

International Painful Bladder Foundation

Interstitial Cystitis/Painful Bladder Syndrome Anaesthetic intravesical cocktails

1. Anaesthetic cocktail – Robert Moldwin, MD

1:1 mixture of 0.5% Marcaine and 2% Lidocaine jelly – about 40 cc total.

To this solution are added:

Heparin sulphate 10,000 IU

Triamcinolone 40 mg

Gentamycin 80 mg or a post-procedural prophylactic antibiotic.

Administration:

Patients are instructed to hold the solution for about 30 minutes, then to void. When given as a diagnostic test, patients will generally sense relief of pain within 5-10 minutes. The only (rare) problems that we've encountered are the following: Patients may experience "rebound" pain once the solution has worn off (within 3-5 hours). This generally resolves with continued instillations. When given as therapy, we usually administer the cocktail on a weekly basis for 8-12 weeks. This is the length of time usually needed to get a prolonged response. Then, the duration between instillations is increased to q 2 weeks to q 3 weeks, etc., ultimately with the goal of discontinuance. Patients may experience urinary retention requiring catheterization. This seems to be particularly a problem in patients who appear to have pre-existing voiding dysfunction, those patients who initially present with a poor urinary flow rate, an interrupted urinary stream, etc. The urinary retention can usually be circumvented by delivering a lower total volume.

2. Marcaine with steroid cocktail – Nagendra Mishra, MD

Marcaine 40 ml

Heparin sulphate 10,000 IU

Dexamethasone 2 cc

Sodium bicarbonate 20 ml

Administration:

This cocktail should be held in the bladder for 20 minutes. It should be administered every 15 days for a total of 6 treatments and then as needed.

3. DMSO cocktail – Philip Hanno, MD

DMSO (Rimso 50) 50 cc

Sodium bicarbonate 44 meq (one ampule)

Kenalog 10 mg

Heparin sulphate 20,000 IU

Administration:

The cocktail should be held in the bladder for 20 minutes. This treatment should be administered 1 x a week for 6 weeks. May be followed by monthly maintenance.

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4. Heparin cocktail – Kristene Whitmore, MD

Heparin 10,000 units/ml-2ml's
Solucortef 125 mg
Gentamicin 80mg/2ml-2ml's
Sodium Bicarbonate 8.4% -50ml's
Marcaine 0.5% -50 ml's

Administration:

1 x week. Should be held in the bladder for about 30 minutes.

5. Pentosan polysulfate cocktail - Jurjen J. Bade, MD

Pentosan polysulfate sodium 300mg (=3 ampules each 100mg)
Lidocaine 2% 10cc
Sodium bicarbonate 4.2% (but can also be 4.8%) - 10cc
To this should be added sufficient NaCl 0.9% to reach a total volume of 60cc.

Administration:

Initially weekly. After 6-8 weeks should be tapered: every 2 weeks, then every 3 weeks etc.

6. Heparin cocktail with alkalinized lidocaine – C. Lowell Parsons, MD

Heparin sulphate 40,000 IU
Lidocaine 2% 8 mL
Sodium bicarbonate 8.4% 3 mL
To reach a total fluid volume of 15 mL

Administration:

May be given up to twice daily. Patients can be taught to self-administer. Should be held in the bladder for 15-30 minutes or as long as the patient is comfortable. It is the sodium bicarbonate that allows the solution to give instant relief. See *Successful down-regulation of bladder sensory nerves with combination of heparin and alkalinized lidocaine in patients with interstitial cystitis*. Parsons CL. Urology 65 (1), 2005 45-48.

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