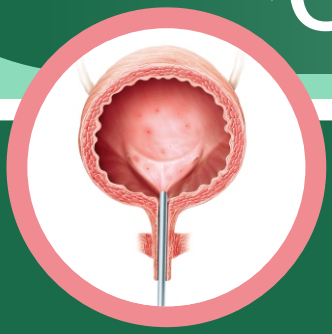
GLOBAL INTERSTITIAL CYSTITIS, BLADDER PAIN SOCIETY

VOLUME 4, ISSUE 6 (SUPPL) (JUNE 2022)

GIBS Newsletter

Supplement



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Intravesical Injections.... Hope In The Horizon!!!

> **Hope Is...**
> **Being Able To See,**
> **That There Exists A LIGHT...**
> **Despite All The**
> **DARKNESS!**

It is summers and every single life on this planet earth is eagerly waiting for monsoon to approach. Summers is nearing end and every life is desperate to feel the gentle, fresh, cool wind blowing through their hair with wet sprinkles of rain covering their face. This is nothing but a hope to witness transition from heat to cold, and so monsoon is always a season where people feel “love is in the air”. Similarly, with a hope of being able to reduce some of the sufferings of the IC/BPS patients, Prof. Rane, Chair, and Head of Department of Obstetrics & Gynaecology at JAMES COOK UNIVERSITY and Consultant Urogynaecologist at The Townsville and Mater Hospitals, Townsville, Queensland has conceived this idea of using a unique technique; a cocktail of intravesical injection for interstitial cystitis/bladder pain syndrome, which is a condition of unknown etiology with symptoms of urinary urgency, frequency, and severe bladder pain on filling up. Prof. Rane has focused more onto the pain and pain management obviously with a hope, that these

techniques will ease out the pain and agony of a greater number of patients suffering out there.

Aristotle once quoted “Hope is a waking dream”, and I feel an IC patient who is continuously wayfaring through journey of suffering and pain, constantly hopes for their gut-wrenching journey to cease. During the annual GIBS meeting Prof. Ajay Rane, was invited for a talk on some of his experiences using one such intravesical injections for IC/BPS. IC/BPS is a widespread problem, underdiagnosed, underappreciated and patients wander from pillar to post, surgeon to surgeon with a hope of end, to their condition. The worst a patient feels is when they are told, it's all in their head and referred to some psychologist and tagged under the category of mental illness or psychopath. After listening to Prof. Rane's talk, it was clear that, the most important criteria (symptom) for IC/BPS, seemed to be the bladder pain, more precisely … the “Filling Bladder Pain”. No pictures of Cystoscopy or no reports show such distinct condition of IC/BPS as it is shown by bladder pain, and Prof. Rane's technique, was predominantly for Bladder Pain and not for urgency, frequency or nocturia. IC/BPS is a pathology of uncertain etiology. It may be related to ruptured GAG layer, an auto-immune condition may be a reason too, any childhood untreated urinary tract infection, or there may be a neurogenic element to it. He feels infective element to be a very interesting concept in IC/BPS as there is a rise in the number of populations becoming aware of the urinary biome, the vaginal biome, and the change in the biomes when infection or inflammation sets in. This very well correlates with mast cell activation. He discussed one of his thought processes that highlighted the connection between the Metabolic Syndrome and Painful Bladder Syndrome. A fasting glucose tolerance test was done on a big cohort of his patients, and it was found that, despite the Hb1ac normal and the random blood sugar normal, 56% of the patients had impaired glucose tolerance of full-blown type II diabetes. He feels this option of association of metabolic syndrome with painful bladder syndrome is not yet explored and needs to be explored. He further focused that, the intake of refined foods, lack of fasting, obesity and metabolic syndrome plays a huge role in painful bladder syndrome. Different evidence-based management of IC/BPS are lifestyle modification with acid free diet, stress reduction (meditation, mindfulness yoga and exercises), bladder retraining, timed voiding may be followed. Medical treatment available for the management of IC/BPS is antihistamines, Cimetidine, Amitryptiline, hydrodistensions, bladder instillations and neuromodulations which is extensive as well as expensive. However, Prof. Rane focused on use of intravesical injections which is done by blabbing the sub-mucosa with 3-5 ml of a cocktail solution, not as deep as the BOTOX, but superficial just underneath the mucosa. A five-year retrospective data was discussed by Prof. Rane. The study included 408 patients treated with 647 episodes of intravesical cocktail (Triamcinolone/bupivacaine/gentamicin) injection. This cocktail injection was precisely for pain, and not for frequency or urgency, which is an important concept to remember. The demographics of the patient showed their mean age to be 61.2 years which tells that, patients wait for a long time before they present to the care givers or doctors. He clearly mentioned this is not that, this is a condition of people in their 5th and 6th decade and this condition was in his youngest patient of 14 years of age. So, this condition is poorly understood and managed, and patients wait for a long time before receiving a positive therapy. All the patients received entire gamut of conservative treatment including lifestyle modification and medications and finally were moved on to the tertiary treatment of bladder installation, bladder injection or sacral nerve stimulation. It was seen that of the total patient population 64.7% of women and one man needed only one treatment with good control of symptoms, especially pain, 22.7% received two treatments and 5% a small cohort of patients received more than three treatments because they kept coming back because they feel better. Prof. Rane mentioned it very focused and clear, that any patient who doesn't feel better with the treatment won't keep coming back to the doctor. Despite, of mentioning that such intravesical injections can't be given more than three times a year, patient kept coming back to continue feeling good pain free.

