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**PATIENT
INFORMATION
BROCHURE**

***INRAVESICAL
CHLORPACTIN
THERAPY***

Patient well-being is my first priority!

Intravesical Chlorpactin Therapy

Why is it done?

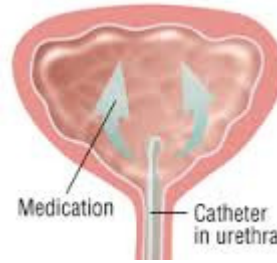
- Treatment for Advanced or Resistant Painful Bladder Syndrome or “Interstitial Cystitis”
- Chlorpactin was commonly used to irrigate open wounds with
- Only 1% of Urologist use this as last resort for PBS/IC

Pre-requirements

- An informed consent is required from the patient .
- Patients are not required to be starved as this is done in the Oncology Ward or Day Procedure Suites (Depending on Hospital)
- You would have had a Urine Dipstick test or Urine Culture (MCS) done a few days prior.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this at pre-admission clinics as well as to theatre staff and Dr Schoeman**
- This is usually a day surgery procedure unless travelling from further than Brisbane
- Preferably under sedation as this is known to be painful
- No need to stop any routine medications.

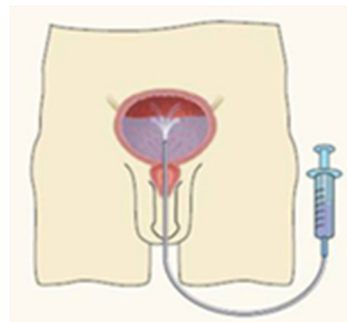
Precaution?

- Can cause ureteric stricturing
- Therefore a pre-procedure cystogram is required to exclude Vesico-Ureteric Reflux



How is Chlorpactin administered

- This is done under sedation using sterile procedure.
- A 14-16 Fr Indwelling Catheter is placed into your bladder.
- The Chlorpactin is installed using strict administering criteria
- Usually 1 vial of 1-2% will be pre-mixed with Saline to a 50cc volume by a Compound Pharmacist
- This is kept in the bladder for a few minutes and repeated 3 times
- This bladder distention could be painful
- **WARNING: Any Fevers require urgent attention**



What to expect after the procedure

- Intense local discomfort may be experienced.
- Your voiding nature will change within the next week
- You may experience some improvement in Chronic Bladder Pain
- You may hopefully experience longer time interval between urination
- Delayed effects would be a urinary tract infection
- NB! Each person is unique and for this reason symptoms may vary!

What next?

- This will be done every week for 6 weeks
- Maintenance Protocol may be instituted
- Please don't hesitate to direct all further queries to Dr Schoeman's rooms.



After the procedure?

- You will empty your bladder and the content will be discarded