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 it's 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

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	$Avg \pm SD$
I am able to control painful flares as they arise.	4.91 ± .30

Methods and Materials

- IC/BPS patients who received intravesical instillation therapy from 2018-2022 were included.
- All patients were offered the option of learning selfinstillation.
- Patients split into two study groups:
 - Patients who never tried self-instillation \rightarrow "office-instillation" group.
 - Patients who had performed self-instillation at least once out of the office \rightarrow "self-instillation" group.
- Each group was asked to complete an online questionnaire assessing attitudes towards selfinstillation.
- 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.

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 \pm 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.

Self-Instillation of Intravesical Treatment Date: Participant ID: Participant Name: Regarding your use of self-administration of bladder treatment through a catheter for Interstitial Systifis/Bladder Pain Syndrome, please rate the following items on a scale from 1 to 5, with 1 being storogly disagree", 5 being "strongly agree", and 3 being "neither agree nor disagree". Ease of Use	In Office Instillation of Intravesical Treatment Date: Participant ID: Participant Name:
It is easy to self-administer my treatment.	I worry self-administration of treatment will be painful.
1 2 3 4 5 It is easy for me to prepare and mix the treatment agents for my treatment. 1 2 3 4 5	I worry I will injure myself (bladder, urethra, etc.).
It is easy to prepare and use my catheter.	I worry I will not be able to administer treatment as well as a medical professional. 1 2 3 4 5 I don't feel comfortable mixing treatment agents for self-administration.
I feel confident in my ability to use my catheter to administer my treatment.	
It is easy to learn self-administration of my treatment.	I worry I will not be able to use a catheter correctly. 1 2 3 4 5 I don't feel comfortable performing self-administration of treatment on my own, without the help of others.
I can administer my treatment on my own, without the help of others.	
It is painful to administer treatment.	I worry my hands are too unsteady.
I am fearful of injuring myself (bladder, urethra, etc.) with my treatment.	I have tried self-administration and have failed.
Psychological Well-being	I have tried self-administration and think it is too difficult.
I have greater autonomy in my life with self-administration of my treatment.	It is too difficult to learn self-administration.
I feel more in control of my body.	Accessibility
I feel more comfortable administering my treatment at home than I do receiving treatment in a clinical setting.	I have no one at home to help me self-administer treatment.
Version Date 9/10/21	Version Date 9/10/21

Table 2. Ethnicity distribution by instillation type.



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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