



◀◀ GIBS News Letter

Supplement

Augment The Treatment of IC/BPS: Intravesical Instillation of PPS - A Boon for Life

It is already known that Interstitial Cystitis/ Bladder Pain Syndrome is a chronic, non-infectious, inflammatory condition of poorly understood aetiology that affects the urinary bladder. It has an intense impact on the psychological and social wellbeing of the patient if symptoms of urinary urgency, frequency and severe bladder pain are inadequately treated. So far only oral pentosan had been cited in literature to have positive impact on the condition and with no severe side effects, however it is a slow acting drug with lesser bioavailability unlike other available fast acting and instant sources of drugs used for treating IC/BPS with severe side effects. There are many other drugs and therapies in the treatment of IC/BPS.

Dr. Sandor Lovasz Ph.D. (Hungary) emphasized in his talk during Global Interstitial Cystitis Bladder Pain Society (GIBS) Congress held on August 28th, 2021, one such therapy and discussed the new aspects of the therapy in IC/BPS. He accentuated the impact of intravesical therapy so beautifully, it clearly states the high efficacy of drug with no severe side effects when given intravesical instillation. He had put some light on why local instillation therapies are used, the advantages of instillation therapies, what are the drugs generally used for such therapies, what kind of medications can be instilled, when and in which frequency it can be recommended to perform. However, scarcely it is spoken about how one may do this instillation, as all conventional bladder instillation is recommended to be performed using a urethral catheterization which makes the therapy extremely painful. Aware of the painful conditions, significant number of patients refuse the instillation procedure, though this is the only mode to get relief faster, as the instillation of the drug is local intravesical. Not only the pain, but also the expensive therapy, the time to visit the doctor every time an instillation needed refrains the patient from



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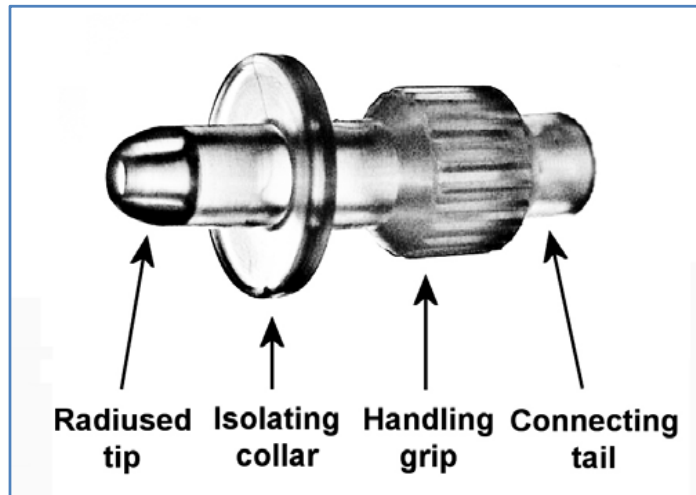
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accepting the instillation therapy. Hence, an invention of a catheter-free instillation method by using the syringe adapter which is called “UroDapter” is done to prevent the pain during bladder instillation, to improve patients' quality of life and to convert instillation therapy into a pain-free procedure. It also supports the masses to help deal with the condition smoothly and attain an improved quality of life.

Uro Dapter... How it works?

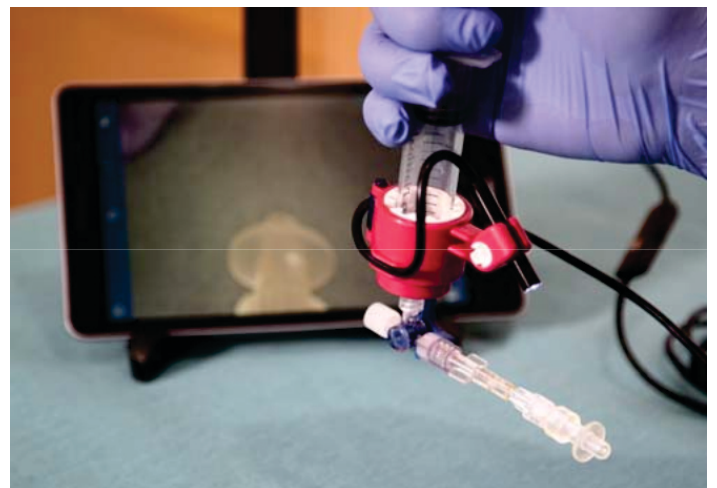
It seems to be a boon for all those suffering patients. UroDapter is a tiny plastic adapter which fits over both Luer-lock and Luer-slip syringes.



over the surface of the peri-orifical surface and then the

The main part of the Uro Dapter is the flexible isolating collar for a leakage free instillation, which fits instillation may be performed in a leakage-free way. It can be used in both the genders. Simultaneous treatment of the bladder and the urethral mucosa can be done by use of UroDapter which is the greatest advantage of this method. The need of catheterization for the instillation is eliminated and hence there is no mechanical lesion on the urethral mucosa, completely pain-free, quick, and simple procedure. The easy procedure convinces the patient to adopt this method **w i t h o u t f e a r .**

UroStill is an assistive device for self-instillation in female patients in combination with the advantages of a syringe adapter. There is a micro video camera which helps targeting the orifice which eases the procedure to have an external view on how the insertion is done and the built-in camera enhances the visualization on how the orifice can be targeted. A clear visualization of the treatment or under-treatment. Due to its many advantages the self-instillation by using the UroStill assistive device should be regarded as the optimal solution of the future. orifice can be performed without catheterization due to the use of syringe adapter. It is completely pain-free, less expensive, and the patient is completely independent of deciding the time and frequency of the treatment at home which helps to prevent over-



**Let's Welcome the Arrival of
UroDapter for Patients of IC/BPS.
We are here for YOU!**

INTRAVESICAL COCKTAILS (RESCUE SOLUTIONS)

1. Anaesthetic cocktail-Robert Moldwin, MD

1:1 mixture of 0.5% Marcaine and 2% Lidocaine jelly – about 40 cc total.
To this solution are added: Heparin sulphate 10,000 IU
Triamcinolone 40 mg, Gentamycin 80 mg or a post-procedural prophylactic antibiotic.

