



Maitri Health Care for Women

Obstetrics, Gynecology and Midwifery

Bladder pain syndrome

Your symptoms may be consistent with **bladder pain syndrome** (formerly known as painful bladder syndrome or interstitial cystitis). Adequate symptom relief is usually achievable, but it may require a trial of multiple therapeutic options to find the ones that work for you. What works today, may be different than what will work in the future, so we want you to have information that you can draw from at any time.

Read the attached information about PBS.

Bladder Pain Syndrome (BPS) is a condition that causes bladder pain, pressure, or discomfort. Some people feel the need to go frequently or rush to get to the bathroom. The symptoms range from mild to severe and can happen all the time or occasionally. BPS is not caused by an infection, but it can feel like a bladder infection.

In the past, doctors thought BPS was rare and difficult to treat. We now know that BPS affects many women and men and treatments are helpful. The following information can help you discuss this condition with your doctor or nurse and understand what treatments are available.

What causes bladder pain syndrome (BPS)?

Researchers believe that BPS is caused by one or more of the following:

- A defect in the bladder epithelium (lining of the bladder)
- A specific type of inflammatory cell (mast cell) releases histamine and other chemical that promote **BPS** symptoms in the bladder
- The nerves in the bladder are hypersensitive, so that normal feelings (such as bladder filling) become painful
- The body's immune system attacks the bladder, similar to other autoimmune conditions

Doctors think that most women with BPS have multiple triggers/causes. Some people are more likely to develop BPS after an injury to the bladder, such as a bladder infection.

BPS is more common in people with irritable bowel syndrome, fibromyalgia, chronic fatigue syndrome, and other pain syndromes. It is not clear why these problems happen together.

Symptoms

include:

- Urinary frequency or urgency

- Bladder pain, pressure, or discomfort

Frequency is the need to urinate more often than normal. Normally, the average person urinates about seven times a day and might get up once at night. A person with BPS may have to go frequently during the day and night. Urgency is the need to rush to get to the bathroom. Some people feel a constant urge that never goes away, even right after urinating.

Many people with BPS know what makes their symptoms worse, like certain foods or drinks. Symptoms may be worse during times of stress (either physical or emotional stress) or with activities (prolonged sitting). The symptoms may get better or worse with the menstrual cycle. Some women with BPS have pain during sex.

How is BPS diagnosed?

There are different opinions about how to diagnose BPS. This is because no test is 100% accurate. Everyone agrees that an office visit, exam, and urine tests are needed. These tests can help to rule out other problems that might be causing the symptoms.

Do I need a cystoscopy?

Cystoscopy is a test that allows a doctor to look inside the bladder. This is done by inserting a camera attached to a small tube (cystoscope) inside the urethra and bladder. This test can make sure there are no other problems, such as stone, polyp, or (rarely) cancer.

Cystoscopy was once recommended for everyone with symptoms of BPS. Currently, most doctors feel that cystoscopy is *not* needed if you have the typical symptoms of BPS and have no other cause for your symptoms. This is still an area of controversy, and future research may help to resolve it. At this time, there is no definite answer about the best way to diagnose BPS.

Cystoscopy can be done in the office while the person is awake, or in the operating room. If it's done in the operating room, the doctor can look at the bladder and then stretch it by putting in water under pressure (called hydrodistension). Cystoscopy is primarily used to help diagnose problems, but some people with BPS feel better after the hydrodistension.

How is BPS treated?

Because there are probably several different things that can cause BPS, no single treatment works for everyone, and no treatment is "the best." Treatment must be chosen individually for each person, based on symptoms. The usual course is to try different treatments (or combinations of treatments) until symptoms improve.

Flare Treatments for Bladder Pain Syndrome (formerly known as painful bladder syndrome or interstitial cystitis)

You can mix & match these three treatments depending on the severity of your symptoms. Some women will use prelief with every meal to prevent symptoms; others use it just when having a flare.

Baking soda treatment

- Mix ½ to 1 teaspoon baking soda with 8 ounces water.
- Mix and drink all or sip during day
- Do not drink more than 2 servings per day

Azo Standard - over the counter medication

Take 1-2 tablets three times per day for bladder pain and burning

- You can use Azo before or after sex for bladder pain
- Take 1 tablet one hour after a dose of baking soda and water as a first treatment for an symptom flare
- There is also a prescription medication called pyridium - if your insurance will cover it, we are happy to prescribe.

Prelief (non-prescription calcium tablet - available from some pharmacies & online)

- Take 1 to 2 tablets with all meals when treating an IC flare
- Take 1 hour after baking soda and water or Pyridium as a first treatment for a flare
- Read more at www.prelief.com

Simple changes to diet or routines can help some people with bladder pain. This might include:

- Change what you drink. Some people feel better by drinking more water to dilute the urine. Other people have pain as the bladder fills and should not drink too much. Avoid foods/drinks that can irritate the bladder (see "How does diet affect BPS" below).
- Avoid going to the bathroom every time you feel an urge. Try to wait at least 1-2 hours between bathroom trips.
- Apply ice or heat to the lower abdomen or vulvar area.

