine. Report new ringing in the ears or difficulty hearing.

Serious effects to recognise

- **Pain or swelling at the infusion site.** Some of the medicines used in this regimen can damage skin and tissue if they leak outside a vein. Tell staff immediately about burning, stinging, tightness, leaking fluid or swelling during a drip. Contact the unit if the site changes after you go home.
- **Hearing or balance changes.** Platinum chemotherapy can cause ringing in the ears or hearing loss. Ask if you need a baseline or follow-up hearing test. Report new ringing, poorer hearing or changes that make it hard to follow conversations. Your team can check how this affects the next treatment.

Severe constipation with pain, bloating and vomiting can need urgent assessment. Infection and severe dehydration are also urgent concerns, especially if you are recovering from an operation.

When to seek urgent help

Call your team urgently for fever, chills, severe abdominal pain or bloating, persistent vomiting, reduced urine or worsening breathlessness. Follow your hospital’s written temperature instructions. If you have no written threshold, call at 37.5°C (99.5°F) or above, or below 36°C (96.8°F). Call if you feel very unwell even when your temperature is normal.

Seek emergency care for severe breathing difficulty, swelling of the face or throat, chest pain, collapse or bleeding that will not stop.

Practical advice for this treatment

Watch the drip site

Vinorelbine can damage tissue if it leaks outside the vein. Tell the nurse immediately about burning, stinging, tightness, swelling or leaking fluid. If these symptoms develop after you go home, call the unit. Follow its instructions on caring for the site.

Plan for bowel and kidney checks

Vinorelbine can cause constipation. Tell the team if you are already taking opioid painkillers or usually need medicines to move your bowels. Ask when to call if you have not passed stools. For cisplatin, the team gives fluids and checks kidney function and salts such as magnesium. Report vomiting, poor fluid intake or reduced urine.

Keep a note of treatment days

Some schedules include separate vinorelbine-only visits. Check the plan before arranging transport or changing medicines. Bring details of prior hearing or balance problems. Report a new ringing noise, changes in hearing or tingling that affects walking.

Medicines, interactions and vaccinations

Ask how to combine your anti-sickness plan with any pain medicines and laxatives. Tell the team before taking supplements or being vaccinated.

Everyday life

Write down bowel changes, nausea and fluid intake if symptoms are difficult to describe. Ask for a constipation plan before you go home.

Pregnancy, fertility and breastfeeding

Discuss fertility, contraception and breastfeeding before treatment. Ask how long precautions should continue afterwards.

After treatment

Keep your lung cancer follow-up appointments. Tell the team about persistent bowel problems, hearing changes or numbness. Ask which symptoms should prompt an earlier visit.

Frequently asked questions

Why do I need treatment after surgery?

In selected people it can lower the chance of the cancer returning. Ask what benefit your team expects in your situation.

Will I get both medicines at every visit?

Some visits may be for vinorelbine alone. Check the names on your calendar.

What if I feel burning near the drip?

Tell the nurse immediately. Vinorelbine can damage tissue if it leaks out of a vein. Call the unit if pain, redness or swelling develops near the drip site after you leave.

Can I take a laxative?

Ask for a plan before treatment, particularly if you already take medicines that cause constipation.

Which bowel symptoms should I call about?

Call for severe pain, a swollen abdomen, vomiting or inability to pass stool or wind.

What should I do about ringing in the ears?

Report it promptly. Your team can decide whether to check your hearing.

Why do I have extra fluids in the unit?

They help protect the kidneys when you receive cisplatin.

How can I compare the benefits and side effects?

Ask what difference the treatment may make to your chance of recurrence and which risks are most relevant to you.

Individual medicine guides

- Vinorelbine
- Cisplatin

Sources and further reading

Read this guide alongside your hospital's plan. Ask your pharmacist to confirm the exact product dispensed in India and follow the instructions for that product.

Summary of Product Characteristics (SmPC) and prescribing information

- Intravenous vinorelbine (Navelbine) - UK SmPC
- Cisplatin injection - UK SmPC

Clinical protocols and other references

- eviQ postoperative cisplatin and vinorelbine protocol

Additional sources

- eviQ patient guide to vinorelbine and cisplatin after lung surgery

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