

## 8.4 UTI – Interstitial Cystitis

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**Definition:** Interstitial Cystitis (IC) is a condition that results in recurring discomfort or pain in the bladder and the surrounding pelvic region. Because symptoms and severity vary; this condition has recently been called painful bladder syndrome (PBS). IC/PBS describes cases with varying symptoms not attributable to other causes, such as infection or urinary stones. Diagnosis is difficult to make and must be made by cystoscopy.

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**Subjective:** May include:

1. History of recurrent visits for urinary symptoms
2. Mild discomfort
3. Pressure
4. Tenderness
5. Intense pain in the bladder and pelvic area
6. Urgent need to urinate (Urgency)
7. Frequent need to urinate (Frequency)
8. Symptoms may get worse during menstruation
9. Pain with vaginal intercourse
10. Women may suffer increased vulvar pain
11. PUF score (Pain and Urgency/Frequency Patient Symptom Scale) of  $\geq 10$

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**Objective:** Sterile urine under microscopic evaluation

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**Laboratory:** Must include:  
Clean catch urine, must be without red or white blood cells and bacteria

May include:  
Urine culture

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**Assessment:** Possible / Suspected Interstitial Cystitis

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**Plan:** 1. Refer to a specialist for diagnosis and treatment.

If a patient is unable to see a specialist, the following may be tried for relief of symptoms:

1. Aspirin or ibuprofen as first line of defense against mild discomfort
  2. Tricyclic antidepressants 25 – 75 mg by mouth at bedtime
  3. May try eliminating various food items that may contribute to bladder irritation and inflammation (alcohol, tomatoes, spices, chocolate, caffeinated and citrus beverages, high-acid foods) and reintroducing items one at a time to determine which, if any, affect their symptoms
  4. Quit smoking
  5. Bladder / Pelvic floor training
  6. Gentle stretching exercises to help relieve symptoms
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- Patient Education:
1. Stress the importance of seeing a specialist for diagnosis and treatment.
  2. Discuss with patient there's no scientific evidence linking diet to IC/PBS but many patients find certain foods may contribute to bladder irritation and inflammation
  2. IC/PBS does not increase risk of bladder cancer
  3. Advise patients to void at designated times and keep a diary to track progress
  4. Encourage patients to use relaxation techniques and distractions to keep to a voiding schedule
  5. Discuss with patients that smoking is the major known cause of bladder cancer
  6. Discuss with patients the goal of treatment is to reduce symptoms