

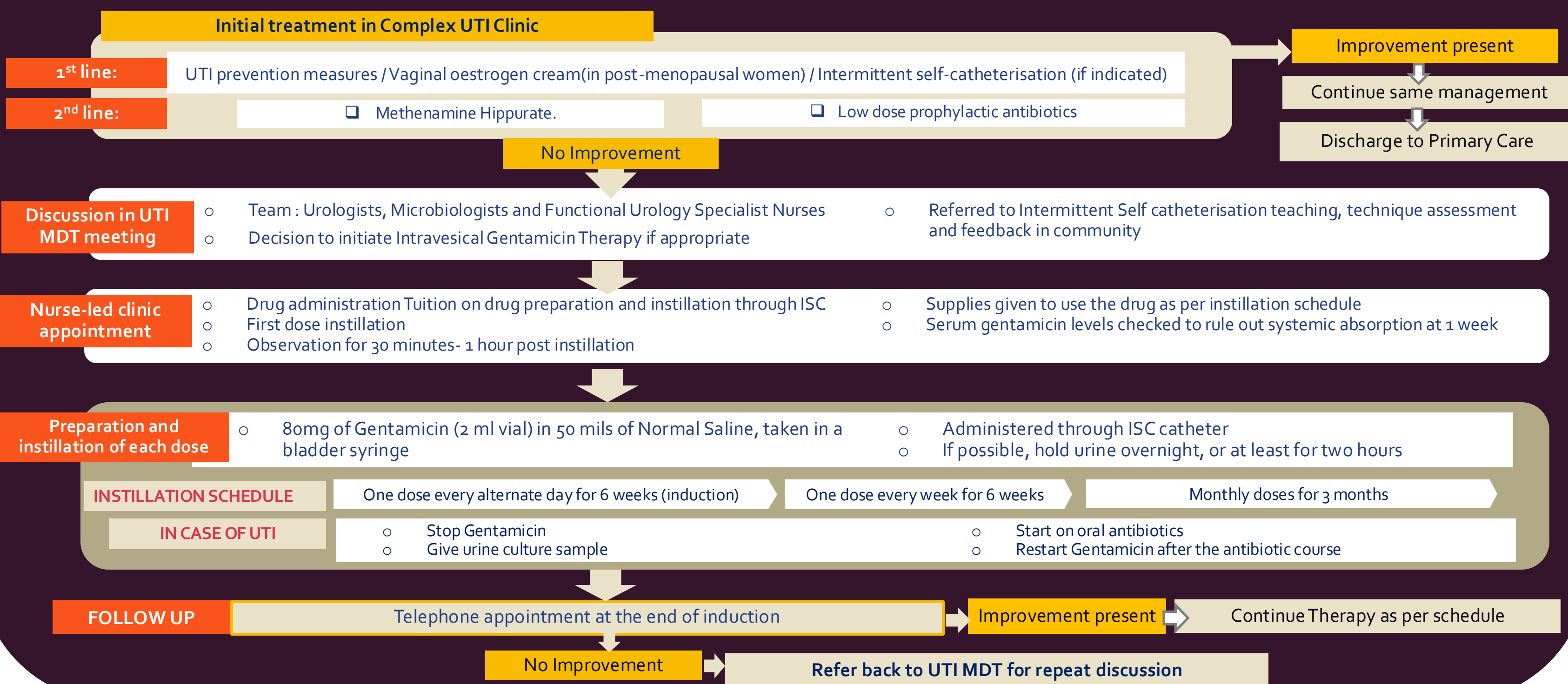
INTRODUCTION

- Recurrent UTIs are challenging, and their persistence and relapse after treatment warrant a different management approach.
- Systemic antibiotics remain to be the primary treatment for UTI. However, with increasing antimicrobial resistance and growing evidence of microbiota dysbiosis with systemic therapy, there is a growing need for targeted antibiotic therapies^[1].
- Intravesical antibiotic therapy is known to provide high drug concentrations locally and minimise their systemic side effects^[2,3].
- Our aim was to assess the efficacy of intravesical Gentamicin among our patients with refractory UTIs.

MATERIAL AND METHODS

- In April 2021, we established a multidisciplinary complex UTI clinic in collaboration with specialist nurses and microbiologists.
- A prospective study was done between May 2021- May 2023 including the patients referred to our complex UTI clinic, who in view of refractory symptoms to 1st and 2nd line treatments, subsequently received Intravesical Gentamicin.
- These patients were discussed at our UTI MDT meeting. If initiation of intravesical Gentamicin is considered, the patients received the therapy through a locally devised Nurse-led protocol and Response was assessed at follow up clinic appointments.

