

What is Bladder Pain and Interstitial Cystitis?

Interstitial Cystitis (IC) is now more accurately called Bladder Pain Syndrome (BPS). Patients with IC/BPS suffer with pain in the lower abdomen, pelvis or vagina. The pain is usually worse as the bladder fills with urine and patients usually have to go to the toilet very often due to discomfort. The volume of urine that can be comfortably held is usually low and symptoms continue throughout the day and night.

IC/BPS can sometimes be difficult to diagnose. Symptoms are usually present for several months or years, and although the severity may vary, they never completely go away. It is not uncommon for certain foods to make things worse.

Common symptoms include:

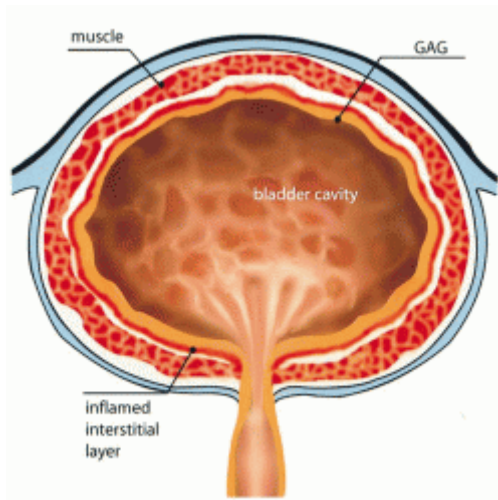
- Pain (worse when the bladder is full)
- Passing urine very frequently
- Only passing small volumes of urine
- Blood in the urine

These symptoms can also be caused by other bladder conditions and it is important to rule these out. Your specialist will be able to advise you which test you might need. Most patients will require a bladder inspection (cystoscopy), usually under anaesthetic to help make the correct diagnosis.

What causes Interstitial Cystitis / Bladder Pain Syndrome?

The cause of IC/BPS is not known. There are a number of conditions which can cause pain or bladder sensitivity, and these need to be ruled out before a diagnosis of IC / BPS can be given. For example:

- bladder infections
- bladder stones
- bladder tumours
- vaginal infections
- overactive bladder



The GAG layer

It has been observed that some people with IC / BPS have a problem with the natural protective lining of the bladder, called the GAG layer. Some of the treatments for IC / BPS aim to replenish the GAG layer. Other treatments work in other ways, for example by damping down the sensitive nerve endings in the bladder.

How is bladder Pain and Interstitial Cystitis treated?



Some patients find that their symptoms are made worse by certain foods ("trigger foods"). These tend to vary from patient to patient, although there appear to be a list of foods which are commonly implicated. It might be worth experimenting by cutting out a certain foods for 2 weeks, and then reintroducing it to see if your symptoms change.

There are a variety of medications which can help with Bladder Pain Syndrome. Some patients also benefit from treatments which are delivered directly into the bladder through a catheter.

Mr Cole will discuss the available treatments in detail with you. It may be necessary to try a number of different treatments before finding the right one for you, and

treatments which help one patient do not necessarily help another, even if their symptoms are very similar.

Tablets

- amitryptiline
- pentosan polysulphate (Elmiron)
- hydroxyzine (antihistamine)
- anticholinergics (oxybutynin, solifenacin, detrusitol, trospium etc)

Treatment delivered into the bladder

- Cystistat (Hyaluronan)
- Chondroitin
- DMSO
- Local anaesthetics (eg lignocaine)
- Oxybutinin

Interventional treatments

- Distension of bladder
- Bladder Botox injections
- Percutaneous tibial nerve stimulation
- Sacral neuromodulation
- Cystectomy (removal of the bladder)