



Beyond K: Bladder and Pelvic Health Recovery

A resource written for:

- Individuals experiencing ketamine-related bladder symptoms
- People in recovery and maintaining abstinence
- Parents, partners, carers and families
- Rehabilitation workers and addiction support services
- Urologists, GPs, nurses, physiotherapists and other healthcare professionals
- Researchers interested in improving outcomes for those affected by ketamine-related harm

Different readers may find specific sections most relevant to them. However, the purpose of this resource is to bring together clinical evidence, professional insight, lived experience and emerging rehabilitation perspectives in one place.

Ultimately, the aim is to start an important conversation:

How can we better support people living with the ongoing ketamine bladder related symptoms, both during recovery and beyond abstinence?

What you will find in this resource

- **Why Beyond K: Bladder and Pelvic Health Recovery was Created**
The personal experience that inspired this project.
- **Understanding Ketamine Bladder**
Current evidence, prevalence, symptoms and treatment considerations.
- **Rehabilitation Beyond Abstinence**
Exploring multidisciplinary and conservative approaches to recovery.
- **Beth's Story**
A lived experience account of addiction, bladder damage, recovery and hope.
- **Looking Forward**
A call for greater awareness, collaboration and research.
- **References**

Why Beyond K: Bladder and Pelvic Health Recovery was Created

The personal experience that inspired this project

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

Beyond K: Bladder and Pelvic Health Recovery is a project born from a deeply personal experience. Until recently, I had never heard of Ketamine Bladder, also known as Ketamine-Induced Cystitis (KIC). That changed when a loved one presented with what appeared to be a routine urinary tract infection and was prescribed antibiotics. The following day, they experienced a seizure. At A&E, we received a diagnosis that left us with more questions than answers: Ketamine Bladder.

Over the following weeks, we endured multiple visits to A&E, investigations, scans, and medication changes. We were told that some symptoms may be irreversible and there was little guidance on how to manage the daily reality of pain, urgency, frequency, 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 yet live with these continued symptoms ?

Whilst abstinence remains the cornerstone of treatment, there appears to be limited discussion regarding the conservative management of the secondary physical, functional, and psychological consequences that may persist long after ketamine use has ceased.

In general populations, we see remarkable results using breathwork, pelvic floor rehabilitation, fascial release, scar management, and nervous system regulation. These approaches can positively influence pain, pelvic floor dysfunction, bowel symptoms, movement patterns, and quality of life.

Through working with ketamine support groups, I have come to appreciate the broader impact of ketamine-related health challenges, including vulvodynia, dyspareunia, pelvic organ prolapses, constipation, symptoms suggestive of pudendal nerve dysfunction, and the considerable emotional burden often experienced by those living with chronic pain.

Whilst these presentations may not always be a direct consequence of ketamine itself, they may represent secondary complications associated with pain, altered voiding

behaviours, pelvic floor overactivity, deconditioning, psychological stress, heightened nervous system or the wider effects of prolonged ill health. These factors can have a significant impact on pelvic health, physical function, emotional wellbeing, and overall quality of life.

This raises an important question: could conservative pelvic health interventions play a role in supporting recovery, for individuals who have ceased ketamine use and are living with the longer-term outcomes?

Although this is an area requiring further exploration and research, it may be valuable to consider whether approaches such as breathwork, pelvic floor rehabilitation, fascial release, scar management, and nervous system regulation could help address some of these secondary symptoms and enhance quality of life alongside medical and urological management.

Many people begin using ketamine not out of curiosity, but to cope with significant mental health challenges. The process of withdrawal can be extraordinarily difficult and, tragically, ketamine itself may become the only relief from the very symptoms and pain it contributes to causing.

This resource is my way of asking a simple question: can we do better?

Can we look beyond abstinence alone and explore how conservative, multidisciplinary approaches might support those in recovery?

Can we offer hope, dignity, and practical strategies to individuals who are committed to rebuilding their lives but continue to face the lasting consequences of ketamine-related harm?

I believe we can, and I am committed to helping find the answer.

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

Louise Field: [Director, Adore Your Pelvic Floor](#)



[Watch the video that accompanies this fact sheet](#)

Understanding Ketamine Bladder

Current evidence, prevalence, symptoms and treatment considerations

Ketamine is a dissociative anaesthetic widely used in clinical practice for procedural sedation and pain management. However, recreational ketamine use has increased substantially across the UK in recent years, particularly among adolescents and young adults. Alongside this rise has come growing recognition of the drug's significant long-term health consequences, including severe lower urinary tract pathology. Among the most concerning complications is ketamine-induced cystitis (KIC), a progressive inflammatory condition that can lead to debilitating urinary symptoms, chronic pelvic pain, reduced bladder capacity and, in severe cases, irreversible bladder damage requiring reconstructive surgery [1,4].