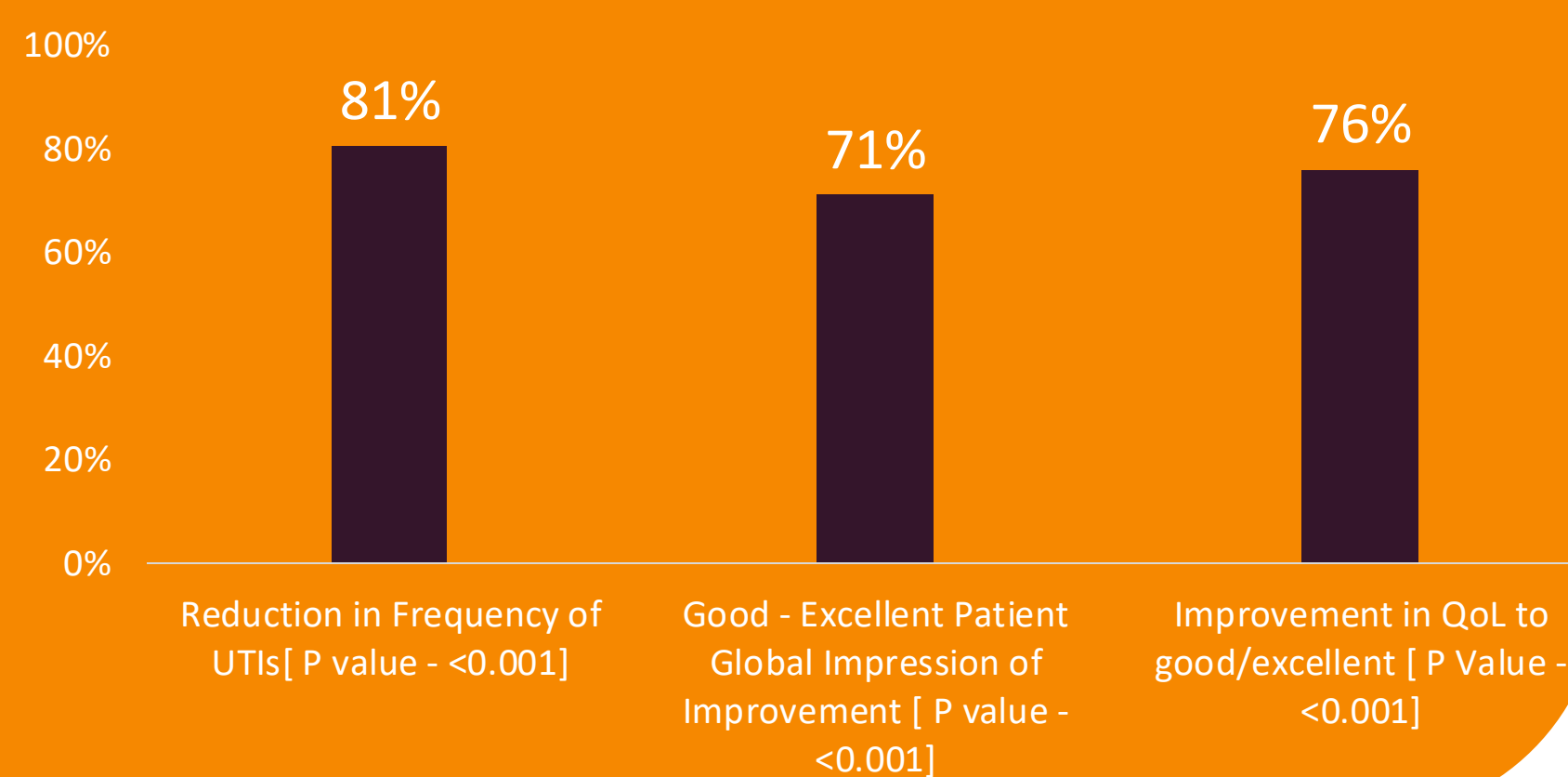
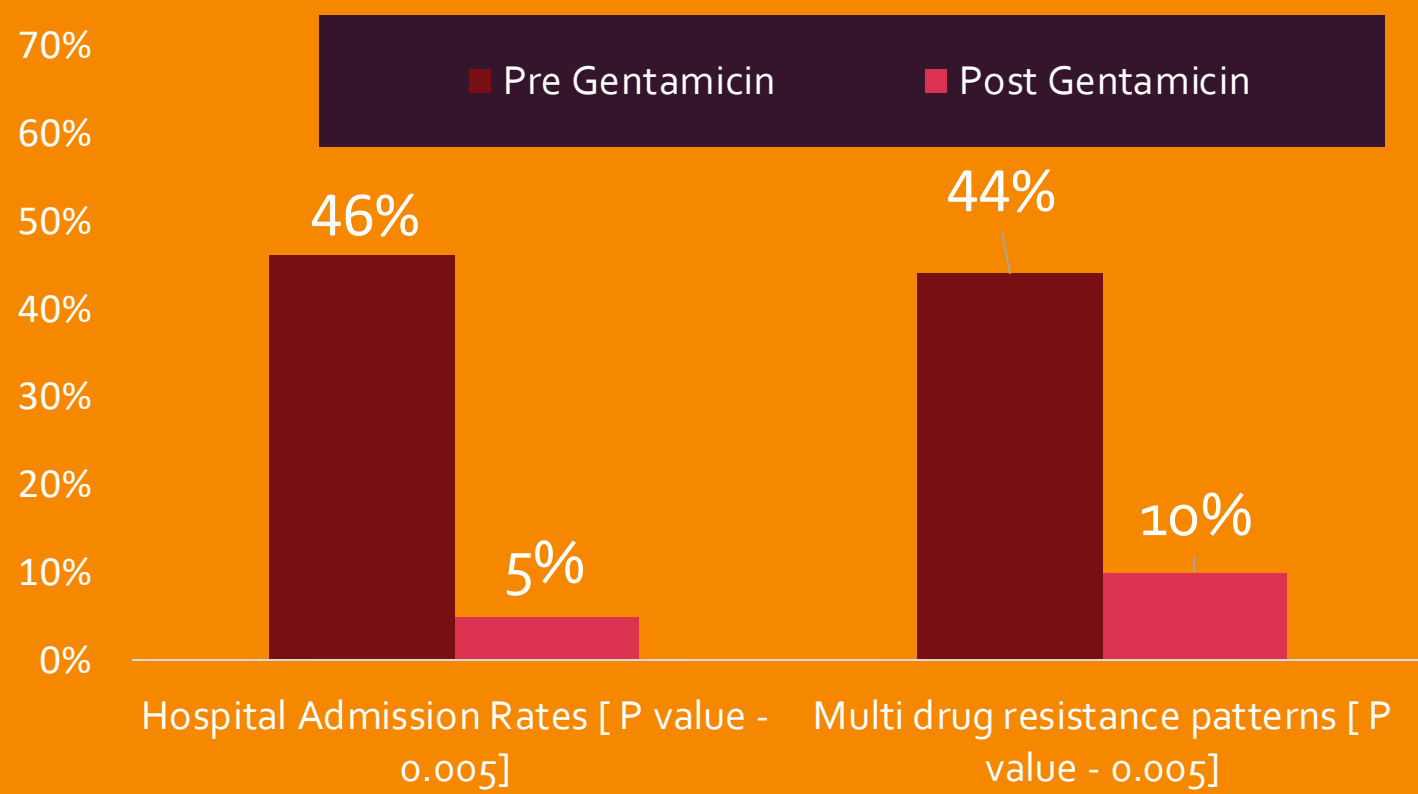
LOCALLY DEvised PROTOCOL USED FOR INTRAVESICAL GENTAMICIN INSTILLATION



