Ketamine Bladder Syndrome

Ketamine bladder syndrome is a fairly new reported side effect to K use, first documented in 2007. In the past four years, clinicians in Asia, Canada, the USA and Europe have reported treating young, teenage ketamine abusers who appear to have severe and possibly irreversible bladder, kidney, liver and possible brain damage.

Extreme ketamine use can injure the bladder, causing ulcers (wounds) in the bladder, as well as fibrosis (stiffening of the bladder walls and shrinkage). Patients often struggle with urinary frequency, urgency, pressure, pain, incontinence and/or bleeding from the bladder. They can receive a variety of diagnoses including ulcerative bladder, interstitial cystitis or ketamine cystitis.

In recreational and/or criminal use, ketamine is known as a “date rape drug” for its dissociated amnesia effect and has quickly outgrown heroin and methamphetamine as the drug of choice due to its low cost and easy accessibility in many parts of the world. It is commonly used at RAVE parties and is known as a “Club Drug,” often mixed with ecstasy. A mild hallucinogenic, it has several street names including: Cat Tranquilizer, Cat Valium, Jet, K, Kit Kat, Purple, Special K, Super K, Special La Coke, Super Acid, Vitamin K.

Symptoms of ketamine bladder syndrome

Symptoms are consistent with interstitial cystitis (IC), ulcerative cystitis and lower urinary tract symptoms (LUTS). Patients may struggle with:

- urinary frequency - a need to empty your bladder every few minutes. This can relate directly to your bladder capacity. Ketamine causes bladders to shrink and become fibrotic (stiff), only able to hold a small amount of urine at a time.
- urinary urgency - a sudden, compelling need to urinate
- urinary pressure - a constant sensation of fullness in your bladder that is unrelieved by urination
- pelvic and bladder pain - pain can develop suddenly and severely, particularly as the bladder fills with urine.
- hematuria - visible blood in the urine.
- incontinence - leakage of urine

Urologists are using the diagnostic criteria for interstitial cystitis, a similar medical condition that results in some bladder damage. Thus, patients will be assessed based upon their symptoms as listed above. Physicians may do a cystoscopy to exam the bladder wall, as well as other functional tests.
such as a voiding cystogram and/or urodynamics. Ultimately, a hydrodistention with cystoscopy may be used so that the clinician can closely exam the bladder wall. Patients with ketamine induced bladder damage have varying degrees of irritation, inflammation, petechial hemorrhages (bleeding blood vessels) or larger Hunner’s Ulcers in their bladder wall. Bladder capacity is also reduced dramatically. Normal bladder capacity may be 500cc’s however some ketamine addicts have developed a small, stiff bladder that can only hold 50cc’s of urine or less.

**Who can develop this?**

Known as the poor man’s cocaine as well as a “date rape” drug, ketamine has gained popularity at RAVES due to the “high” and “k-hole” it can give. It appears to be effecting teenagers and young adults most frequently.

Ketamine is a veterinary anesthetic that has hallucinogenic properties and also impairs memory, thus abusers often wake up from their high with no memory of what they have done. It can be taken orally, inhaled or injected into the muscle.

It appears to be very popular in the Asian community. Canada, for example, reports that its use is spreading rapidly through the Chinese Community. Similarly, ketamine production and use has grown rapidly in Mexico, where it has been increasingly exported into the USA illegally. The US Department of Justice reports that ketamine is available through all major drug tracking areas in the US. The Rocky Mountain area, as well as the both coasts and Florida are all targets for Mexican drug cartels. It is available in pill form or as a powder.

Anyone who ABUSES ketamine runs the risk of developing severe bladder and kidney damage as well as other serious side effects.

**Treatment options**

**FOR LEGITIMATE KETAMINE USERS**

If you are using ketamine as prescribed by your doctor, please discuss any bladder symptoms you may be having with that doctor. Do NOT stop your medication on the basis of what you read on this document.

**FOR RECREATIONAL KETAMINE USERS AND/OR KETAMINE ADDICTS**

Your first line of defence is to stop using ketamine recreationally. The challenge is that ketamine can cause psychological dependence on the drug. If you are dependent upon ketamine, it is vital that you seek care for your drug use. A local, in-person drug rehab program is ideal and your phonebook should include several listings. It can also be helpful to ask your peers, counselors or therapists, medical care providers and even county health departments who they would suggest for drug rehabilitation services. You deserve the best care and most compassionate counselors available. Narcotics Anonymous is an invaluable resource for the patient and their family. They offer worldwide rehabilitation and support services.
TREATMENTS

Once ketamine has been stopped, therapies that can help reduce irritation and inflammation are vital. Luckily, the treatment protocol used for interstitial cystitis is available, including oral medications (pentosan polysulfate, amitryptiline, hydroxyzine) and intravesical instillations (anesthetic cocktails, rescue instillations, heparin instillations, elmiron instillations). Some over the counter medications (Desert Harvest Aloe, Cystoprotek, CystaQ) are also available that may help reduce bladder symptoms.

Unfortunately, we have only anecdotal data from various physicians regarding the actual effectiveness of these on a ketamine damaged bladder. Researchers in Canada found that the oral medication Elmiron (pentosan polysulfate) offered some symptomatic relief. Robert Moldwin MD (USA) reported that he treats this aggressively with oral and intravesical agents, particularly the use of anesthetic cocktails comprised of lidocaine, maricaine, triamcinolone and heparin sodium. The Hong Kong research team shared one experience with bladder augmentation used to expand bladder capacity in an end stage patient. Unfortunately, the patient continued ketamine use after surgery, resulting in more serious complications. However, the authors report that other centers have found success in reducing symptoms and improving voiding through substitution cystoplasty.

For more information visit: Ketamine Bladder Syndrome.com