

O21

KETAMINE CYSTITIS: PRESENTATION AND UROLOGICAL MANAGEMENT IN A MULTIDISCIPLINARY KETAMINE CLINIC

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Introduction

Ketamine cystitis is reported in a quarter of patients regularly using ketamine (1). We aimed to investigate the effects of ketamine use on lower urinary tract symptoms (LUTS) and develop practical management pathways.

Methods

We established a multidisciplinary ketamine clinic with Urology, Substance Misuse and Pain team stakeholders. This service runs from our tertiary hospital, with community support. We collated contemporaneous and prospective data on the presentation and management of patients. Bloods and ultrasound imaging were arranged prior to review and information sent on their condition. Persistent ketamine use was determined on urine dipstick in clinic.

Results

Sixty-six patients have attended the ketamine clinic for LUTS, 49 patients were followed up. The median age was 26 years and 78% were male. 10% (n=5) had acute kidney injury (AKI) at presentation and four underwent bilateral nephrostomies insertion. One patient had nephrostomies inserted for pain, without AKI or hydronephrosis. Two patients had hydronephrosis but no AKI and were followed up closely. 35% (n=17) underwent rigid cystoscopy for haematuria; their bladder capacity ranged from 75-500mls and biopsy findings confirmed ketamine cystitis in all cases. One patient sadly died from an overdose in the community. Twenty patients had deranged liver function and six had common bile duct dilatation.

Conclusions

In our cohort of young patients regularly using ketamine, all presented with LUTS. 35% had biopsy proven ketamine cystitis and upper tract dilatation developed in 10%. Psychological support from a Substance Misuse team is vital in achieving abstinence to allow surgical management of remaining urological issues.

Conditions	% of patients (N)
Rigid cystoscopy & biopsy for haematuria	35%(n=17)
Ketamine cystitis on biopsy	35%(n=17)(100% biopsied)

Acute Kidney Injury	10%(n=5)
Nephrostomy-dependent	10%(n=5, 1 secondary to pain)
Deranged liver function	41%(n=20)
Common bile duct dilatation	12%(n=6)
Death	2%(n=1)

Reference:

(1) Winstock AR, Mitcheson L, Gillatt DA, Cottrell AM. The prevalence and natural history of urinary symptoms among recreational ketamine users. *BJU Int.* 2012 Dec;110(11):1762-6. DOI:10.1111/j.1464-410X.2012.11028.x