RESULTS

Total Number of Patients	N= 41
Gender	Male : 10 (24%) Female: 31 (76%)
Age	Range: 24-80 years, Mean: 52.4, SD 16.78
Mean Follow up after treatment	15 months

Significant Comorbidities.	40(98%)
Immunocompromised	11(27%)
>6 episodes of UTI in a year	29(71%)
Underlying Neuropathy	20 (49%)
Serum Gentamicin levels (undetectable)	41(100%)
Urine cultures	
Only E Coli	19 (46%)
Multiple Organisms	19 (46%)



LESSONS FROM OUR EXPERIENCE

- Intravesical Gentamicin therapy has shown to reduce the frequency and severity of recurrent UTIs.
- It is safe (undetectable Gentamicin levels in 100% patients) and has shown promising benefit for difficult-to-treat UTI as a tertiary treatment option
- It has shown to improve antibiotic sensitivity pattern providing better long term antibiotic options
- It also helps in reducing the risks of urosepsis and hospital admissions due to multi-drug resistant bacteria.
- MDT approach (involving the microbiologists) adds a different perspective and dimension to management. Hence, it is advisable to take the decision to administer intravesical gentamicin therapy in a multidisciplinary setting with a microbiologist present**
- Setting expectations: Managing the UTI and improving QoL over treating the UTI (Especially in patients with irreversible risk factors like neuropathy)

REFERENCES

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