

## Interstitial Cystitis/Bladder Pain Syndrome Intravesical cocktails - Suggestions

### **The DMSO cocktail (6-8 weekly cycles): Robert Moldwin**

50% DMSO 50cc  
Triamcinolone 40mg  
Heparin sulfate 10,000-20,000 IU  
Sodium bicarbonate 44 meq  
+/- Gentamicin

### **Anaesthetic cocktail: Robert Moldwin**

2% Lidocaine jelly  
0.5% Marcaine  
10,000-20,000 IU Heparin Sulfate  
40 mg Triamcinolone  
Treatments administered 2-3 times per week

### **Anaesthetic cocktail: Robert Moldwin**

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.

### **DMSO cocktail: Philip Hanno**

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.

### **Heparin cocktail: Kristene Whitmore**

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.

### **Anaesthetic cocktail: Kristene Whitmore**

0.5% bupivacaine (Marcaine, 20 mL)  
10,000 IU heparin (10 mL)  
100 mg hydrocortisone (5 mL of normal saline)  
40 mL sodium bicarbonate 48 mmol

### **Heparin cocktail with alkalinized lidocaine: C. Lowell Parsons**

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.