In 2023-2024, 3,609 individuals entered treatment for ketamine addiction, representing an eightfold increase compared with 2014-2015 [1]. Public awareness of the risks associated with chronic ketamine use remains limited. Consequently, there have been calls for improved screening tools, diagnostic criteria and national monitoring systems to facilitate earlier identification and intervention [1].

Current estimates suggest that approximately 270,000 people in England and Wales use ketamine, with the greatest prevalence among individuals aged between their early teens and 25 years [1,2]. As the prevalence of ketamine use continues to rise, urologists are increasingly encountering patients presenting with ketamine-related bladder dysfunction and its associated complications. This article explores the impact of ketamine-induced bladder disease and considers the role of multidisciplinary rehabilitation in supporting individuals who have achieved abstinence but continue to experience significant symptoms.

Current Challenges and Policy Context

Ketamine was reclassified in the UK from a Class C to a Class B drug in 2014. However, the ongoing rise in recreational use and the increasing recognition of serious health complications have prompted further debate regarding potential reclassification to a Class A substance [2].

Clinical services face additional challenges due to the absence of established assessment pathways and national standards for managing ketamine-related complications. Concerns have been raised regarding healthcare preparedness and the potential impact of increasing ketamine-related presentations on urology, addiction and primary care services [3].

Ketamine Use: Risk Profile and Presentation

Recreational ketamine is most encountered as a white powder that is snorted or ingested, although intravenous and intramuscular administration also occur. The drug is increasingly accessible through social media and online platforms. Acute effects include dissociation, hallucinations, altered sensory perception and reduced pain sensitivity. At higher doses, users may experience the so-called "K-hole", characterised by profound detachment from reality.

Long-term ketamine use is associated with a range of physical and psychological consequences, including cognitive impairment, memory deficits, mood instability, hepatobiliary dysfunction, renal impairment, gastrointestinal disturbance and lower urinary tract dysfunction [4].

One of the most clinically significant complications is ketamine-induced cystitis. Lower urinary tract symptoms may develop surprisingly early during the course of regular use, with some individuals developing significant urinary symptoms within weeks of daily consumption. Prolonged exposure can result in chronic inflammation, fibrosis, progressive bladder dysfunction and potentially irreversible structural damage [4].

Ketamine-Induced Cystitis: Symptomatology and Impact

Ketamine-induced cystitis is characterised by chronic inflammation of the bladder wall and progressive deterioration in bladder function. Symptom burden is often severe and may persist even after abstinence. The condition can significantly affect quality of life, employment, education, relationships and mental wellbeing [5].

Common clinical features include:

- Inflammation of the bladder wall
- Significant reductions in bladder capacity, sometimes as low as 30-50 ml
- Scarring, ulceration and bleeding
- Urinary urgency and frequency
- Difficulty emptying the bladder
- Pelvic pain and severe abdominal pain ("K cramps")
- Urinary incontinence
- Requirement for surgical intervention in severe cases [5]

Beyond primary bladder pathology, patients may experience additional complications

affecting pelvic floor function and sexual health. Chronic pain, altered voiding patterns, prolonged pelvic floor overactivity, pelvic organ prolapses, vulvodynia, urethral pain, dyspareunia and sexual dysfunction [5,12,13].

Rehabilitation Beyond Abstinence the Need for a Multi-Disciplinary Approach

Exploring multidisciplinary and conservative approaches to recovery

Although abstinence remains the cornerstone of treatment, many individuals continue to experience persistent bladder symptoms and pelvic pain following cessation of ketamine use. This highlights the need for ongoing rehabilitation and long-term symptom management.

Effective care requires collaboration between multiple clinical disciplines. The complexity of ketamine-related bladder dysfunction means that physical symptoms, psychological wellbeing, addiction recovery and quality-of-life considerations must all be addressed simultaneously [7].

A multidisciplinary approach should include:

- Medical management by primary care, urology and specialist services
- Psychological and addiction support
- Specialist pelvic health physiotherapy
- Continence and urology nursing support
- Patient education and peer support
- Appropriate holistic and restorative interventions

Psychological support is particularly important given the frequent coexistence of anxiety, trauma, mental health challenges and substance dependence within this population. Recovery is often optimised when physical rehabilitation is integrated with addiction and psychological services [7].

Pelvic Floor Physiotherapy: Evidence and Practice

Pelvic floor physiotherapy plays an established role in the management of bladder dysfunction, chronic pelvic pain and sexual dysfunction. NICE guidance supports individualised assessment and conservative management approaches for patients

presenting with pelvic floor dysfunction and associated symptoms [6].

Although research specific to ketamine abstiners remains limited, evidence from broader pelvic health populations demonstrates the value of physiotherapy interventions in reducing pain, improving pelvic floor muscle function and enhancing quality of life [8-11].

