## 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 BASIC ASSESSMENT FIRST-LINE TREATMENTS Confirmed or Uncomplicated IC/BPS History - Urinalysis, culture - General Relaxation/ Stress Management Frequency/Volume Chart Cytology if smoking hx - Pain Management - Post-void residual Symptom questionnaire Patient Education Physical examination Pain evaluation - Self-care/Behavioral Modification **SECOND-LINE TREATMENTS** Signs/Symptoms of Dx Urinary Tract Infection Complicated IC/BPS - Appropriate manual physical therapy techniques - Oral: amitriptyline, cimetidine, hydroxyzine, PPS - Intravesical: DMSO, Heparin, Lidocaine - Pain Management - Incontinence/OAB **TREAT & REASSESS** GI signs/symptoms Microscopic/gross hematuria/sterile pyuria THIRD-LINE TREATMENTS Gynecologic signs/symptoms - Cystoscopy under anesthesia w/ hydrodistention - Pain Management **CLINICAL MANAGEMENT PRINCIPLES** - Tx of Hunner's lesions if found Treatments are ordered from most to least conservative: surgical treatment is appropriate only after other treatment CONSIDER: options have been found to be ineffective (except for treatment of Hunner's lesions if detected) Urine cytology **FOURTH-LINE TREATMENTS** - Imaging Initial treatment level depends on symptom severity, - Intradetrusor botulinum toxin A clinician judgment, and patient preferences Cystoscopy - Neuromodulation Multiple, simultaneous treatments may be Urodynamics - Pain Management considered if in best interests of patient Laparoscopy Ineffective treatments should be stopped - Specialist referral (urologic or Pain management should be considered throughout course of therapy non-urologic as appropriate) with goal of maximizing function and minimizing pain and side effects FIFTH-LINE TREATMENTS - Diagnosis should be reconsidered if no improvement - Cyclosporine A within clinically-meaningful time-frame - Pain Management SIXTH-LINE TREATMENTS The evidence supporting the use of Neuromodulation, Cyclosporine A, and BTX for IC/BPS is limited by many factors Diversion w/ or w/out cystectomy including study quality, small sample sizes, and lack of durable follow up. None of these therapies have been approved - Pain Management

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.

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## **RESEARCH TRIALS**

Patient enrollment as appropriate at any point in treatment process

- Substitution cystoplasty

Note: For patients with end-stage structurally small bladders, diversion is indicated at any time clinician and patient believe appropriate.