A Multi-Disciplinary Approach to Improving Outcomes in Ketamine Abstainers with Bladder Damage and Pelvic Pain

For over a decade, I've devoted my career to advancing understanding and support for pelvic floor, bladder, and bowel health. Working with fitness and health professionals across both the NHS and private practice, I've witnessed how conservative, holistic approaches, when tailored to the individual, can profoundly transform lives.

This project was born from a deeply personal experience. Until recently, I had never heard of Ketamine Bladder, or Ketamine-Induced Cystitis (KIC). That changed when a loved one presented with what seemed like a routine urinary tract infection and received a prescription of antibiotics. The following day they had a seizure. At A&E we received a diagnosis that left us with more questions than answers – Ketamine Bladder!

Over the following weeks we had additional visits to A&E, scans, medications, where we were told the symptoms were irreversible but offered little guidance on how to manage the daily reality of pain, urgency, and dysfunction.

As someone with a background in conservative bladder and bowel care, I couldn't help but wonder: where is the support for those who abstain from ketamine but still live with the consequences?

In general populations, we see remarkable results using breathwork, pelvic floor coordination, fascial release, scar management, and nervous system regulation. Why not here?

Through attending a female ketamine support group, I've come to understand the broader impact: vulvodynia, prolapse, birthing difficulties, and the complex emotional toll.

Many begin using ketamine not out of curiosity, but as a desperate attempt to manage mental health. The withdrawal process is agonising, and tragically, ketamine itself is often the only relief from the pain it causes.

This is my way of asking:
Can we do better?

Can we explore conservative treatment options for abstainers and offer hope, dignity, and practical support?

I believe we can, and I'm committed to finding out.

This fact sheet marks the beginning of the **Beyond K: Bladder and Pelvic Health Recovery** project, an evolving initiative dedicated to supporting ketamine abstainers through conservative care and multidisciplinary collaboration.

Watch the video that accompanies this fact sheet

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Introduction

Ketamine related bladder damage is an escalating public health concern in the UK. **Irene Guerrini and colleagues at South London & Maudsley NHS Foundation Trust** warn that ketamine's **low cost** and availability have led to a **surge in use**, especially among **teenagers and young adults**.

In 2023–2024, 3,609 individuals began treatment for ketamine addiction, an **eightfold increase since 2014–2015.**

Public awareness of the risks and long-term harms associated with ketamine remains insufficient, and **they call for better diagnostic criteria, a national registry, and screening tools to support earlier identification, guide treatment, and help to evaluate emerging therapies –** (BMJ Group, 2025).

Current user estimates hover around 270,000 (England and Wales), with the most affected age group spanning early teens to 25 years, though not exclusively.

Current Challenges and Policy Context

In the UK, ketamine was reclassified from a Class C to a Class B drug in 2014. Yet, given its widespread misuse and severe complications, the government is now seeking expert advice on potential reclassification to a Class A substance.

Jo Moor, Managing Director of Birchwood Rehab Centre, highlights significant gaps in clinical assessment tools, stating, **"Assessment tools are not in place, we are behind the times, it's going to hit us hard"** (BBC Panorama, Britain's Ketamine Crisis).

Ketamine Use: Risk Profile and Presentation

Ketamine's recreational use is mostly through tablets or capsules of white powder, usually snorted or ingested, and increasingly acquired via social media apps. It is also injected intramuscularly or intravenously. Acute effects include transient dissociation, hallucinations, and reduced pain sensitivity. High doses can induce the 'K-hole' - a state of profound detachment.

