



Department of Urology

Patient Information

BLADDER INSTILLATION FOR PAINFUL BLADDER CONDITIONS

What evidence is this information based on?

This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and other sources. As such, it is a reflection of best urological practice in. You should read this leaflet with any advice your GP or other healthcare professional may already have given you. We have outlined alternative treatments below that you can discuss in more detail with your urologist or specialist nurse.

What does the procedure involve?

Putting one or more drugs into the bladder to help treat painful bladder syndrome or cystitis like symptoms (bladder pain, urgency and frequency). It works by reducing the inflammation and discomfort in the bladder. Some chemicals actually replenish the bladder lining and are also used for recurrent urinary infections.

What are the alternatives to this procedure?

Alternatives to this procedure include bladder distension, commercial intra-vesical instillations, pain clinic, removal of the bladder and diversion of urine away from the bladder.

What should I expect before the procedure?

Before you arrive at the hospital, you should not drink anything for at least four hours. If you take water tablets (diuretics), do not take them on the morning of your appointment. You can take any other drugs unless your doctor has advised you otherwise.

On arrival in the clinic, your urine which will be tested for infection. If you do have an infection, your treatment will be postponed for one week while you are treated with antibiotics.

Please tell your surgeon (before 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 regular prescription for a blood thinning agent such as warfarin, aspirin, clopidogrel (Plavix®), rivaroxaban, prasugrel or dabigatran
- A previous or current MRSA infection
- A high risk of variant CJD (if you have had a corneal transplant, a neurosurgical dural transplant or injections of human derived growth hormone).

When you are admitted to hospital, you will be asked to sign the second part of your operation consent form giving permission for your operation to take place, showing you understand what is to be done and



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confirming that you want to go ahead. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

What happens during the procedure?

You will need to lie down throughout your treatment. We will put a fine plastic tube (catheter) into your bladder.

The drug(s) will be given slowly through the catheter (usually in about 50ml of fluid), after which the catheter will be removed.

You will be asked to hold the fluid in your bladder for at least 15 minutes and, if possible, for 90 minutes. You will then be asked to empty your bladder.

What happens immediately after the procedure?

You should be told how the procedure went and you should:

- ask the surgeon if it went as planned;
- let the medical staff know if you are in any discomfort;
- ask what you can and cannot do;
- feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team; and
- make sure that you are clear about what has been done and what happens next.
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Once your treatment has been completed, you will be able to go home.

Are there any side effects?

Most procedures have possible side effects. But, although the complications listed below are well recognised, most patients do not suffer any problems.

Common (Greater than 1 in 10)

- Temporary discomfort on passing urine which should settle after one to two days. A hot water bottle or paracetamol should help.
- Frequent or urgent passage of urine

Occasional (between 1 in 10 and 1 in 50)

- None.

Rare (less than 1 in 50)

- None.

Hospital acquired infection

- Colonisation with MRSA (0.9% - 1 in 110).
- MRSA bloodstream infection (0.02% - 1 in 5000).
- Clostridium difficile bowel infection (0.01% - 1 in 10,000).



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Please note: The rates for hospital acquired infection may be greater in “high risk” patients. This group includes, for example, patients with long term drainage tubes, patients who have had their bladder removed due to cancer, patients who have had a long stay in hospital or patients who have been admitted to hospital many times.

What should I expect when I get home?

By the time of your discharge from hospital, you should:

- be given advice about your recovery at home.
- ask when to resume normal activities such as work, exercise, driving, housework and sexual intimacy.
- ask for a contact number if you have any concerns once you return home.
- ask when your follow-up will be and who will do this (the hospital or your GP).

If you think you have a urine infection or you develop a high temperature with backache, you must 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, it is then continued on a monthly basis. You may be asked to complete questionnaires before and after treatment to help assess its usefulness.

Are there any other important points?

An outpatient appointment will be arranged for you in due course to assess the response to treatment.

Is any research being carried out in this area?

Before your operation, your surgeon or specialist nurse will tell you about any relevant research studies taking place. In particular, they will tell you if any tissue that is removed during your surgery will be stored for future study. If you agree to this research, you will be asked to sign a special form giving your consent.

All surgical procedures, even those not currently undergoing research, are audited so that we can analyse our results and compare them with those of other surgeons. In this way, we learn how to improve our techniques and results; this means that our patients will then get the best treatment available.

How to contact us/further information

If you would like to ask for further information about this procedure, or if any problems arise, you may contact us via any of the following details:

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