



What is interstitial cystitis/painful bladder syndrome (IC/PBS)?

Interstitial cystitis*/painful bladder **syndrome** (IC/PBS) is one of several conditions that causes bladder pain and a need to urinate frequently and urgently. Some doctors have started using the term bladder pain syndrome (BPS) to describe this condition.

Your bladder is a balloon-shaped organ where your body holds urine. When you have a bladder problem, you may notice certain signs or symptoms.

What are the signs of a bladder problem?

Signs of bladder problems include

- **Urgency.** The feeling that you need to go *right now!* Urgency is normal if you haven't been near a bathroom for a few hours or if you have been drinking a lot of fluids. But you may have a problem if you have strong urges before your bladder has had time to fill. All of a sudden, you feel a strong urge to go. At times, you may even have an accident because the urge strikes so quickly you don't have time to find a bathroom.
- **Frequency.** The feeling that you need to go much more often than anyone else. Doctors and nurses use the term **void**, which means to empty the bladder. Most people void between four and seven times a day. Drinking large amounts of fluid can cause more frequent voiding. Taking blood pressure medicines called **diuretics**, or water pills, can also cause more frequent voiding. If you void more than eight times a day, and you don't take diuretics or drink large amounts of fluid, it may be the sign of a problem.
- **Pain.** The feeling of more than discomfort when you need to go. Having a full bladder may be uncomfortable, but it should not be painful. You may have a problem if you feel burning or sharp pain in your bladder or **urethra**—the opening where urine leaves the body. Some people may have pain without urgency or frequency. Others have urgency and frequency without pain.

What treatments can help IC/PBS?

No one treatment for IC/PBS has been found that works for everyone. Your doctor or nurse will work with you to find a treatment plan that meets your special needs. The plan may include diet and lifestyle changes, bladder retraining, activity and exercise, physical therapy, and various types of medicines. You should expect some treatment failures along the way, but, with time, you and your doctor or nurse should find a treatment that gives you some relief and helps you cope with your disease.

Diet and Lifestyle Changes

Some people with IC/PBS find that certain foods or drinks bring on their symptoms. Others find no link between symptoms and what they eat.

Learning what foods cause symptoms for you may require some trial and error. Keep a food diary and note the times you have bladder pain. The diary might reveal that your flare-ups always happen, for example, after you eat tomatoes or oranges.

Some doctors recommend taking an **antacid** medicine with meals. The medicine reduces the amount of acid that gets into the urine.

If you make changes to your diet, remember to eat a variety of healthy foods.

Bladder Retraining

Bladder retraining is a way to help your bladder hold more urine. People with bladder pain often get in the habit of using the bathroom as soon as they feel pain or urgency. They then feel the need to go before the bladder is really full. The body may get used to frequent voiding. Bladder retraining helps your bladder hold more urine before signaling the urge to urinate.

Keep a bladder diary to track how you are doing. Start by noting the times when you void. Note how much time goes by between voids. For example, you may find that you return to the bathroom every 40 minutes.

Try to stretch out the time between voids. If you usually void every 40 minutes, try to wait at least 50 minutes before you go to the bathroom.

If your bladder becomes painful, you may use the bathroom. But you may find that your first urge to use the bathroom goes away if you ignore it. Find ways to relax or distract yourself when the first urge strikes.

After a few days, you may be able to stretch the time out to 60 or 70 minutes, and you may find that the urge to urinate does not return as soon.

Activity

If you have IC/PBS, you may feel the last thing you want to do is exercise. But many people feel that easy activities like walking or gentle stretching exercises help relieve symptoms.

Physical Therapy

Your doctor or nurse may suggest pelvic exercises. The pelvic muscles hold the bladder in place and help control urination. The first step is to find the right muscle to squeeze. A doctor, nurse, or physical therapist can help you. One way to find the muscles is to imagine that you are trying to stop passing gas. Squeeze the muscles you would use. If you sense a “pulling” feeling, you have found the right muscles for pelvic exercises.

You may need exercises to strengthen those muscles so that it’s easier to hold in urine. Or you may need to learn to relax your pelvic muscles if tense muscles are part of your bladder pain.

Some physical therapists specialize in helping people with pelvic pain. Ask your doctor or nurse to help you find a professional trained in pelvic floor physical therapy.

Reducing Stress

Stress doesn’t cause IC/PBS. But stress can trigger painful flare-ups in someone who has IC/PBS. Learning to reduce stress in your life by making time for relaxation every day may help control some symptoms of IC/PBS.

Oral Medicines

Pain pills like aspirin, **ibuprofen**, or **acetaminophen** can help control mild bladder pain. Advil and Motrin are examples of ibuprofen. Tylenol is an example of acetaminophen. Talk with your doctor if you feel you need a stronger pain medicine.

Your doctor may recommend a medication, **pentosan polysulfate sodium**, sold as Elmiron, which is approved for treating the pain of IC/PBS. You may need to take this medicine for up to 6 months before you notice improvement. Elmiron does not work for everyone, but some people with IC/PBS have found relief taking it. You need a doctor's order for Elmiron. If you don't notice improvement of your symptoms in 6 months, this medicine is not likely to work.

Researchers are also looking at other kinds of medicines. Medicines that treat heartburn might help bladder symptoms by reducing the amount of acid made in the body. Muscle relaxants can keep the bladder from squeezing at the wrong time. Keeping the bladder muscle relaxed helps ease the symptoms of IC/PBS.

Bladder Stretching

The doctor may stretch the bladder by filling it with liquid. You will be given an **anesthetic** to prevent pain and help relax your bladder muscles. Some patients have said their symptoms were helped after this treatment.

Bladder Medicines

Many patients who have IC/PBS find relief after a treatment in which their bladders are filled with a liquid medicine. The doctor guides a tube into your bladder and slowly fills the bladder with a liquid that eases irritation of the bladder wall. The liquid may be a compound called DMSO or a solution that contains heparin and a pain medicine called lidocaine.

You will keep the liquid in your bladder for about 15 minutes and then release it. You can have this treatment once every week or every other week for 1 or 2 months. You may not feel any better until the third or fourth treatment

For More Information

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DIETARY IRRITANTS

Foods that irritate the bladder and should be avoided:

- Caffeinated products – coffee, tea, chocolate (decaffeinated beverages still have caffeine)
- Alcoholic beverages
- Acidic fruits and juices – orange, lemon, cranberry, tomato, pineapple
- Carbonated drinks
- Artificial sweeteners
- Spicy foods

Substitutions that can be made:

- Coffee that has the acid removed (KAVA and ROMBAUTS)
- Herbal teas without citrus or caffeine
- Ovaltine instead of chocolate drinks
- Fruit juices – apricot, apple, pear, papaya, white grape
- Late harvest dessert wines (low acid content)
- Fructose to sweeten vs. other artificial sweeteners