The chronic harms are more severe:

- Cognitive and memory impairment
- Mood instability
- Ulcerative cystitis (Ketamine-Induced Cystitis or KIC)
- Liver and kidney damage
- Severe abdominal and pelvic pain
- Gastrointestinal problems
- Bladder and bowel dysfunction
- Potentially irreversible bladder damage, sometimes necessitating surgery

- Notably, **daily ketamine** use can cause bladder symptoms **within weeks!**
- Likewise, using ketamine three times a week over a period of two years
- Prolonged ketamine use is associated with severe and irreversible long-term related damage
- Urologists predict a significant reduction in life expectancy, potentially by up to 30 years (ITV News, 2025)

KIC (Ketamine-Induced Cystitis): Symptomatology and Impact

- Inflammation of the bladder wall
- Bladder capacity reductions (as low as 30–50 ml)
- Scarring, ulceration, and bleeding
- Urinary urgency and frequency
- Difficulty emptying the bladder
- Pelvic and severe abdominal pain (K Cramps)
- Incontinence and, in some cases, requiring surgical intervention

- **Secondary complications** (also known as sequelae): to name a few..... pelvic organ prolapse, vulvodynia, and urethral pain, dyspareunia.

The Need for a Multi-Disciplinary Approach

Most individuals abstaining from ketamine report ongoing bladder symptoms, **even after cessation**, this highlights the need for ongoing support and innovative management for best outcomes.

A multi-disciplinary approach is crucial and should include:

- Medical management (GPs, urologists)
- Psychological and addiction support (therapists, group therapy, rehabilitation programmes)
- Specialist physiotherapy (pelvic floor muscle training, visceral mobilisation)
- Specialist Incontinence Nurse
- Peer support and patient education
- Holistic and restorative interventions (e.g., Restorative Yoga, Mindfulness, Acupuncture)

Pelvic Floor Physiotherapy: Evidence and Practice

- Evidence shows the value of **pelvic floor physiotherapy** in managing bladder dysfunction and chronic pelvic pain in the general population. This specialist physiotherapy gives Individualised clinical assessment, treatment and management using appropriate pelvic floor muscle training for optimal

functioning. [Pelvic floor dysfunction: prevention and non-surgical management | Guidance | NICE]

Evidence-based interventions include:

- Pelvic floor down-training and relaxation focused techniques
- Breathwork (diaphragmatic breathing)
- Manual therapy (internal/external, visceral mobilisation for scarring and/or adhesions)
- Trigger point identification and release
- Targeted stretches and nerve desensitisation
- Biofeedback and bladder diaries to retrain timing and habits
- Muscle coordination training

- Conservative modalities such electrical stimulation is used for bladder calming and strengthening
- PTNS and TTNS is used for daytime overactive bladder and nocturia (Gold standard for OAB diagnosis is urodynamics)
  PTNS (Percutaneous Tibial Nerve Stimulation) is a minimally invasive treatment that involves stimulating the **tibial nerve** near the ankle using a small needle electrode.
  Electrical impulses travel from the tibial nerve to the sacral nerve plexus, which controls bladder function; typically done in a clinic once a week for 30 minutes over several weeks.
  TTNS (Transcutaneous Tibial Nerve Stimulation) is a non-invasive alternative to PTNS that uses **surface electrodes** (usually sticky pads) placed on the skin near the ankle. Similar to PTNS, it stimulates the tibial nerve to influence bladder control, but without needles. It be done at home or in a clinic, often daily or several times a week; often preferred for patients who want a needle-free option.

- Botox injection is used to treat OAB and sacral implants

Conservative Approaches: The Missing Link

Despite the proven effectiveness of pelvic floor physiotherapy in bladder/bowel dysfunction and pelvic pain, **formal NHS pathways for referral to pelvic floor physiotherapists in the context of ketamine abstinence are lacking.**

Conservative treatments such as visceral mobilisation, PTNS, TTNS, or electrical stimulation, and specialist scar massage **warrant further exploration**.

Holistic approaches, such as restorative yoga, trauma-informed yoga, and restorative breathwork, offer powerful tools for healing. These practices not only support emotional regulation and recovery from complex PTSD but also play a vital role in restoring balance to the **autonomic nervous system**, helping individuals shift from a chronic fight-or-flight state to one of rest and digest. This shift is particularly beneficial for the **pelvic region**, where tension, pain, and dysfunction are often exacerbated by nervous system dysregulation. By addressing both physical and emotional dimensions, holistic therapies enhance the effectiveness of conservative treatments and offer a more integrated path to recovery.

