



INSTILLATIONS FOR PAINFUL BLADDER CONDITIONS

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

[http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Painful bladder.pdf](http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Painful%20bladder.pdf)

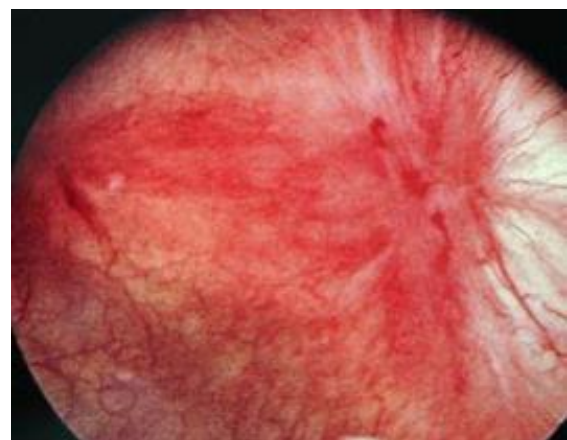
Key Points

- This involves passing a soft catheter (plastic tube) into your bladder to instil a liquid medication which helps relieve symptoms of severe bladder pain
- The technique may, occasionally, be used for patients with recurrent urinary infections
- The medications used are like the chemicals that normally protect your bladder lining from toxic substances in your urine
- Treatment involves a series of instillations, sometimes followed by maintenance treatments
- The commonest side-effects are bladder pain and urinary infection

What does this procedure involve?

Instillation of a liquid medication into your bladder to treat severe bladder pain, due to conditions such as interstitial cystitis (pictured right) or, occasionally, for recurrent infections in your urine.

It requires a catheter (plastic tube) to be passed through your urethra (waterpipe) into your bladder. Several treatments are usually necessary, at intervals of one to four weeks.



We may use a number of different chemicals but most contain chondroitin sulphate, sodium hyaluronate or a combination of both. These chemicals are found naturally on the surface lining of your bladder, and form part of your body's barrier to toxic substances in your urine.

Your surgeon will discuss which agent is best for your particular condition before starting the treatment.

What are the alternatives?

- **Conservative methods** – pain control therapy, avoiding “trigger” factors (e.g. certain foods or liquids), relaxation techniques, physiotherapy and low impact exercise such as yoga
- **Painkilling tablets** – ranging from simple painkillers (e.g. paracetamol) to powerful neuroleptic (pain-modifying) drugs
- **Bladder hydrodistension** – gentle stretching of your bladder under a general anaesthetic
- **Simple cystectomy & urinary diversion** – in the most severe and unresponsive cases, removal of your bladder and formation of a urostomy (urinary stoma)

What happens on the day of the procedure?

You should limit your fluid intake for four hours before each treatment. If you take diuretics (water tablets), please do not take them on the morning of your appointment. You can take any other prescribed medications unless your doctor has advised you otherwise.

On arrival in the clinic, we will ask you to pass urine which we will test for infection. If infection is suspected, we will send a sample to the laboratory. Depending on your symptoms, we may postpone your treatment whilst you take a course of antibiotics.

If your urine is clear, your urologist (or a member of their team) will briefly review your history and medications, and will discuss the procedure with you again, to confirm your consent.

Details of the procedure






- we clean your genital area with an antiseptic solution and squirt an antiseptic gel (containing local anaesthetic) into your urethra (waterpipe)
- we then pass a small, soft catheter into your bladder and empty any urine which remains
- we instil the medication into your bladder slowly through the catheter, in approximately 50 ml of fluid

- we then remove the catheter from your bladder
- we ask that you try not to pass urine for at least 15 minutes and, if possible, for 90 minutes; this allows the medication to treat the whole bladder lining
- we then ask you to empty your bladder
- the medications used are not toxic so it is safe for you to pass your urine normally into any toilet

Your urologist or specialist nurse will discuss the number of treatments needed, and the interval between each treatment. These will depend on how well your bladder responds to the first few treatments.

Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Burning and stinging when you pass urine over the first few days	 Between 1 in 2 & 1 in 10 patients
Passing urine frequently and urgently over the first few days	 Between 1 in 2 & 1 in 10 patients
The treatment has no effect on your bladder symptoms	 Between 1 in 2 & 1 in 10 patients
Urinary infection requiring antibiotics	 Between 1 in 10 & 1 in 50 patients
Allergic reaction to the material used in the instillation catheter	 Between 1 in 50 & 1 in 250 patients

What can I expect when I get home?

- a copy of your treatment details will be sent to your GP

- any antibiotics or other tablets you may need will be arranged & dispensed, either from the hospital pharmacy or by your GP
- we will arrange your next instillation at a suitable time
- you should drink twice as much fluid as normal over the 24 hours after the treatment

If you think you have a urine infection (pain when passing urine, passing urine more frequently or foul-smelling urine) or if you develop a high temperature with backache, it is important to contact your GP and get treatment with antibiotics.

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (warfarin, aspirin, clopidogrel, rivaroxaban or dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Before you go home

You will be given advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery

If you are only having a local anaesthetic, stopping smoking will have no effect on this procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local [NHS Smoking Help Online](#); or
- ring the free NHS Smoking Helpline on **0800 169 0 169**.

Driving after any procedure

It is your responsibility to make sure you are fit to drive even after a minor surgical procedure. You only need to [contact the DVLA](#) if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Information Standard](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.