Physical therapy (PT) is a treatment that can help most people with BPS. This type of PT involves working with a physical therapist one-on-one to treat the muscles, tissues, and nerves in the pelvis, abdomen, and hips that can become painful in BPS. The treatment is done by stretching and manually releasing tight and tender areas inside and outside of the vagina. While the treatment sounds odd, it is often successful at reversing the changes in the body caused by BPS. PT is usually done once or twice per week for 8 to 12 weeks. The therapist will also recommend home exercises to stretch and strengthen.

Medications: There are a number of medications used to treat BPS.

Phenazopyridine (Pyridium) is a pill that works to relieve pain in the bladder. It turns the urine orange in color, and it usually works quickly. It can be taken 3 times per day when needed. Most doctors recommend this medicine short-term (only when needed) rather than every day. A medication that combines hyoscyamine/methenamine/methylene blue/phenyl salicylate/sodium biphosphate (Urelle) is similar to Pyridium.

Amitriptyline (Elavil) is a pill that was originally developed to treat depression, but at low doses it can improve PBS symptoms. It has antihistamine effects, decreases bladder spasms, and reduces nerve pain. Amitriptyline is used for many types of chronic pain. The usual dose is 10 to 75 mg in the evening. The most common side effects are feeling sleepy and constipation.

Pentosan polysulfate (Elmiron) is a medicine that may help with PBS by restoring the protective coating on the bladder lining. It may also help decrease inflammation. The usual dose is 100 mg three times a day. Side effects are uncommon but can include nausea, diarrhea and stomach upset. Four percent of people will experience reversible hair loss. It often takes at least three to six months of treatment before symptoms improve. It is effective in relieving pain in about 30% of people.

Bladder instillations use a combination of liquid medicines inside the bladder to reduce pain. Our office uses a combination of lidocaine, heparin, hydrocortisone, and sodium bicarbonate. The medicine is placed inside the bladder with a small tube (catheter), and then the catheter is removed. The patient holds the medicine in the bladder for at least 30 minutes, then can empty normally into the toilet. Bladder instillations are usually done in the office once a week for six weeks. After 6 weeks, some patients continue the treatments every 2-4 weeks. It is also possible to learn to do this treatment at home.

Dimethyl sulfoxide (DMSO) is a liquid medication that can be included in a bladder instillation. DMSO works by reducing pain, inflammation, and muscle spasm. The main side effect of DMSO is a garlic-like smell that lasts for several hours after the treatment. For some people, treatment with DMSO can be painful. In our office, we mix a local anesthetic along with the DMSO to reduce discomfort.

Pain Management: Some people do not respond to any BPS medication but feel better if treated with a pain management regimen. This might include non-steroidal anti-inflammatory drugs (like ibuprofen), nerve blocks, acupuncture, narcotics, and other non-drug therapies. A professional pain management team can be helpful in these situations.

How does diet affect BPS?

Many people with BPS find that certain foods or drinks make their symptoms worse.

There are several foods and drinks that can cause bladder irritation: citrus fruits, tomatoes, chocolate, coffee, alcoholic beverages, caffeinated beverages, spicy foods, and some carbonated beverages. The list of foods that might worsen BPS is quite long, but not all foods affect all people in the same way. For this reason, each person must find out how foods affect the bladder.

The simplest way to find out whether any foods bother your bladder is to try an "elimination diet" for one to two weeks. Please see the enclosed information about diet and BPS.

Does stress cause BPS?

Stress does not cause BPS. However, physical, or emotional stress can make the symptoms of BPS worse.

Is BPS inherited?

There is some research that family members of a person with BPS are more likely to have BPS. It is important to discuss the symptoms of BPS with the family, especially the females, so that any other affected members can be treated early.

Am I going to get better?

Most people with BPS get better over time. No treatment works immediately. It usually takes weeks to months before symptoms improve. Most people need to continue some form of treatment over time to prevent symptoms from returning. Some people have flare-ups even on treatment.

Is it possible for BPS to come back after treatment? How can I keep it away?

It is possible for BPS symptoms to come back even if there have been no symptoms for a long time. Some things that can help prevent recurrence include: (1) continue treatment even after symptoms improve; (2) avoid foods/drinks that irritate the bladder; and (3) avoid activities or stresses that worsen BPS.

Where can I get more information?

The Interstitial Cystitis
Association www.IChelp.org
Interstitial Cystitis Network
www.IC-network.com

The International Painful Bladder Foundation <http://iwwt.painful-bladder.org> Books: [A Headache in the Pelvis](#),
David Wise

[The Interstitial Cystitis Survival Guide](#), Robert Moldwin, MD

[Heal Pelvic Pain: The Proven Stretching, Strengthening, and Nutrition Program for Relieving Pain, Incontinence, & IBS and Other Symptoms Without Surgery](#),

Amy Stein

[Sex Without Pain: A Self-Treatment Guide to the Sex Life You Deserve](#), Heather
Jeffcoat

The V Book: A Doctor's Guide to [Complete Vulvovaginal Health](#), Elizabeth
Stewart, MD, Paula Spenc

