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CYSTOSCOPIC INSTILLATION OF CLORPACTIN

Patient Information Sheet

Clorpactin is a drug used to treat severe bladder inflammation that occurs in a condition called interstitial cystitis.

This drug is inserted or "instilled" at the time of cystoscopic examination. It appears to work better when instilled immediately after the bladder is stretched by being filled with water to its capacity (hydrodilatation). Please see the information sheet on cystoscopy/ hydrodilatation.

What is the procedure and why is it done?

It is possible to administer drugs directly into the bladder at the time of cystoscopy. Clorpactin is an anti-inflammatory chemical which can be instilled into the bladder to decrease inflammation of the type referred to as interstitial cystitis. It is particularly helpful at decreasing the pain associated with interstitial cystitis but often reduces urgency enabling better bladder storage function or decreasing urinary frequency.

How is it done?

The procedure is performed under general anaesthetic because the treatment would be very painful without it. You will be seen by the anaesthetist prior to the procedure. Cystoscopy and hydrodilatation are performed and the severity of interstitial cystitis will be recorded. The Clorpactin solution is prepared and a dose that is half of the measure bladder capacity is carefully instilled for seven minutes via a catheter ensuring no solution touches the skin.

Pre treatment approval

Most treatments for interstitial cystitis have not been tested in large groups of patients. Prof O'Connell has been using Clorpactin for the treatment of your condition for many years and will have discussed the probability of benefit with you. If you have typical interstitial cystitis the likelihood of benefit is high. The Australian Government dictates that this and other medications for interstitial cystitis are pre-approved by a Special Access Scheme. Prof O'Connell and staff will arrange the required paperwork and pre-approval for you.

What can I expect afterwards?

Immediately after the procedure, pain may be experienced. Painkillers will be organised for you. A slight amount of blood may be passed but this will settle within a few days. The benefit of the procedure starts to take effect after the procedure in a variable way. Many people feel the benefit immediately, though in some people benefit may take one to two weeks to be apparent. It is rare to have an exacerbation of bladder pain after this procedure, but it has occurred.

What potential complications may occur?

Complications other than transient blood in the urine, urine infection and urinary retention are rare. Any cystoscopic procedure is associated with small risk (less than 2%) of these issues. With this procedure, transient blood in the urine is likely and is rare after one week postoperatively. A rare complication has been linked with Clorpactin instillation. It is not known whether scarring in the ureter after this treatment, which has been reported, is related to the condition of interstitial cystitis or its treatment. The ureters are the tubes which drain the kidneys. Ureteric scarring is rare after this procedure.

If unexpected ill events occur after the procedure, please contact Prof O'Connell's rooms or dial 000.