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Protocol for management of Interstitial Cystitis/ Painful bladder Syndrome

Definition- Pelvic pain, pressure or discomfort perceived to be related to bladder

Lasting at least 6 months and accompanied by at least one or other urinary symptoms, in the absence of any identifiable cause “(ESSIC 2008).“An unpleasant sensation (pain, pressure, discomfort) perceived to be related to bladder, associated with lower urinary tract symptoms of more than 6 weeks duration in absence of infection or other identifiable cause (AUA 2014)

Painful Bladder syndrome (PBS)- The ICS defines PBS as ‘suprapubic pain related to bladder filling, accompanied by other symptoms such as: increased daytime and night-time frequency, in the absence of proven urinary infection or other obvious pathology

The term IC is reserved for patients with classic cystoscopic features

It is a chronic condition, diagnosis is made by exclusion and is more common in females (2-5 times)

Prevalence is 2.3-6.5%

Differential diagnosis-

- Malignancy, e.g. bladder carcinoma/carcinoma in situ, cervical, uterine or ovarian cancer, Infection of the urinary or genital tract, Overactive bladder
- Radiation cystitis or drug-mediated cystitis, e.g. cyclophosphamide, ketamine
- Bladder outlet obstruction or incomplete bladder emptying
- Calculus of the bladder or lower ureter
- Urethral diverticulum
- Pelvic organ prolapse
- Endometriosis
- Pudendal nerve neuropathy
- IBS
- Diverticular disease of bowel

Management-

First visit

Investigations:

- Detailed Hx, Examination(abdominal, neurological, pelvic floor assessment for myalgia , hypertonicity and examination of back)
- Urine tests (dipstick/specific gravity/pH)
- Issue Frequency Volume Charts/diaries (FVCs), Food Diary
- If suspect IC/BPS for rigid cystoscopy with hydro distension under GA.
- Organise Ultrasound abdomen and pelvis
- Diagnosis by exclusion (Exclusion criteria- <18 years, Bladder tumours, Tubercular cyst, Bacterial cystitis, Gynae carcinoma, Active herpes, Bladder calculi, Frequency <5 in 12 hrs, Nocturia <2, symptoms relieved by antibiotics, Bladder capacity >400 ml)

Dx:

- Suspect IC/BPS

Tx:

Start oral treatments:

- Neuropathic pain analgesia, e.g. amitriptyline (5mgm po od with maximum dose of 50 mgm) or gabapentin (start with 100 mgm pot ds to a maximum dose of 600 mgm pot ds) or pregabalin (75 mgm po bd)
- Simple analgesia e.g. paracetamol, NSAID
- +/- Cimetidine/ranitidine(400mgm po bd)
- +/- Overactive bladder medication e.g. B3 agonist (e.g. mirabegron), anticholinergic

Other interventions:

- Lifestyle & dietary advice
- Bladder retraining
- Physiotherapy (release of trigger points including back mobilisation)

Visit 2

Reassess patients response to conservative treatment after 3-6 months

Review cystoscopy findings

+/- Organise Urodynamics

Discuss in Urogynae MDT

If no response to conservative – Refer to suite 17 for Bladder instillation- cystistat

Or

Consider oral Pentosan Polysulphate (Elmiron) if there is Hunners ulcers or glomerulations on cystoscopy(Takes 3-6 months to see effects and only effective in 25% of patients. Not licensed in UK, effect can be enhanced with subcut heparin)

Other interventions:

- +/- Fulguration if lesions seen (laser or diathermy)

Visit 3

- Re-assess patient: review response to treatment
- If no response or insufficient response
Consider referral to Psychology/counselling and Chronic pain team
Re-try previous treatments
+/- Botulinum toxin A injection
+/- Sacral neuromodulation (SNM)

Visit 4

Last resort for roughly 1-2% of patients (if all other treatment strategies failed)

Refer to combined clinic with urologist to consider

- +/- Urinary diversion
- +/- Bladder reconstruction
- +/- Cystectomy

References :

1. Management of Painful Bladder Syndrome-Green-top Guideline No 70
- 2.AUA guideline 2014
3. Tirlapur SA, Birch JV, Carberry CL, Khan KS, Latthe PM, Jha S, Ward KL, Irving A on behalf of the Royal College of Obstetricians and Gynaecologists. Management of bladder pain syndrome. BJOG 2016; 124:e46–e72.
4. IC association website (www.ichelp.org)

Version 1
Date- 17/6/20
Date of renewal- 17/6/25
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