

Intravesical instillation of iAluRil

Other formats

If you need this information in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, please contact the PALS desk on 01271 314090 or at ndht.pals@nhs.net.

You are receiving this leaflet because you may need a series of intravesical instillations as described below. For your independence and control over your treatment, we invite you to learn how to self-instil the treatment yourself at home.

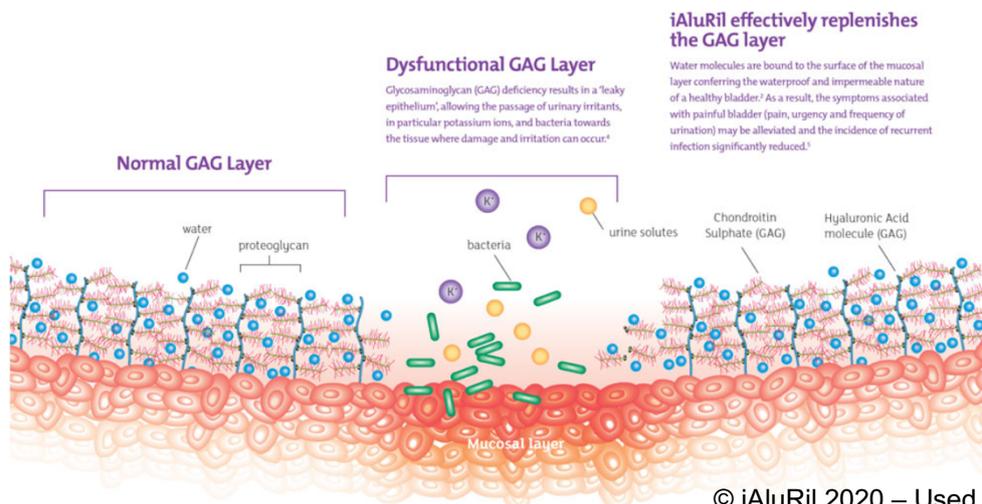
This leaflet gives the background information to the instillations which will also be explained in more detail in your appointment. As stated, there are different instillation techniques and the clinic staff will identify the right one for you on a personal individual basis. Please be assured that the urology specialist nursing team will be available to answer questions and to offer ongoing support as you need.

What is intravesical instillation?

Intravesical instillation is the administration of medication or irrigation fluid directly into the bladder via a urinary catheter.

What is iAluRil?

iAluRil is 50ml of liquid medication contained in a syringe like device. It is used for intravesical GAG (Glycosaminoglycans) replacement therapy. The GAG layer is the lining which protects the bladder wall from the acidic aspects of urine. When this is depleted, it can cause irritation, infections and pain. iAluRil contains 800mg of Sodium Hyaluronate (1.6%), 1g of Sodium Chondroitin Sulfate (2%) and Calcium Chloride (0.87%). These components build up the GAG layer and when they come into direct contact with the bladder lining, it helps to rebuild this protective barrier.



Click on the image to view larger version.

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Why do I need iAluRil?

iAluRil is used to treat a variety of conditions, including:

- Interstitial cystitis or painful bladder syndrome
- Recurrent urinary tract infections (UTIs)
- Chemical or radiation induced cystitis (including BCG)

If you suffer from these conditions, you may have had some or all of the following symptoms:

- Pelvic pain
- Sudden and strong urges to pass urine
- Passing urine more often
- Waking up at night to go to the toilet
- Signs of a UTI
- Difficulty or pain when passing urine

How is it administered?

iAluRil is inserted directly into your bladder. This can be done with either an intermittent catheter or an adaptor, known as the iAluAdaptor.

With the insertion of an intermittent catheter, which is an 'in and out' catheter, it is inserted into your bladder through the urethra and the urine is drained. iAluRil is then slowly inserted using a syringe attached to the catheter. This cannot be done too fast as it will cause a spasm in your bladder making you feel the need to pass urine. Once all 50ml of the iAluRil has been inserted, the catheter and syringe will be pulled out together to prevent the leaking of any medication. The medication then needs to be kept in for as long as possible to have the best possible effect.



iAluAdaptor

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Unlike a catheter, the iAluAdaptor only sits in the urethral entrance, this means you will have to empty your bladder prior to use. The iAluAdaptor attaches to the syringe and once inserted into the urethral entrance, the pressure needs to be increased gently to ensure a seal. Slowly insert all of the iAluRil and then remove the syringe and adaptor together.

You will receive clinic appointments at hospital where we will identify the right instillation technique for you and teach you how to instill the medication yourself at home.

Possible effects of treatment

No side effects from the iAluRil treatment have been identified. However, there are possible effects of self catheterisation.

These can include:

- urinary tract infections – however with good personal hygiene, this is unlikely
- spots of blood on catheter removal – this is not usually serious and is temporary. If the bleeding is heavy, persists or has clots, contact your specialist nurse for advice (there is a high risk if you are on blood thinners)
- slight discomfort – performing clean intermittent self catheterisation (CISC) should not be painful. It may feel unusual at first, but this should improve with time and practice

How long will the treatment last?

The lengths of time you will be treated with iAluRil depends on the condition for which you are being treated:

Interstitial cystitis/painful bladder syndrome

1. Weekly instillations for the first 4 weeks
2. Instillations every 2 weeks for a month
3. Monthly instillations until condition resolves

Radiation induced cystitis

1. Weekly instillations for 4 weeks
2. Instillations every 2 weeks for a month
3. One monthly instillation
4. Treatment completed

Chemical induced cystitis (including BCG treatment)

- Once a week for 8 weeks

Recurrent urinary tract infections (rUTIs)

1. Weekly instillations for 4 weeks
2. Monthly instillations for 5 months

At the end of your treatment you will be discharged.

Follow up

Once you have been taught to self-instill iAluRil, you will be provided with an **open discharge**. This means that you have been discharged from the urology team but you will receive a follow-up telephone call after your first solo instillation at home. You will also be given the number to the urology specialist nursing team who will be able to answer questions and help you when you need it.

Unfortunately, on some occasions, iAluRil will not cure your symptoms. In these instances, you will be referred back to the consultant for a review and an appointment to discuss your options.

Further information

Urology Specialist Nurses – 01271 311877

<https://ialuril.co.uk>

www.bladderandbowel.org/conservative-treatment/intermittent-self-catheterisation

References

<https://nurses.uroweb.org/wp-content/uploads/EAUN15-Guideline-Intravesical-instillation.pdf>

<https://bladderhealthuk.org/bladder-conditions/interstitial-cystitis/painful-bladder-syndrome/icpbs-treatments/intravesical-medications/ialuril>

<https://ialuril.co.uk/about-ialuril-hcp/>

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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iAluRil effectively replenishes the GAG layer

Water molecules are bound to the surface of the mucosal layer conferring the waterproof and impermeable nature of a healthy bladder.² As a result, the symptoms associated with painful bladder (pain, urgency and frequency of urination) may be alleviated and the incidence of recurrent infection significantly reduced.⁵

Dysfunctional GAG Layer

Glycosaminoglycan (GAG) deficiency results in a 'leaky epithelium', allowing the passage of urinary irritants, in particular potassium ions, and bacteria towards the tissue where damage and irritation can occur.⁴

Normal GAG Layer

