

Self-Instillation of Intravesical Treatment in Patients with IC/BPS



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Introduction

- Intravesical instillation therapy is the mainstay of treatment for bladder-centric IC/BPS patients.
- Traditionally, therapy is administered by medical professionals in a clinical setting.
- Studies and AUA guidelines acknowledge patient use of self-administration of intravesical therapy at home through catheters (self-instillation) – there is little to no information characterizing its use.
- We sought to examine our IC/BPS patients' experiences with self-instillation therapy, focusing on barriers or factors facilitating learning/performing the technique.

Aims/Hypotheses

- To explore patient experiences with self-instillation.
- To delineate barriers to the adoption of self-instillation.
- Proposed benefits/barriers to self-instillation:

Benefits	Barriers
Rapid control of symptom flares	Too difficult to perform
More autonomy/patient empowerment	Fear of complications
Saved time/money with less office visits	Too expensive/materials not covered by insurance

Methods and Materials

- IC/BPS patients who received intravesical instillation therapy from 2018-2022 were included.
- **All patients were offered the option of learning self-instillation.**
- Patients split into two study groups:
 - Patients who never tried self-instillation → “office-instillation” group.
 - Patients who had performed self-instillation at least once out of the office → “self-instillation” group.
- Each group was asked to complete an online questionnaire assessing attitudes towards self-instillation.
- Differences between groups were assessed using the Mann-Whitney U test.
- Descriptive statistics were used to analyze survey responses.

Table 1. Age and sex distribution by instillation type.

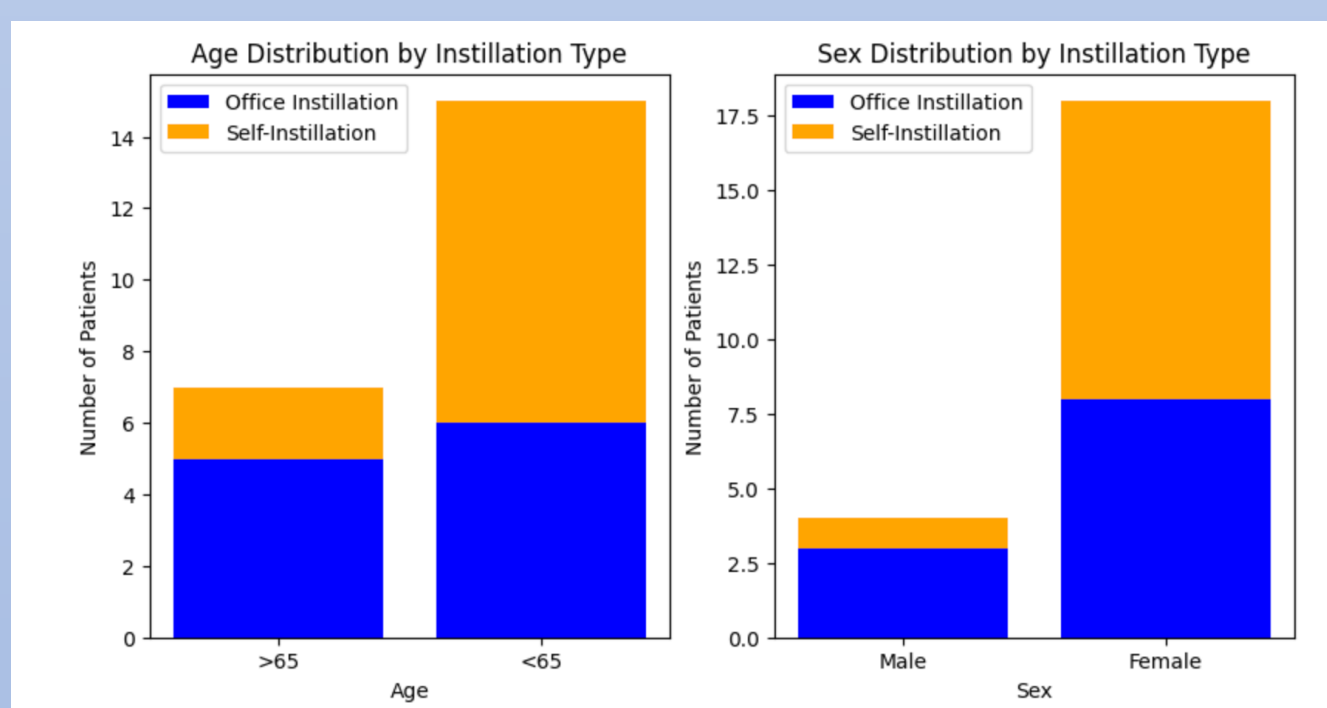
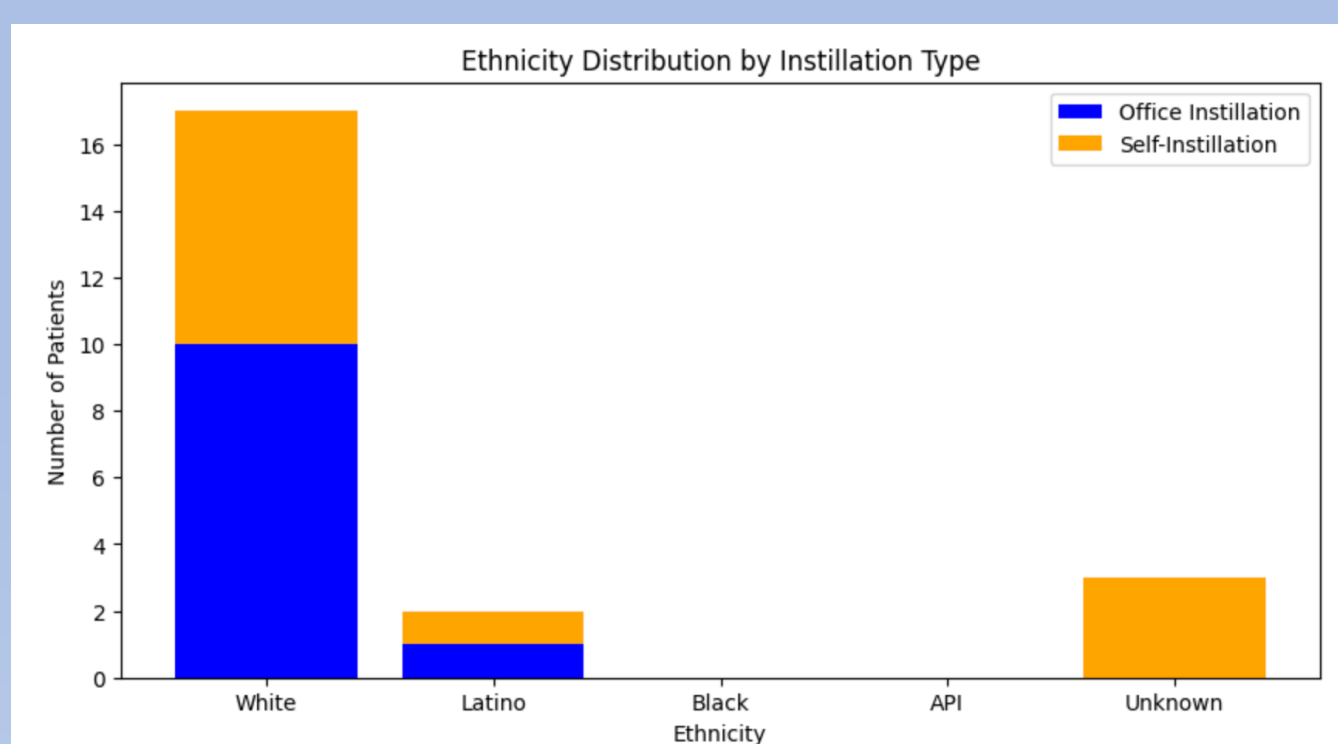


