Intra-vesical therapy (bladder instillation therapy) for interstitial cystitis

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Treatment of interstitial cystitis

The management of interstitial cystitis (IC) can be very challenging for both the patient and the urologist, however effective treatments are available.

There are various treatments for IC, one of them is intravesical therapy (bladder instillation). Intravesical therapy is becoming one of the most popular, and probably, the most effective treatments of IC in the UK.

Preparation

No special preparation is required to begin this treatment. Please eat and drink normally and take your usual medication.

Advice for female patients

Please notify us if you could be pregnant, as we are unable to proceed with this type of treatment during pregnancy.

Why a bladder instillation?

The advantages of instillation therapy are the following:

- high concentration of drug at target location
- fast symptom relief
- high response rate
- minimum side effects
- outpatient treatment
- potential for self – instillation (depending on treatment used)

Currently the most popular intravesical (into the bladder) treatment is Sodium Hyaluronate solution (Cystistat). Dimethyl Sulfoxide (DMSO) is also widely used. Some centres offer a
combination therapy which includes Heparin, hydrocortisone, sodium bicarbonate and local anaesthetic solution (cocktail therapy.) This later treatment is not currently a licensed medication for IC but has been used in specialist centres like the Queen Elizabeth hospital, to treat this condition for over 10 years very successfully.

Your consultant will discuss you options with you, to decide which treatment is most suitable.

**How does it work?**

One of the most popular theories in the aetiology of IC is a defect or damage to the GAG layer (glycosaminoglycan), which is the protective layer of the inside of the bladder. Therefore, the aim of the instillation therapy is to replace or replenish this GAG layer and reduce the permeability of the lining of the bladder to potassium ions, believed to cause IC bladder pain.

**Are there any side effects?**

Although instillation therapy is generally considered to have minimal side effects, some hypersensitivity reactions are possible this includes:

**Frequency of urine**

Inability to void for several hours (depending on treatment usually due to the anaesthetic included in the bladder cocktail).

Another disadvantage is the need for catheterisation at each session of treatment with risk of infection and possible bleeding.
Are there an alternatives to intravesical therapy?

The alternatives to intravesical therapy are:

Hydrodistention of the bladder (bladder stretch) can be helpful to some patients although it is not clear why this can be beneficial but it is thought to work by increasing bladder capacity and may interfere with pain signals transmitted by nerves in the bladder. After this procedure symptoms may worsen temporarily for 24 – 48 hours.

Lifestyle changes can be helpful on their own but also in combination with other treatment options. These lifestyle changes include:

- diet – avoid alcohol, tomatoes, spices, chocolate, caffeinated, citrus beverages and high acid foods
- stop smoking – by products of tobacco are excreted into the bladder causing irritation
- bladder training – patients try to lengthen voiding patterns (bladder diaries)

Transcutaneous Electrical Nerve Stimulation (TENS), wires are placed on the lower back or just above the pubic area. It is not entirely clear why TENS works but it is suggested the electrical impulses may increase blood flow to the bladder, strengthen pelvic muscles that control the bladder, or trigger substances that block pain.

Sacral Nerve Root Stimulation. Permanent implantation of electrodes and a unit emitting continuous electrical pulses. This is only available in specialist centres.

Administration of medication

You will be greeted by a member of staff and asked to change into a gown. The details of the procedure will be explained and you will be offered the opportunity to ask any questions.
The instillation of the medication takes only about 5 minutes. You will be asked to lie on a couch and a small tube (catheter) will be passed into the bladder and the medication will be administered via this tube into the bladder. The catheter will then be removed. You will be advised depending on the treatment how long to retain it. The treatment is then just passed out when you pass urine.

The usual regime for instillation is weekly for 4 – 6 weeks, then two weekly for a period of time. Once symptoms are under control the treatment regime is tailored to the need of that specific patient ranging from once every three weeks to once every two months but most typically is once a month. Not all patients need to go onto a maintenance protocol and some IC patients can have a relatively prolonged remission with this therapy.

If you have any queries before or after treatment please contact:

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The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk or call 0121 627 7803

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