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Interstitial Cystitis (IC) / Bladder Pain Syndrome

Interstitial cystitis, also known as painful bladder syndrome, is a condition where patients experience chronic pelvic pain, pressure or discomfort and bladder symptoms such as urinary frequency, urgency or difficulty urinating. The key point is that people with IC have these symptoms even though tests show no evidence of urinary tract infection or other bladder diseases. In **severe** cases, IC can present with ulceration and bleeding of the bladder lining and can lead to scarring and stiffening of the bladder wall. Sometimes IC is associated with other chronic pain conditions such as irritable bowel syndrome, endometriosis, vulvodynia or pelvic floor muscle dysfunction.

Symptoms

The cardinal symptoms of IC are pelvic pain or pressure related to bladder function and is often associated with the feeling of needing to urinate often or that the bladder is never empty, painful sexual intercourse, and waking up from sleep to urinate. Sometimes people think they have a urinary tract infection that keeps coming back or won't go away, but they do not have an infection at all.

Main causes of IC

The exact cause of interstitial cystitis is currently unknown. Some people with IC can recall an injury or infection at the time when the symptoms began. Most patients, though, do not remember a triggering event. Often the symptoms start off mild and worsen over time. At this time, it is felt that IC is likely related to increased bladder sensitivity due to altered processing of pain signals in the brain and spinal cord, a combination of an inflammation and/or defects in the bladder lining and spasm in the pelvic floor muscles, and/or genetic susceptibility.

Diagnosis

Currently, no single test is available to make the diagnosis of IC. Instead, healthcare providers rely on history, physical examination and a variety of tests such as urinalysis to exclude urinary tract infection and cystoscopy to evaluate for bladder masses or cancers. A cystoscopy, where a small endoscope is used to look inside the bladder, is usually performed in patients who have blood in the urine or are older than 50.

Treatment

The American Urologic Association recommends that treatment be individualized based on patient symptoms. Treatment usually starts with diet and lifestyle changes like avoiding foods and beverages that cause bladder irritation, bladder retraining, and stress reduction. These types of modification are recommended for all IC patients and when symptoms are mild, may be the only intervention needed. Physical therapy is used to relieve pain and frequency and highly recommended in patients with these types of symptoms. Medications such as amitriptyline, cimetidine and hydroxyzine can also be used. Pentosan Polysulfate Sodium is the only FDA approved medication for treatment of IC, however, this medication is effective in a small number of patients. In some cases, medications such as DMSO, Heparin and Lidocaine, can be placed directly into the bladder of patients with more severe symptoms. These 'bladder instillations' can be done in the doctor's office. Cystoscopy with hydrodistension is typically done in the operating room with the patient asleep. This procedure can be used to reduce symptoms in patients with severe IC who have failed less invasive treatments. A small camera is placed in the bladder to look directly at the lining. The bladder is filled until it is very full, thus stretching the bladder. More advanced treatments of IC include Botulinum Toxin injections into the bladder and placement of a spinal cord stimulator. For all patients who have pain, additional pain management can be

done with oral medications and surgery is rarely needed or recommended. For more information on Interstitial Cystitis visit: www.ichelp.org or www.urologyhealth.org