Table 2. Ethnicity distribution by instillation type.



Results

- 22 patients were recruited in total, with 11 patients in each study group.
- No significant difference between groups regarding age, sex, ethnicity, insurance type, or presence of Hunner's lesions ($p > 0.05$).
- **No difference** in ability to **afford self-instillation** ($U = 35.5, p=0.107, z=-1.6090$) between groups.
- **No difference** in **insurance coverage** of self-instillation materials, including medications ($U=59.5, p=0.976, z=-0.0328$) and catheters ($U=43.5, p=0.280, z=1.0835$) between groups.

Surveys

- Patient questionnaires graded on 5-point Likert Scale:
 - 5 = “strongly agree”
 - 1 = “strongly disagree”
- Highest graded average responses...

Chart 1. Self-Instillation group.

Survey item - SELF	Avg ± SD
I am able to control painful flares as they arise.	4.91 ± .30
I save time by not going to a doctor's office as often.	4.82 ± .41
I have more free time.	4.82 ± .41
I feel more in control of my body.	4.73 ± .47
I have greater autonomy in my life.	4.73 ± .47
I am better able to work/perform daily activities.	4.73 ± .47

Chart 2. Self-Instillation group.

Survey item - OFFICE	Avg ± SD
I worry I will not be able to administer treatment as well as a medical professional.	4.56 ± 1.21
I have no one at home to help me self-administer treatment.	4.27 ± 1.01
I worry self-administration will be too painful.	4.18 ± 1.01
I worry I will not be able to use a catheter correctly.	4.09 ± 1.22

Figure 1. First page of survey questionnaires for self and office-instillation patients.

Conclusions

- **Exploratory study**
- No differences demographically/clinically between groups.
- No differences in ability to afford self-instillation/insurance coverage of materials.
- Self-instillation group endorsed many positive lifestyle benefits.
- Office-instillation group endorsed fears over procedural competency as barriers to pursuing self-instillation.

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