

Introduction

Interstitial cystitis, also known as *painful bladder syndrome*, *bladder pain syndrome*, or most recently *urologic chronic pelvic pain syndrome*, is a condition characterized by pain in the bladder/lower abdomen possibly with radiation to the urethra (where urine exits the body), genitals (private parts), back, upper abdomen, diaphragm, or thighs associated with urinary symptoms such as urgency, frequency, and/or nighttime urination greater than once per night. Many people feel some relief in their pain symptoms after urination, if only temporary or short lived. It can also be associated with painful intercourse, and there is a high rate of associated anxiety and depression. At this time, there is no single test that can be used to diagnose this condition and no known direct cause. However, it is believed there may be an initial precipitating event such as a bladder infection, an allergic histamine response an auto-immune inflammatory response, or a traumatic event that may lead to dysfunction of the pelvic floor muscles and/or an altered pain response in the brain creating a more sensitive bladder. Less than 10% of people will exhibit bladder ulcerations; however, the majority of patients will not, but can still have debilitating symptoms. Because there are multiple pathways involved in symptom presentation, no single treatment will likely be effective. Thus, a comprehensive approach utilizing multiple treatments may be required over a period of time before you noticeably feel better.

Symptoms

- Pain/pressure in the bladder, abdomen, genitals, urethra, back, thighs, associated with:
 - Urgency (feeling of needing to empty bladder now).
 - Frequency (need to empty your bladder often, sometimes multiple times in an hour, even though only a small amount of urine is released).
 - Nighttime urination (more than one time per night).
 - Worsening pain during certain times of the month.
- Painful intercourse.
- Certain foods make pain, urgency, or frequency worse such as spicy foods, caffeine, alcohol, citrus, and carbonated beverages.
- Certain exercises or activities can make the pain worse.
- Worsening symptoms during seasonal allergy flares.
- Sleep problems.

Diagnosis

- A comprehensive approach will be used to better understand what features of this syndrome are most prevalent for you. A treatment plan will be created based on this approach.
- Expect a detailed history and physical examination. Your provider will want to know all details surrounding your concerns, including when symptoms started, what makes them better or worse, and what treatments have been tried.
- Urine tests may be ordered to rule out any presence of infection that may be contributing to your symptoms as well as any more concerning findings, such as blood in the urine.
- Less than 10% of people will have ulcerations seen when evaluating the bladder with a tiny camera called a cystoscope (not all patients will need to have this done).
- Tender muscles may be noted during the physical exam.
- An assessment of other coexisting conditions such as endometriosis, irritable bowel syndrome, migraines, and fibromyalgia may be completed by your health care provider.

Treatment

Treatment is not one size fits all and will be based on your specific symptom presentation (also known as phenotype) and risk factors. The goal of treatment is not curative, but with optimal management you may experience longer symptom free periods.

According to the American Urologic Association, interstitial cystitis should be managed in a stepwise approach with lifestyle factors optimized as the first line of treatment.

- Eliminating foods and beverages that make symptoms worse.
- Modifying activities that make symptoms worse.
- Optimizing sleep.
- Managing stressors.
 - Stress-relieving activities include yoga, meditation, low-impact exercises, and relaxation techniques.

In conjunction with lifestyle management, it may be recommended that you undergo evaluation by a physical therapist to help treat muscles in the pelvis that are contributing to your symptoms.

- Medications may also be recommended by your health care provider depending on your symptom profile.
- Cognitive brain therapy, relaxation techniques, or psychotherapy have shown to be effective in retraining the brain to respond to pain signals. Over time, these treatments can provide pain relief, as well as help to manage stressors that are exacerbating symptoms.

If these measures are not successful, consideration for bladder hydrodistention may be the next step. For bladder 'flare ups', medications instilled into the bladder may temporarily help with bladder nerve pain. For some patients, internal bladder medications are used on a more regular basis when symptoms are more severe and not responsive to other treatments.

Other treatments include pelvic nerve blocks. For severe symptoms, not responsive to other therapies, surgical intervention may be recommended.

It is important to note that your symptoms have likely been present for some time. As a result, medical treatments will likely take time to take effect. However, with consistency and regular followup with your healthcare provider, your symptoms will likely improve.

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References

- American Urological Association. (2014). *Diagnosis and treatment interstitial cystitis/bladder Pain syndrome*. Retrieved from [https://www.auanet.org/guidelines/interstitial-cystitis-\(ic/bps\)guideline](https://www.auanet.org/guidelines/interstitial-cystitis-(ic/bps)guideline).
- Clemens, J. Q. (2018). *Management of interstitial cystitis/bladder pain syndrome*. Retrieved from <https://www.UptoDate.com>.
- Mayer, E. (2018). *Chronic pelvic pain: insights from the brain*. Personal collection of Emeran Mayer, University of California Los Angeles, Los Angeles, California. Lecture from the 2018 International Pelvic Pain Society Annual Meeting.
- International Pelvic Pain Society. (2019). *Interstitial cystitis/bladder pain syndrome*. Retrieved from https://www.pelvicpain.org/IPPS/Content/Professional/Patient_Handouts.aspx.

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