IC/BPS

An unpleasant sensation (pain, pressure, discomfort) perceived to be related to the urinary bladder, associated with lower urinary tract symptoms of more than six weeks duration, in the absence of infection or other identifiable causes

BASIC ASSESSMENT

- History
- Frequency/Volume Chart
- Post-void residual
- Physical examination
- Urinalysis, culture
- Cytology if smoking hx
- Symptom questionnaire
- Pain evaluation

Confirmed or Uncomplicated IC/BPS

Signs/Symptoms of Complicated IC/BPS

- Incontinence/OAB
- GI signs/symptoms Microscopic/gross hematuria/sterile pyuria
- Gynecologic signs/symptoms

CONSIDER:

- Urine cytology
- Imaging
- Cystoscopy
- Urodynamics
- Laparoscopy
- Specialist referral (urologic or non-urologic as appropriate)

Dx Urinary Tract Infection

TREAT & REASSESS

CLINICAL MANAGEMENT PRINCIPLES

- Treatments are ordered from most to least conservative; surgical treatment is appropriate only after other treatment options have been found to be ineffective (except for treatment of Hunner's lesions if detected)
- Initial treatment level depends on symptom severity, clinician judgment, and patient preferences
- Multiple, simultaneous treatments may be considered if in best interests of patient
- Ineffective treatments should be stopped
- Pain management should be considered throughout course of therapy with goal of maximizing function and minimizing pain and side effects
- Diagnosis should be reconsidered if no improvement within clinically-meaningful time-frame

FIRST-LINE TREATMENTS

- General Relaxation/ Stress Management
- Pain Management
- Patient Education
- Self-care/Behavioral Modification

SECOND-LINE TREATMENTS

- Appropriate manual physical therapy techniques
- Oral: amitriptyline, cimetidine, hydroxyzine, PPS
- Intravesical: DMSO, Heparin, Lidocaine
- Pain Management

THIRD-LINE TREATMENTS

- Cystoscopy under anesthesia w/ hydrodistention
- Pain Management
- Tx of Hunner's lesions if found

FOURTH-LINE TREATMENTS

- Intradetrusor botulinum toxin A
- Neuromodulation
- Pain Management

FIFTH-LINE TREATMENTS

- Cyclosporine A
- Pain Management

SIXTH-LINE TREATMENTS

- Diversion w/ or w/out cystectomy
- Pain Management
- Substitution cystoplasty

Note: For patients with end-stage structurally small bladders, diversion is indicated at any time clinician and patient believe appropriate.

RESEARCH TRIALS

Patient enrollment as appropriate at any point in treatment process

The evidence supporting the use of Neuromodulation, Cyclosporine A, and BTX for IC/BPS is limited by many factors including study quality, small sample sizes, and lack of durable follow up. None of these therapies have been approved by the U.S. Food and Drug Administration for this indication. The panel believes that none of these interventions can be recommended for generalized use for this disorder, but rather should be limited to practitioners with experience managing this syndrome and willingness to provide long term care of these patients post intervention.

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