In severe cases, it was noticed that the bladder capacity was increased with the cocktail and rotational treatment between BOTOX and intravesical cocktail injection too was given. Botox is generally given deep inside, whilst the intravesical cocktail injection is given as a bleb uplifting the epithelium. So, it is important to understand the efficacy and interval between the two treatments. It was seen that, 87% of patients were at

symptom control within two treatments, those patients who required more than two treatments did so at progressively shorter levels. Such results indicates that, the patients have become pain free, and the moment the pain comes back, patients need their injection back again. It's almost like drug addiction. A weak correlation was noted by Prof. Rane between increasing age with response to the cocktail treatment. The correlation was "the older you get, the better you respond" and absolutely zero major complications were associated with the intravesical cocktail treatment. Hence, the conservative measures should be first line Some amazing emerging therapies such as the use of sildenafil, another drug that basically theorized to inhibit potassium release, thereby preventing mast cell degranulation. There are also some mast cell stabilizing medications which contains lots of side effects. Cannabinoids is considered a future hope to reduce IC considerably. Novel intravesical drug delivery system, where a drug can be embedded in liposomes, electro motive drug administration, reverse thermal gelation hydrogel. Some of these techniques may be used in creation of a new mesh to put in the vagina problems. Lidocaine releasing intravesical gel, hyperbaric oxygen therapy, extracorporeal shock wave therapy are few others in the line. Prof. Rane emphasized on the latest, and commonly used technique of roller ball diathermy to the Hunner's ulcers. It has been seen that, biologists are extremely keen to use this solo technique, especially where there has been a need in prostate. But it was found that, if a patient has Hunner's ulcer, it may be injected as much as one want. They tend to remain there or recur. If the hunner's ulcer are diathermalize with a roller ball, the frequency of recurrence reduces drastically and may recur in a different site, however the pain subsides. So, the whole idea behind the talk session was to see whether one can manage the pain associated with IC/BPS. Use of a diathermal roller ball is a last desperate line of treatment. Hence, this is a therapy which is available and can be used quite easily without any complications, especially for the pain part of the painful bladder syndrome. In summary, Prof. Rane mentioned the fine details of the intravesical cocktail injection. The intravesical cocktail injection consisted of two ampules (8 mg) of triamcinolone, with 20 ml of 0.25 marked with adrenaline and sometimes 80 million Gentamicin is added to the cocktail. A special needle is used for the intravesical injection called as BoNee by Coloplast used for Botox injections too. Also, a delivery system is used, that allows to bleb the mucosa of the bladder supra trigonally. These were few of the points to be noted for intravesical injection with cocktail.

So, bladder pain syndrome is a complex and poorly understood entity where the conservative measures are universally recommended as first line therapy. One treatment doesn't help every patient and therefore treatment should be targeted and multi model. The perfect cocktail doesn't exist, however this cocktail injections had been under use by Prof. Rane for IC/BPS patients for the last 15 years. However, the main issue is to show that the bladder injections are safe and it's effective for treatment of pain, especially severe pain in patients who present with severe interstitial cystitis and bladder pain syndrome.

Presenter

Prof. Dr. Ajay Rane
Professor, Chair, and Head Department of
Obstetrics & Gynaecology
JAMES COOK UNIVERSITY Consultant Urogynaecologist
The Townsville and Mater HospitalsTownsville, Queensland

The Blog is written by Dr. Sapna Biswas [Scientific Writer - GIBS] while it was presented by me at GIBS 2021 6th Annual Conference on IC/BPS.
- Prof. Dr. Ajay Rane

GLOBAL INTERSTITIAL CYSTITIS,
BLADDER PAIN SOCIETY
EDUCATE, IDENTIFY, TREAT
Fighting the Fire in Bladder

First Announcement

GIBS 2022

7th Annual Congress on IC/BPS

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27th & 28th August 2022

'Save a Bladder - Save a Family'

Highlights & Insights

DAY 1

- Young Scientist Session 1
- State of Art Lecture- Session 1
- Approach & Therapy [Relay] Uro & Gyn Perspective
- Debate
- GIBS Module for IC Care Providers

DAY 2

- Milestones of GIBS
- Comprehensive Pain Management in IC/BPS
- Townhall with Global Patient Advocates
- Young Scientist Session 2
- Practical Tips & Tricks
- State of Art Lecture - Session 2
- Journey of IC patients : Patient Interactive session
- Quiz
- Building your multi-specialty IC/BPS team

Live Operative Workshop

- Cystoscopy-Hydrodistension in IC BPS : GIBS module technique
- Hunner's Lesion & Fulguration in IC/BPS
- Intravesical Botulinum toxin therapy
- Pelvic Floor Injection Therapy
- Innovation in Intravesical therapy

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Mumbai, India

Subject to availability of cases

International Faculty


Dr Ajay Rane


Dr. Cindy Ziestman


Dr. David Kaufman


Dr. Fidel Tomas M. Manalaysay III


Dr. Ghanshyam Sigdel


Dr. Jose Ignacio Bonomo


Dr. Md Mashiur Arefin


Dr. Roger R. Dmochowski


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