Clinical and Holistic Considerations

A trauma-informed, holistic approach surely is critical for best outcomes?

I would like to encourage clinicians to:

- **Ask the question** for ketamine use when patients present symptoms of lower urinary tract symptoms, particularly in young people
- **Provide education** on the risks and symptom management options
- **Work collaboratively** across disciplines, from A&E to primary care to specialist services
- **If abstinence is adhered**, consider conservative therapies and early referral to pelvic health physiotherapy

Special Considerations: Complications and Secondary Morbidity

Some ketamine abstainers experience secondary complications, such as:

- Inability to give birth vaginally due to pelvic scarring or surgical intervention
- Pelvic organ prolapse
- Vulvodynia
- Penile pain
- Urethral pain
- Dyspareunia, vaginal dryness, urinary leakage during intercourse
- Erectile dysfunction
- Restricted medication options due to liver or kidney compromise

Collaborative planning between specialists (Urogynecologists, Obstetricians, Specialist Pelvic Health Physiotherapists) is essential in these complex cases.

Pelvic health physiotherapy incorporating muscle training, manual therapy, electrotherapy, and biofeedback, visceral mobilisation and scar management has demonstrated **significant benefit** in all the above, including reducing dyspareunia in women and improving penile pain in men. Randomized trials report meaningful improvements in pain, strength, sexual function.

Summary Table: Multidisciplinary Management Strategies

- Early identification and screening (NICE, 2024)
- Medical management and monitoring of organ function
- Specialist pelvic floor physiotherapy
- Holistic support
- Psychological and addiction services
- Ongoing patient education and peer support (Beth's story, 2025)

Beth's Story: The Power of Lived Experience

Personal Statement: My Experience with Ketamine Use and Recovery

My journey with ketamine began about five years ago at a house party. Before that, I had used alcohol and cocaine casually, but ketamine was new to me. The first time I tried it, I felt dissociated and numb, as if I was in a bubble, detached from everything around me.

At the time, I was struggling with my mental health, especially after losing my mum, and ketamine seemed to block out the emotional pain I was experiencing. What started as occasional use at festivals and parties quickly became a way to cope with daily stress and emotional turmoil.

Over the next year and a half, my ketamine use increased from every other day to daily. I was drawn to the feeling of relief it gave me, unaware of the damage it was causing.

At first, I experienced no obvious side effects, which made it easy to stay in denial about the risks. However, by late 2023, I noticed severe physical symptoms. I constantly felt the urge to urinate and started straining on the toilet, eventually developing a rectal

prolapse. I was embarrassed and confused, making repeated trips to urgent care and the doctor, but it took over a year to get a proper diagnosis. During this time, I also began experiencing burning and stinging when urinating, frequent bleeding, and significant weight loss.

Despite these symptoms, I continued using ketamine, and by 2024, I was fully addicted. My bladder symptoms became unbearable: I was passing blood clots and a jelly-like substance, which I later learned was damage to my bladder lining. The pain was excruciating, and I became fully incontinent, relying on pads and nappies every day. I was working two jobs, but my life was completely controlled by addiction. I spent everything I had on ketamine, fell into debt, and neglected my responsibilities. Even when I tried to detox during a trip abroad, the withdrawal symptoms were intense, and I relapsed as soon as I returned home.

My turning point came when my boss intervened when I finally admitted my addiction.

A urologist warned me that if I continued using ketamine, I would either die or end up with a permanent catheter bag. This was the wake-up call I needed. I entered detox in March this year and then rehab, determined to reclaim my life.

During my addiction, I had been prescribed a long list of medications— Tramadol, Gabapentin, Solifenacin, Oxybutynin, Codeine, Co-codamol, Paracetamol but nothing helped. The pain and bladder symptoms persisted, and I felt hopeless.

