

PAINFUL BLADDER SYNDROME/ INTERSTITIAL CYSTITIS

WHAT IS PAINFUL BLADDER SYNDROME/ INTERSTITIAL CYSTITIS?

Painful Bladder Syndrome, also known as Interstitial Cystitis (PBS/IC), refers to a persistent feeling of discomfort or pressure in the bladder region lasting for more than six weeks. You may often feel that you need to urinate, even without a bladder infection.

Symptoms of PBS/IC include urinary urgency and urinary frequency during the day as well as at night. Symptoms can be intermittent or constant and are often associated with irritable bowel syndrome and fibromyalgia. In addition, symptoms can fluctuate, flaring up in intensity and then subsiding or resolving.

Upon testing, the bladder may show signs of inflammation, areas of bleeding called glomerulations and/or cracks in the lining.

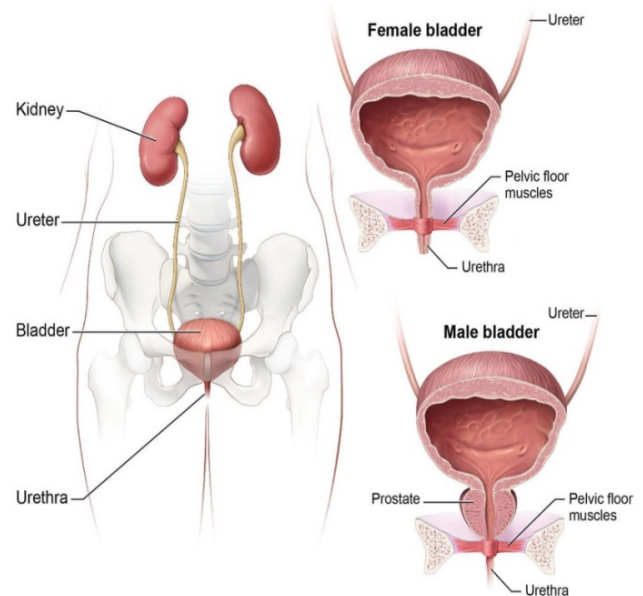
The cause of PBS/IC is unknown. Several factors can contribute, including:

- Genetics such as having a family member with the condition
- Previous infection
- A defect in the bladder tissue that allows toxins to weaken the bladder wall or cause ulcers
- Changes to the nerves that allow normal bladder sensation

HOW IS PBS/IC DIAGNOSED?

To evaluate your condition, you will be asked questions regarding your symptoms. You may be asked to fill out a bladder diary which tracks voiding patterns and fluid intake. A physical examination will be performed to test your abdomen and the organs in your pelvis. See the chart that follows for additional tests that may be performed to assess your condition.

Bladder diary	a record of when you urinate, when you leak, as well as your fluid intake throughout the day
Bladder scan	evaluates proper emptying of the bladder after urination
Cystoscopy	uses a narrow tube with a tiny camera is used to assess for urinary tract problems
Urine analysis	assesses for bacteria, blood and other irregularities in the urine
Urodynamic study	tests the function of the bladder, sphincters and urethra




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HOW CAN PBS/IC BE TREATED?

Most patients benefit from a combination of treatments to manage their symptoms.

Diet:

Certain foods and fluids may make symptoms worse. Finding out which foods or fluids cause symptoms to flare can help you manage bladder pressure or pain.

Foods and drinks that seem to irritate the bladder may include:

- Coffee and tea
- Carbonated drinks (soda, seltzer, beer)
- Lemon and grapefruit juice
- Chocolate
- Tomatoes
- Alcoholic drinks
- Artificial sweeteners
- Spicy food

Not all of these items bother everyone. You need to determine which fluids and foods bother you.

Stress management:

Emotional and mental stress can play a role in your symptoms. Having strategies to decrease stress such as yoga, meditation and speaking with a mental health practitioner can help.

Pelvic floor physical therapy:

As with other areas of the body, the pelvic floor muscles can get tight when responding to pain and/or pressure. Strengthening these muscles is NOT recommended for patients with PBS/IC. A physical therapist specializing in pelvic health can teach you techniques for decreasing your symptoms through breathing, stretching and biofeedback.

Medication:

There are several medications that may help ease your symptoms but pentosan polysulfate sodium (Elmiron) is the only one approved by the FDA for PBS/IC. Others, such as amitriptyline, heparin, hydroxyzine and cimetidine, may help with bladder pain.

Bladder installations:

A combination of medications can be inserted directly into your bladder in the doctor's office to ease your symptoms.

Neuromodulation:

This treatment helps modulate or change the electrical impulses sent through the nerves to your bladder. Electrodes are placed on your skin with a transelectrical nerve stimulator (TENS) unit or a small device is surgically implanted near the spine (InterStim).

Botulinum Toxin (Botox):

Botox is injected into the bladder wall, allowing it to relax and improve your bladder capacity. Botox injections are typically performed in the doctor's office under local anesthetic.

KEY POINTS:

1. PBS/IC is a condition causing discomfort, pressure or pain in the bladder and/or urethra, which can change urinary habits. You may not always have pain as symptoms vary among patients.
2. Treatment includes lifestyle changes such as fluid and food modification, stress management and relaxation training, medication and nerve stimulation.

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