Bladder instillation for painful bladder syndrome (interstitial cystitis)

What is the evidence base for this information?
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your urologist or nurse specialist as well as the surgical team at Addenbrookes. Alternative treatments are outlined below and can be discussed in more detail with your urologist or specialist nurse.

What does the procedure involve?
This procedure involves instilling a combination of drugs into the bladder to help treat painful bladder syndrome or cystitis type symptoms, such as bladder pain, urinary urgency and frequency. It works by aiming to reduce inflammation and discomfort in the bladder. It is also called Parson’s cocktail and consists of lignocaine (a local anaesthetic), sodium bicarbonate and heparin (a naturally occurring compound in the bladder lining).

What are the alternatives to this procedure?
Bladder distension, commercial intra-vesical instillations, pain clinic, removal of the bladder, diversion of urine away from the bladder.

What should I expect before the procedure?
Before you arrive, do not drink anything for at least four hours before your appointment. If you take water tablets (diuretics), do not take any on the morning of your appointment, but continue to take any other medication you usually take (unless your doctor has advised you otherwise).
On arrival to the clinic, you will be asked to pass urine which will be tested to ensure that you do not have an infection in the urine. If you do, your treatment will need to be postponed for one week while you are treated with antibiotics.

Please be sure to inform your urologist in advance of your surgery if you have any of the following:
- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection
- high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human derived growth hormone)

What happens during the procedure?
You will need to lie down throughout your treatment. A fine plastic tube (catheter) will be passed into the bladder and the medication (50mls) will be given slowly through it. The catheter will then be removed. You will be asked to hold the urine in your bladder for a minimum of 15 minutes and a maximum of 30 minutes. You will then be asked to empty your bladder. The instillations are planned for once a week for six weeks, then once per month for six months. You will be reviewed after six to eight weeks of treatment.

What happens immediately after the procedure?
Once your treatment has been completed, you will be able to go home. You will be asked to complete two questionnaires assessing your symptoms and response to treatment.

Are there any side effects?
Most procedures have a potential for side effects. You should be reassured that, although all these complications are well recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than one in 10)
- Temporary discomfort on passing urine (this should settle after 1-2 days, a hot water bottle or painkillers such as Paracetamol should help)
- Frequency or urgency

Occasional (between one in 10 and one in 50)
- Nil
Rare (less than one in 50)
- Nil

Hospital-acquired infection (overall risk for Addenbrooke’s)
- Colonisation with MRSA (0.01%, two in 15,500)
- Clostridium difficile bowel infection (0.02%; three in 15,500)
- MRSA bloodstream infection (0.00%; 0 in 15,000)
(These rates may be greater in high risk patients eg with long term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions.)

What should I expect when I get home?
If you think you have a urine infection or if you develop a high temperature with backache, it is important to contact your GP and get treatment with antibiotics.

What else should I look out for?
The treatment is given weekly for four weeks. If successful, the treatment is then continued on a monthly basis. You may be asked to complete questionnaires before and after treatments to help assess the usefulness of the treatment.

Are there any other important points?
An outpatient appointment will be arranged for you in due course to assess the response to treatment.

Driving after surgery
It is your responsibility to ensure that you are fit to drive following your surgery.
You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than three months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Privacy & Dignity
Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high tech equipment and/or specialist one to one care is required.

Hair removal before an operation
For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team may need to remove hair to allow them to see or reach your skin. If the healthcare team consider it is important to remove the hair, they will do this by using an electric hair clipper, with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself, or use a razor for hair removal, as this can increase the risk of infection to the site of the operation. If you have any questions, please ask the healthcare team who will be happy to discuss this with you.
References
NICE clinical guideline No 74: Surgical site infection (October 2008); Department of Health: High Impact Intervention No 4: Care bundle to preventing surgical site infection (August 2007)

Is there any research being carried out in this field at Addenbrooke’s Hospital?
There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly audit and clinical governance meeting.

Who can I contact for more help or information?

Oncology nurses
Uro-oncology nurse specialist
01223 586748

Bladder cancer nurse practitioner (haematuria, chemotherapy and BCG)
01223 274608

Prostate cancer nurse practitioner
01223 274608 or 216897 or bleep 154-548

Surgical care practitioner
01223 348590 or 256157 or bleep 154-351

Non-oncology nurses
Urology nurse practitioner (incontinence, urodynamics, catheter patients)
01223 274608 or 586748 or bleep 157-237

Urology nurse practitioner (stoma care)
01223 349800

Urology nurse practitioner (stone disease)
01223 349800 or bleep 152-879

Patient Advice and Liaison Centre (PALS)
Telephone:
+44 (0)1223 216756 or 257257
+44 (0)1223 274432 or 274431
PatientLine: *801 (from patient bedside telephones only)
E mail: pals@addenbrookes.nhs.uk
Mail: PALS, Box No 53
Addenbrooke's Hospital
Hills Road, Cambridge, CB2 2QQ

Chaplaincy and multi faith community
Telephone: +44 (0)1223 217769
E mail: chaplaincy@addenbrookes.nhs.uk
What should I do with this leaflet?

Thank you for taking the trouble to read this patient information leaflet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this leaflet to be filed in your hospital records for future reference, please let your urologist or specialist nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this patient information leaflet and I accept the information it provides.

Signature..................................................Date......................................