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

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.

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

Dx Urinary Tract Infection → **TREAT & REASSESS**

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)

NORMAL

ABNORMAL → **TREAT AS INDICATED**

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 w/in 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 anesthesfa w/ hydrodistension
Pain Management
Tx o Hunner's lesions if found

Fourth-Line Treatments
Neuromodulation
Pain Management

Fifth-Line Treatments
Cyclosporine A
Intradetrusor BTX
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