

CYSTISTAT BLADDER TREATMENT FOR RECURRENT BACTERIAL CYSTITIS

What is recurrent bacterial cystitis?

Recurrent bacterial cystitis (urine infections) may be defined as two proven episodes within six months or three within one year.

What is Cystistat?

Cystistat is a derivative of hyaluronic acid, which occurs naturally in the fluids of the eyes, the joints and is a major constituent of the glycosaminoglycan (GAG) lining of the bladder.

Why is Cystistat used to treat recurrent bacterial cystitis (urine infections)?

The protective GAG lining of the bladder may be damaged in conditions such as recurrent urine infections. This may give rise to pain, frequency and urgency and may make the bladder more susceptible to repeat infection. Cystistat temporarily replaces the deficient GAG layer of the bladder wall.

Studies have shown that patients with recurrent urine infections who are treated with Cystistat have about three fewer infections per year and the interval between infections is extended by about six months.

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 at the outpatient 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.

At some stage during the admission process, you will be asked to sign a consent form giving permission for your procedure to take place, showing you understand what is to be done and confirming that you wish to proceed. 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 does the treatment involve?

Treatment involves inserting a fine tube (called a catheter) into your bladder via your urethra (water pipe) using some local anaesthetic jelly. The drug is then instilled into the bladder through the catheter which is then removed. You will be asked to hold the fluid in your bladder for at least 30 minutes.

What happens immediately after the procedure?

Once the treatment has been completed, you will be able to go home.

You should drink plenty of fluids (2-3 litres) for the few days after the treatment. We also advise you to continue any medications which you have been prescribed for your symptoms during this period.

How often will I need the treatment?

Cystistat is given once a week for four weeks and then monthly until your symptoms resolve.

When will I notice an improvement in my symptoms?

Results may not be apparent for 5 or 6 doses but symptom improvement will vary for individual patients. Some patients benefit from maintenance doses of Cystistat, which could be monthly for 2 months or at increasing intervals of 6, 8, or 12 weeks.

What are the side effects of treatment?

Cystistat is a naturally occurring substance found in our bodies. It is usually well tolerated and causes few, if any, adverse reactions. Occasionally patients will experience localised irritation as a result of the catheterisation itself and may notice some discomfort on passing urine. These symptoms usually clear within 24 hours.

Are there any alternative treatments?

Cystistat forms part of a multimodal approach to the treatment of patients with recurrent urine infections. There are many lifestyle measures which may help to reduce the frequency of infection which include:

- Ensuring a good fluid intake
- Taking cranberry juice or tablets
- Eating probiotic yoghurts (those that contain *Lactobacillus*)
- Avoiding detergents in the bath
- Voiding before and after sexual intercourse
- Avoiding spermicidal contraceptives
- Wearing loose undergarments

The risk of recurrent urinary tract infections in post-menopausal women has been shown to be reduced with the use of topical vaginal oestrogen preparations

Long-term low-dose antibiotics, typically used for six to twelve months, have been shown to reduce the risk of recurrent UTI. However, about half will revert to their original frequency of infection on stopping treatment. Post-coital antibiotics are particularly helpful where sexual intercourse is a clear precipitant and self-start antibiotics at the onset of symptoms are another safe treatment option for recurrent urine infections.

Who can I contact for more help or information?

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