

What is Painful Bladder Syndrome/ Interstitial Cystitis (PBS-IC)?

Painful Bladder Syndrome/Interstitial Cystitis (PBS-IC), one of the chronic pelvic pain disorders, is a condition resulting in recurring discomfort or pain in the bladder and the surrounding pelvic region. The disease, which is frequently misdiagnosed, has a significant negative impact on patients' general lifestyles with frequent need to urinate and chronic pain.

What causes PBS-IC?

Its cause is unknown. Unlike 'common' forms of cystitis, which are caused by bacteria and are sensitive to antibiotics, PBS-IC is believed not to be caused by bacterial infection and does not respond to conventional antibiotic therapy.

What are the symptoms of PBS-IC?

The characteristic symptoms of PBS-IC are:



Frequency: Day and/or night frequency of urination) up to over 40 times a day in severe cases). In early or very mild cases, frequency is sometimes the sole symptom.



Urgency: The sensation of having to urinate immediately, which may also be accompanied by pain, pressure or spasms.



Pain: Can be in the lower abdominal, urethral or vaginal area. Pain is also frequently associated with sexual intercourse.



Men with PBS-IC may experience testicular, scrotal and/or perineal pain and painful ejaculation.

How is PBS-IC diagnosed?

To date, no commonly recognised specific diagnostic test exists. A diagnosis is usually based upon:

- ▶ **Symptoms:** urgency, frequency, or pelvic/bladder pain
- ▶ **Findings of Cystoscopy** (examination of the inside of the bladder and other parts of the urinary system)
- ▶ **Exclusion of other bladder diseases** (urinary tract infection UTI, tumor, tuberculous, etc.)



Cystistat® is a medical device for the temporary replacement of the deficient glycosaminoglycan (GAG) layer in the bladder. Cystistat® is a sterile sodium hyaluronate solution containing 40 mg/50 mL sodium hyaluronate. The GAG layer is deficient in cystitis; Cystistat® is instilled into the bladder to alleviate symptoms associated with cystitis.

Questions?

If you have questions or want to know more about Cystistat or cystitis, ask your physician or urologist or visit the 'Cystistat® for Patient' page on our website: www.premiersurgical.ie



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cystistat®

Sterile sodium hyaluronate solution

Temporary replacement of the glycosaminoglycan (GAG) layer in the bladder

Indicated for Painful Bladder Syndrome/Interstitial Cystitis (PBS-IC)

A chance to enjoy daily life



Cystistat® is a pioneer in the treatment of cystitis

Cystistat (sodium hyaluronate), coats the bladder and restores its protective layer, therefore reducing irritation.



How does Cystistat® work?

Cystistat contains sodium hyaluronate, which is the major component of the protective layer of the bladder. It is a solution that is instilled in a safe and simple procedure directly into the bladder. It acts as a temporary replacement for the defective GAG layer. Cystistat should only be administered by qualified medical personnel or patients who have received appropriate training.

What is the GAG layer and what is its function?

There is a protective layer of the bladder, called the glycosaminoglycan (GAG) layer, providing a bio-barrier against micro-organisms, carcinogens, crystals and other agents present in the urine. This bio-film, on the inner surface of the bladder wall, is identified as the primary defence mechanism in protecting the transitional epithelium (outmost layer of tissue or organ) from urinary irritants. However, studies show that in PBS-IC patients this protective layer is deficient, allowing substances in the urine to penetrate the bladder wall and trigger PBS-IC symptoms.

Minimal side effects

As Cystistat is administered by intra-vesical instillation, it causes very few, if any, systemic side effects. Cystistat has been used in the treatment of several forms of cystitis with an excellent safety profile.

Cystistat® & other forms of cystitis

By temporarily replacing and then restoring the protective layer in a patient's bladder wall, Cystistat has proven successful in alleviating pain and discomfort in interstitial cystitis, and in other forms of cystitis, such as radiation induced cystitis, the prevention of catheter acquired UTI and the prevention of recurrent bacterial cystitis.

Prevention of recurrent bacterial cystitis

Urinary Tract Infections (UTIs) are among the most common bacterial infections, affecting women at a much higher frequency than men.



Estimates suggest that about a **third of women will have at least one episode of UTI** requiring antibiotic treatment by the time they are 24 years old.



Over a lifetime **one half of women will have at least one UTI**. There is also a high level of recurrence of UTI with a rate of about 25-35% within 3-6 months.



Studies in Europe using Cystistat for the prevention of UTIs have shown **up to a five-fold increase in the infection-free period** for women undergoing Cystistat therapy.

Relief from the complications of radiation

Radiation Induced Cystitis (RIC) is a side effect of radiation treatment for pelvic cancers, including bladder or prostate cancer as well as uterine, cervical or ovarian cancer.

Patients with pelvic cancers may suffer radiation induced complications of adjacent organs, including the bladder. Symptoms include bladder inflammation, pain, minor to severe bleeding and an increased urgency to urinate.

Symptoms may occur immediately after radiotherapy or may take up to ten years to appear.

Studies have shown that Cystistat has an excellent rate of success in reducing radiation induced toxicity of the bladder in patients receiving radiotherapy.

Dietary recommendations

Chronic disorders require continual and dynamic management and everyone's experience with PBS-IC is different. Finding a balance between fluid intake and urination frequency will take time. Restricting fluid intake too harshly can lead to dehydration and may exacerbate symptoms so aim to **maintain a balanced fluid intake**. Drink enough fluids to avoid constipation and dilute irritants and toxins in the urine.

Use an elimination diet: experiment with different foods or fluids to find which ones tend to aggravate your symptoms.

Some foods, like the ones in the list below, can be bladder irritants and can exacerbate your symptoms.



Coffee, tea, chocolate, soda, alcohol, citrus, cranberry and pineapple juice



Acidic food (citrus, tomatoes, pickles)



Fermented or high levels of tyrosine products (offal, cheese, certain cereals)



Spicy foods, hot peppers, seasoning (mayonnaise, vinegar)



Additive/artificial sweeteners

Lifestyle recommendations

- ▶ Reduce urinary frequency by using bladder training, relaxation and distraction techniques.
- ▶ Reduce stress levels: e.g. exercise, bathing, meditations, shortening work hours.