Interventions may include:

- Pelvic floor down-training and relaxation techniques
- Diaphragmatic breathing and breathwork
- Internal and external manual therapy
- Visceral mobilisation, where clinically appropriate
- Trigger point identification and release
- Nerve desensitisation techniques
- Targeted stretching programmes
- Bladder retraining
- Bladder diaries
- Biofeedback
- Muscle coordination and movement retraining
- Electrical stimulation for selected cases

Pelvic floor rehabilitation has demonstrated benefits in conditions such as dyspareunia, vulvodynia, chronic pelvic pain and sexual dysfunction, all of which may coexist with ketamine-related bladder disease [8-11].

Neuromodulation techniques may also contribute to symptom management.

Percutaneous Tibial Nerve Stimulation (PTNS) involves stimulation of the tibial nerve using a fine needle electrode, allowing impulses to influence sacral nerve pathways involved in bladder control. Transcutaneous Tibial Nerve Stimulation (TTNS) provides a non-invasive alternative using surface electrodes. Both approaches are utilised in the management of overactive bladder symptoms and nocturia.

Additional therapies may include intradetrusor botulinum toxin injections and sacral neuromodulation in appropriately selected patients.

Conservative Approaches: The Missing Link

Given the effectiveness of conservative interventions in managing bladder dysfunction and chronic pelvic pain, there is a strong rationale for developing formal referral pathways for ketamine abstiners experiencing persistent symptoms.

Conservative treatment approaches such as pelvic floor rehabilitation, neuromodulation, scar management and symptom-directed physiotherapy may contribute to improved function and quality of life. However, further research is needed to determine their specific role within ketamine-related bladder dysfunction.

Holistic approaches may offer additional benefits when appropriately integrated into multidisciplinary care. Restorative yoga, trauma-informed yoga, mindfulness and restorative breathwork may support stress reduction, autonomic nervous system regulation and emotional wellbeing. By addressing both physical and psychological factors, these interventions may complement conventional treatment pathways and support long-term recovery.

Clinical and Holistic Considerations

A trauma-informed approach may improve engagement and outcomes among individuals recovering from ketamine-related bladder disease.

Clinicians should consider:

- Asking specifically about ketamine use when assessing younger patients presenting with lower urinary tract symptoms.
- Providing education regarding risk factors and treatment options.
- Working collaboratively across primary care, emergency medicine, addiction services, pelvic health services and urology.
- Considering early referral to pelvic health physiotherapy when symptoms persist following abstinence.

Special Considerations: Complications and Secondary Morbidity

Some ketamine abstiners experience complex secondary complications that require specialist input. These may include:

- Pelvic organ prolapse
- Vulvodynia

- Penile pain
- Urethral pain
- Dyspareunia
- Vaginal dryness
- Urinary leakage during intercourse
- Erectile dysfunction
- Obstetric considerations following severe pelvic scarring or reconstructive surgery [12,13]

Collaborative management involving urologists, urogynecologists, obstetricians and specialist pelvic health physiotherapists may be necessary in these complex cases.

Pelvic health physiotherapy incorporating pelvic floor rehabilitation, biofeedback, manual therapy, electrotherapy and symptom-specific interventions has demonstrated benefits in chronic pelvic pain and sexual dysfunction populations. Improvements have been reported in pain, muscle function, sexual function and overall quality of life [8-11,15].

Multidisciplinary Management Strategies

Successful management of ketamine-induced bladder dysfunction requires coordinated input from multiple healthcare professionals.

Key components include:

- Early identification and screening
- Medical management and monitoring of bladder, kidney and liver function
- Specialist urological investigation and follow-up
- Pelvic health physiotherapy
- Psychological and addiction support services
- Appropriate holistic interventions
- Patient education
- Peer support and recovery networks
- Long-term follow-up where indicated

Urologists play a central role in diagnosis, investigation and disease monitoring, while addiction services support sustained abstinence. Physiotherapists, psychologists and specialist nurses may contribute significantly to symptom management, rehabilitation and improved quality of life during recovery [7,14,15].

Conclusion

Ketamine-induced cystitis represents an increasingly important clinical challenge for urologists and other healthcare professionals. Although abstinence remains the foundation of treatment, many patients continue to experience significant bladder dysfunction, pelvic pain and associated complications after cessation.

A multidisciplinary, trauma-informed approach that incorporates medical, physiotherapeutic, psychological and supportive interventions offers the potential to improve symptom management, functional recovery and overall quality of life. As ketamine use continues to rise, greater professional awareness, formalised referral pathways and further research into rehabilitation strategies will be essential to meet the needs of this growing patient population.

Beth's Story: The Power of Lived Experience

A lived experience account of addiction, bladder damage, recovery and hope

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.

Looking Forward

A call for greater awareness, collaboration and research

We encourage you to share this resource 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.

Louise Field – [Beyond K: Bladder and Pelvic Health Recovery](#)

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