Now, I am over six months clean. I have stopped all the ineffective medications and now take only 1 Amitriptyline in the morning and a supplement called D-Mannose, which contains bark extract. This combination has made a remarkable difference.

A significant part of my recovery has come from doing my own research whilst also learning about pelvic health using conservative treatment and holistic therapy. I discovered that, for my situation, initially relaxing the pelvic floor muscles rather than tightening them was key. I now practice breathing exercises and pay attention to my posture, even while sitting at my desk at work. These small, consistent changes have helped me regain control over my body and my life.

I can now go 2.5hrs without needing the toilet, and I only get up twice a night. I am no longer incontinent and do not have the need to wear pads.

While I still have occasional bad days, my good days now far outweigh the bad. I am going to continue with a focus on pelvic health using conservative treatment approach with supportive therapies going forward and am hopeful of improving the symptoms even further.

My experience with the medical system has been mixed. Early on, there was little understanding or support for ketamine-related bladder issues. Even urologists were unfamiliar with the condition, and I often had to educate them about what I was

experiencing. This lack of knowledge made my journey even more isolating, but it also motivated me to take charge of my own recovery.

In summary, I used ketamine for nearly four years, initially to cope with emotional pain, but it quickly became a daily necessity that caused severe and lasting damage to my bladder and overall health. The pain and incontinence were devastating, but with determination, support, and self-education, I have made significant progress in my recovery. I am grateful for how far I have come and hopeful about the future, as I continue to maintain my commitment to staying clean.

Conclusion

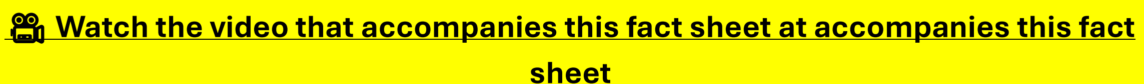
- A multi-disciplinary, trauma-informed approach is **vital** in supporting ketamine abstainers who experience persistent bladder and pelvic pain. While abstinence is a crucial first step, integrating medical, physiotherapeutic, psychological, and holistic care is **essential** to optimise symptom relief and enhance quality of life.

  This approach encourages **further exploration** for the **best outcomes**. Formalising care pathways, increasing public and professional awareness, and ongoing research are all required to meet this growing challenge.

Please Share This Resource

We encourage you to share this fact sheet and accompanying video with colleagues, professionals working in this field, or anyone supporting a loved one experiencing these symptoms.

Our goal is to reach as many people as possible including health professionals, medical teams, rehabilitation centres, and support networks to raise awareness and improve understanding.



We'd love to hear your feedback: your thoughts help us improve and continue to support those who need it most.

Dated 29th September 2025

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References and useful Organisations next page.....

References

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Introducing Community-Based Bladder Scanning for Ketamine Users

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The Role of Pelvic Floor Muscles in Male Sexual Dysfunction and Pelvic Pain – Pub 2016

Specialist Physiotherapy in Vulval Conditions – Royal Free London NHS Foundation Trust

Efficacy of Rehabilitative Techniques on Pain Relief in Patients With Vulvodynia: A Systematic Review and Meta-Analysis – PTJ - 2024

Ketamine-Induced Uropathy in a High-Prevalence Region: Knowledge, Diagnostic Practices, and Treatment Patterns Among Primary and Secondary Care Providers – Cureus - 2025

Effectiveness of nonpharmacological conservative therapies for chronic pelvic pain in women: a systematic review and meta-analysis – Pub Med 2013

Useful Organisations

Ketamine Educations Services

Alder Hey Opens the First NHS Ketamine Clinic for Children and Young People in the UK Published July 2025

Acorn House – a charity supporting community services, residential rehab and supported housing as seen on BBC Panorama

Birchwood Drug and Alcohol Detox and Rehab Centre, Merseyside
as seen on the BBC Panorama

The Loop Research Activities