2. Marcain with steroid cocktail-Nagendra Mishra, MD

Marcaine 40 ml 0.5 % (sensorcaine)
Heparin sulphate 10,000 IU
Dexamethasone 2 cc
Sodium bicarbonate 20 ml

3. DMSO cocktail-Philip Hanno, MD.

DMSO (Rimso 50) 50 cc
Sodium bicarbonate 44 meq (one ampule)
Kenalog 10 mg
Heparin sulphate 20,000 IU

4. Heparin cocktail-Kristene Whitmore, MD

Heparin 10,000 units/ml-2ml's
Solucortef 125 mg
Gentamicin 80mg/2ml-2ml's
Sodium Bicarbonate 8.4% -50ml's
Marcaine 0.5% -50 ml's

5. Pentosan polysulfate cocktail - Jurjen J. Bade, MD

Pentosan polysulfate sodium 300mg
(=3 ampules each 100mg), Lidocaine 2% 10cc
Sodium bicarbonate 4.2% (but can also be 4.8%)-10cc
To this should be added sufficient NaCl 0.9%
to reach a total volume of 60cc.

6. Heparin cocktail with alkalized lidocaine-C. Lowell Parsons, MD

Heparin sulphate 40,000 IU
Lidocaine 2% 8 mL
To reach a total fluid volume of 15 mL

7. Two-step cocktail for GAG replenishment – Sandor Lovasz, MD

1st instillation : Lidocain 2% 10ml
Sodium bicarbonate 8.4% 2 mL
Dexamethasone 4mg 1ml
Methylprednisolone 125mg 2ml
2nd instillation:
Heparin sodium 25,000 IU 5ml
Sodium hyaluronate (1,6%) + Sodium chondroitin sulfate (2%) – 10ml
Sodium bicarbonate 8.4% 2 mL

References

- Shao Y1, Shen ZJ, Rui WB, Zhou WL: Intravesical instillation of hyaluronic acid prolonged the effect of bladder hydrodistention in patients with severe interstitial cystitis. Urology, 01 Mar 2010, 75(3):547-550
- Yuan Shao 1, Zhou-Jun Shen, Wen-Bin Rui, Wen-Long Zhou: Intravesical instillation of hyaluronic acid prolonged the effect of bladder hydrodistention in patients with severe interstitial cystitis. Urology 2010 Mar;75(3):547-50.
- Shengzhuo Liu, Chi Zhang, Liao Peng, Yiping Lu, Deyi Luo: Comparative effectiveness and safety of intravesical instillation treatment of interstitial cystitis /bladder pain syndrome: a systematic review and network meta-analysis of randomized controlled trials. International Urogynecology Journal volume 32, pages1061–1071 (2021)
- Parsons CL, Housley T, Schmidt JD, Lebow D: Treatment of interstitial cystitis with intravesical heparin. British Journal of Urology, 01 May 1994, 73(5):504-507
- M. Cervigni, F. Natale, L. Nasta, A. Padoa, R. Lo Voi & D. Porru: A combined intravesical therapy with hyaluronic acid and chondroitin for refractor painful bladder syndrome/interstitial cystitis. International Urogynecology Journal volume 19, pages943–947 (2008)
- Ha T, Xu JH: Interstitial cystitis intravesical therapy. Translational Andrology and Urology, 01 Jul 2017, 6(Suppl 2):S171-S179
- Nickel JC, Moldwin R, Lee S, Davis EL, Henry RA, Wyllie MG: Intravesical alkalized lidocaine (PSD597) offers sustained relief from symptoms of interstitial cystitis and painful bladder syndrome. BJU International, 13 Nov 2008, 103(7):910-918
- Pyo J.-S, Cho W.J: Systematic Review and Meta-Analysis of Intravesical Hyaluronic Acid and Hyaluronic Acid/Chondroitin Sulfate Instillation for Interstitial Cystitis/Painful Bladder Syndrome. Cell Physiol Biochem 2016;39:1618-1625
- Richter TB, Nordling J: Recent developments of intravesical therapy of painful bladder syndrome/interstitial cystitis: a review. Current Opinion in Urology: July 2006 - Volume 16 - Issue 4 - p 268-272
- Gugliotta G, Calagna G, Adile G, Polito S et al: Intravesical instillation of hyaluronic acid and chondroitin sulfate useful in preventing recurrent bacterial cystitis? A multicenter case control analysis. Taiwanese Journal of Obstetrics and Gynecology Volume 54, Issue 5, October 2015, Pages 537-540.



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The Blog is written by Dr. Sapna Biswas [Scientific Writer - GIBS] while it was presented by me at GIBS2021 6th Annual Conference on IC/BPS. -
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