

MEDICAL NECESSITY CHECKLIST FOR HBO TREATMENT OF RADIATION CYSTITIS AND RE-EVALUATION

A. Radiation cystitis diagnosis is confirmed in the medical record by documentation of history of radiotherapy and at least one of the following: (check all that apply)

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Dysuria | <input type="checkbox"/> Decreased stream | <input type="checkbox"/> Ulceration |
| <input type="checkbox"/> Frequency | <input type="checkbox"/> Atrophy | <input type="checkbox"/> Necrotic changes |
| <input type="checkbox"/> Hematuria | <input type="checkbox"/> Telangiectasia | <input type="checkbox"/> Residual volume loss/contraction |
| <input type="checkbox"/> Incontinence | <input type="checkbox"/> Loss of mucosal integrity | <input type="checkbox"/> Sinus or fistula formation |

B. Documentation includes all of the below related oncology history and referral details

- ☐ Date cancer first diagnosed
- ☐ Tumor type and anatomical location
- ☐ Dates radiation treatments started and completed
- ☐ Radiation dose and number of treatments provided
- ☐ Name(s) of person(s) who provided previous care:
 - ☐ Radiation oncologist Dr. _____
 - ☐ Urologist Dr. _____
 - ☐ Other Specialty: _____ Dr. _____
- ☐ Dates and types of all previous treatment
- ☐ Date radiation cystitis first diagnosed (*generally at least 6 months after end of radiation treatments*)

C. Documentation of current cancer status (must have one of the following checked)

- ☐ Disease free (includes date last checked)
- ☐ Residual/recurrent tumor

D. Documentation of previous radiation cystitis management (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Pain control <ul style="list-style-type: none"> <input type="checkbox"/> Surgical intervention <input type="checkbox"/> Regular narcotic <input type="checkbox"/> Regular non-narcotic <input type="checkbox"/> Occasional non-narcotic <input type="checkbox"/> Antispasmodic | <input type="checkbox"/> Urinary frequency <ul style="list-style-type: none"> <input type="checkbox"/> Regular narcotic <input type="checkbox"/> Regular non-narcotic <input type="checkbox"/> Occasional non-narcotic <input type="checkbox"/> Occasional antispasmodic |
| <input type="checkbox"/> Bleeding <ul style="list-style-type: none"> <input type="checkbox"/> Surgical intervention <ul style="list-style-type: none"> <input type="checkbox"/> Fulguration <input type="checkbox"/> Clot evacuation <input type="checkbox"/> Laser ablation/coagulation <input type="checkbox"/> Angio-embolization | <input type="checkbox"/> Incontinence <ul style="list-style-type: none"> <input type="checkbox"/> Permanent catheter <input type="checkbox"/> Regular use of incontinence pads or self-catheterization <input type="checkbox"/> Intermittent use of incontinence pads <input type="checkbox"/> Occasional use of incontinence pads |
| <input type="checkbox"/> Medical Intervention/bladder instillation <ul style="list-style-type: none"> <input type="checkbox"/> Alum <input type="checkbox"/> Silver nitrate <input type="checkbox"/> Formalin | <input type="checkbox"/> Decreased stream <ul style="list-style-type: none"> <input type="checkbox"/> Permanent catheter <input type="checkbox"/> Dilation/once-a-day self-catheterization <input type="checkbox"/> Once-a-day self-catheterization |

ADDITIONAL GUIDANCE

1. Essentially all of the above noted management options, short of cystectomy, are directed at relief of symptoms. It is common, therefore, for these patients to experience a remitting, relapsing clinical course prior to institution of HBO therapy.
2. HBO therapy is disease modifying. Once started, a measure of its therapeutic success will be a gradual reduction in the level of listed intervention(s), listed from the most to the least severe.
3. A common reason for failure to respond to HBO therapy is recurrent or residual tumor. It is important, therefore, to closely monitor each patient's clinical course. Failure to some reasonable degree of improvement over four weeks (initial 20 treatments) should be viewed with a high index of suspicion.
4. Increasingly, HBO therapy is being adopted as first line therapy. It is possible, therefore, that an increasing number of the interventions listed in "D" above may not have been incorporated prior to referral.

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Re-Evaluation of the Radiation Cystitis Patient Undergoing HBO Therapy

1. Reassessment is made upon the basis of clinical findings and patient complaints.
2. If the basis for hyperbaric referral are the findings of **bladder wall changes**, such as:
 - patchy atrophy
 - telangiectasia without bleeding
 - ulceration
 - necrotic changes
 - sinus or fistula formation

Then the only way to effectively evaluate degree of change is repeat cystography, contrast radiography or ultrasound

3. If the basis for hyperbaric referral were the **patient's subjective complaints**, such as:
 - pain
 - dysuria
 - increased frequency
 - incontinence
 - hematuria

Then reassessment will be based upon degree of change in these complaints. Pain now controlled with over the counter medications vs. prescribed medications would obviously represent improvement. Pain now minimal when previously necessitated over the counter medications also represents improvement.

4. Other obvious symptomatic improvements:

Persistent and/or intense dysuria now reported as occasional to minimal

- intermittent hematuria; now only occasional
- large frequency period between urination
- uninterrupted stream

5. Whether to continue HBO therapy or hold in order to determine whether perceived improvement is now self-sustaining will be a matter of degree of improvement, any recommendations from the referring urologist and the hyperbaric physician's related experience.