

THE ROLE OF INTRAVESICAL SODIUM HYALURONATE SOLUTION (CYSTISTAT)[®] INSTALLATION IN PREVENTING RECURRENT CYSTITIS/URINARY TRACT INFECTION IN WOMEN

Hypothesis / aims of study

The Glycoaminoglycan layer lining the bladder epithelium is implicated in the individual susceptibility to urinary tract infections (UTI). Damaged glycosaminoglycan (GAG) may lead to direct exposure of epithelial cells to urine components, which increases the possibility of bacterial adherence and infection. The aim of this retrospective study is to assess the efficacy and tolerability of intravesical administration of (Cystistat)[®] in female patients with a history of recurrent UTI.

Study design, materials and methods

A retrospective analysis of the clinical data of 21 female patients who failed conventional management of recurrent UTI (defined as 3 or more episodes of documented UTI within the last year), were treated with Cystistat. All 21 patients (100%) previously received fluid management and life style adjustment advice and 18 patients (86%) had prophylactic antibiotics for at least 3 months without any significant improvement of recurrent UTI. All 21 patients (100%) had a documented residual volume assessment (ranging from 0- 220mls, average 56.7mls) and 14 (67%) had cystoscopy and urethral dilatation for high post void residual volume. A 50ml vial of Cystistat containing 40 mg of sodium hyaluronate was instilled into bladder via a urethral catheter and patients held the substance intravesically for 1-2 hours. A completed course consisted of one instillation per week for 4 weeks and then another 2 doses given 1 month apart. Follow up was every 3 months with urine examination and symptom assessment for up to one year. The efficacy of Cystistat was measured as remaining free of a UTI (assessed as a documented positive mid-stream urine result) within one year, after the completion of the course of Cystistat course.

Results

21 female patients aged between 17 - 72 years (average 51.9) completed a full course of intravesical Cystistat. Of the 21 patients who completed the full course of Cystistat, 7 patients (33%) suffered a recurrent UTI within 1 year, 14 (67%) were recurrence-free at the end of the follow-up. Side effects were experienced by 4 patients who reported minimal bladder irritation and 1 case of right loin pain. This did not cause treatment cessation in the patients.

Interpretation of results

The majority (67%) of our female patients who underwent a course of Cystistat showed an improvement in symptoms and remained free of UTI's up to 1-year post course completion

Concluding message

Cystistat is an effective treatment option for recurrent UTI's in female patients who have failed previous management options and is well tolerated with minimal side effects.

Disclosures

Funding: No funding required **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** The audit was approved by the trust clinical governance body. **Helsinki:** No **Helsinki not Req'd:** It was not a reserach project, it was an audit. **Informed Consent:** No