Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Cystistat or iAluRil Bladder Instillation Treatment

Version number: **1.0**
Last modified date: **12th November 2026**

Cystistat or iAluRil Bladder Instillation Treatment

Patient Information

Gynaecology Services

- Author ID: WWT / AR
- Leaflet ref: Gyn 060
- Version: 6
- Leaflet title: Cystistat or iAluRil Bladder Instillation Treatment
- Last review: June 2025
- Expiry Date: June 2027

Introduction

Cystistat and iAluRil are clear, colourless, sterile solutions of sodium hyaluronate which is used to coat the inside of the bladder to help relieve symptoms of painful bladder syndrome (previously known as interstitial cystitis) and urinary tract infections.

The bladder is lined by a layer which is thought to prevent harmful substances in the urine reaching the tissues of the bladder. This is called the GAG (glycosaminoglycan) layer. Sometimes, for reasons that are not entirely known, this GAG layer is defective, and the harmful substances are absorbed by the bladder causing inflammation and symptoms of pain, frequency, and urgency of passing urine and also an increased risk of urine infections.

Cystistat and iAluRil are substances that behave like the GAG layer, coating the bladder wall and consequently protect the bladder from substances in the urine. The effects are only temporary, so treatments need to be repeated.

Some women respond better to one or other of the medications, but this is very individual, and treatment may involve trying the alternative instillation if the first is ineffective. There is no evidence that overall, one is better than the other.

Risks

Both medications are a derivative of hyaluronic acid, a substance found naturally in our bodies. It is usually well tolerated and causes few, if any, adverse reactions. On occasion, the catheter insertion may cause minor discomfort and a temporary increase in frequency and urgency of passing urine. This usually clears within 24 hours.

Benefits

Cystistat / iAluRil is not a cure but aims to provide temporary relief from your bladder symptoms. The treatment involves an outpatient visit only and is administered by a nurse.

The initial course of treatment involves one instillation each week for 4 weeks. Some patients benefit from maintenance doses, which could be anything from monthly to every 3 months.

Alternative treatments

Bladder pain

- Dietary manipulation, stopping smoking, stress reduction
- Pain killers usually anti-inflammatory
- Amitriptyline or gabapentin
- Antihistamines
- Elmiron – a tablet to help restore the GAG layer
- Bladder distension by filling the bladder with fluid whilst under general anaesthetic.
- Botox injected into the bladder
- Neuromodulation
- Augmentation cystoplasty - surgery to enlarge the bladder using a piece of intestine.

Recurrent urine infections

- Keeping a good fluid intake

- Vaginal oestrogen treatment (if after the menopause)
- Long term low dose antibiotics
- Hiprex

What does my treatment involve?

We want to involve you in all the decisions about your healthcare and treatment. If you decide to go ahead with Cystistat / iAluRil, you will be asked to give your consent verbally to confirm you understand the treatment and what it involves.

You will be given one treatment each week for four weeks. After this, treatments are usually given once per month until your symptoms improve, then treatments can be spaced out more.

On arrival in the outpatient department the nurse will prepare a room and you will be asked to remove your lower garments and lie on an examination couch with a sheet over your legs. The nurse will place a catheter (small plastic tube) directly into your bladder via your urethra (tube through which urine is passed from your body). Any urine in the bladder is drained and replaced with the Cystistat or iAluRil solution. This should be a relatively painless procedure which only takes a few minutes. The catheter is then removed.

We suggest you do not empty your bladder for an hour after the treatment; this will enable Cystistat / iAluRil to work more effectively. If this is your first treatment, you will be asked to stay in the clinic for monitoring, until you pass urine. After any further treatments you will be allowed to leave the department straight after treatment.

Try not to be discouraged if your treatment does not work straight away, results may not be apparent for 3 or 4 doses and vary for individual patients. A further appointment will be made for you prior to leaving the department.

If your treatment is not successful, there may be other alternatives available, depending on your individual circumstances, this will be discussed with your Doctor in the bladder clinic.

Contact details

Should you require further information, please contact the nurses on:

Women's Health Unit Leigh 01942 264961 Monday to Friday 8am to 5:30pm.

Swinley Ward 01942 822568 out of hours

Further information is available for Interstitial Cystitis or Painful Bladder Syndrome contact: www.cobfoundation.org



Version number: **1.0**
Last modified date: **12th November 2026**

All rights reserved © 2026
WWL Teaching Hospitals NHS Foundation Trust