

12.13 INTERSTITIAL CYSTITIS/BLADDER PAIN SYNDROME (IC/BPS)

TITLE	DESCRIPTION
DEFINITION:	Interstitial Cystitis/Bladder Pain Syndrome (IC/BPS) is an unpleasant sensation (pain, pressure, or discomfort) perceived to be related to the urinary bladder, associated with lower urinary tract symptoms of more than 6 weeks duration, in the absence of infection or other identifiable causes. IC/BPS is now recognized as a common etiology in women with chronic pelvic pain. Treatments for IC/BPS directly or indirectly are designed to help decrease the visceral nerve signals in the pelvis. Clients with frequent UTI symptoms and repeated negative cultures should be evaluated for IC/BPS.
SUBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> 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. Recurrent “yeast” infections without significant discharge 12. Symptoms of IBS (diarrhea, constipation). 13. Symptoms of fibromyalgia (headache, migraines, other chronic pain).
OBJECTIVE:	<p>May Include:</p> <p>Single hand exam rather than a bimanual exam to exclude muscles of the lower abdominal wall to evaluate bladder base tenderness and/or bilateral levator tenderness common in clients with IC/BPS.</p>
LABORATORY:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Clean catch urine with microscopy without red or white blood cells and bacteria. 2. Urine culture if UA suggests UTI.
ASSESSMENT:	Possible / Suspected Interstitial Cystitis.
PLAN:	<ol style="list-style-type: none"> 1. Use the Pelvic Pain and Urgency/Frequency (PUF) client symptom scale and the O’Leary Sant IC symptom and problem index to screen for IC/BPS (http://www.ichelp.org/diagnosis-treatment/ic-healthcare-provider-toolkit/assessment-tools). 2. Discuss lifestyle modifications: <ol style="list-style-type: none"> a. Wearing non-restrictive clothing. b. Relaxation techniques. c. Low impact exercises. d. Pain management techniques (e.g. warm sitz baths). e. Controlling fluid intake. 3. Discuss eliminating various food items that may contribute to bladder irritation and inflammation (e.g. alcohol, tomatoes, spices, chocolate, caffeinated and

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	<p>citrus beverages, high-acid foods) and reintroducing items one at a time to determine which, if any, affect their symptoms.</p> <ol style="list-style-type: none"> 4. Quit smoking. 5. Bladder / Pelvic floor training.
EDUCATION:	<ol style="list-style-type: none"> 1. Discuss with client that there is no scientific evidence linking diet to IC/BPS but many clients find certain foods may contribute to bladder irritation and inflammation. 2. IC/BPS does not increase risk of bladder cancer. 3. Advise clients to void at designated times and keep a diary to track progress. 4. Encourage clients to use relaxation techniques and distractions to keep to a voiding schedule. 5. Discuss with clients that smoking is the major known cause of bladder cancer. 6. Discuss with clients the goal of treatment is to reduce symptoms.
REFERRAL TO MEDICAL PROVIDER:	Clients with persistent microscopic hematuria and negative urine cultures for further evaluation.
REFERENCES:	<ol style="list-style-type: none"> 1. Kahn BS, Lombardi T, <i>Interstitial cystitis: Simplified diagnosis and treatment</i>. Contemporary OB/GYN Vol 61;(No 05): May 2016. 2. Hanno PM, Burks DA, Clemens JQ, et al. <i>Diagnosis and Treatment Interstitial Cystitis/Bladder Pain Syndrome</i>. American Urological Association. Published 2011; Amended 2014.