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THE EFFICACY AND SAFETY OF INTRAVESICAL HYALURONIC ACID IN PATIENTS WITH INTERSTITIAL CYSTITIS/ PAINFUL BLADDER SYNDROME: PRACTICE EXPERIENCE

Hypothesis / aims of study
To assess the efficacy and safety of intravesical hyaluronic acid (HA) in the management of patients with Interstitial Cystitis/Painful Bladder Syndrome (IC/PBS) in our hospital. Also to perform a literature review about the use of Glycosaminoglycan (GAGs) such as Hyaluronic acid (HA) and Chondroitin sulphate (CS) in the management of IC/PBS and compare our findings to the published evidence available.

Study design, materials and methods
We reviewed retrospectively the outcomes of 23 patients treated at our district general hospital for IC/PBS with a full course of HA using subjective urinary symptoms assessment and a bladder diary before and at 3, 6, and 12 months after completion of the course of HA. Patients were investigated with urine microscopy, urine cytology, ultrasound scan of the renal tract, and conventional urodynamic studies. We also performed a literature review of studies using HA or CS for the management of IC/PBS and compared our experience of using this treatment to the recently published literature.

Results
We identified 23 patients (21 female and 2 male) aged between 26-83 years (mean=50 years ± SD16 years) with a clinical diagnosis of IC/PBS (between 2011 – 2012). Of the 23 patients reviewed, 70% had bladder pain, 96% had frequency, 78% had urgency, and 35% urge incontinence.

Interpretation of results
Following treatment with a full course of HA, 74% reported improvement in bladder pain, 78% reported improvement in urinary frequency, 44% improvement in urgency and 65% had an improvement in bladder capacity. This treatment was tolerated well by the patients with minimal side effects. Only 2 patients had bladder pain during the treatment course, one subsequently discontinued HA treatment.

Concluding message
HA offers a safe and effective management option for patients with IC/PBS. However, further randomized controlled trials with a larger sample size are required to further investigate the long-term efficacy and safety.

Disclosures
Funding: None Required **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** The study was an audit of improvement in patient symptoms post treatment. **Helsinki not Req'd:** Not Required **Informed Consent:** No