

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

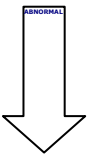
Incontinence/OAB
 GI signs/symptoms
 Microscopic/gross hematuria/sterile pyuria
 Gynecologic signs/symptoms

Consider:
 - Urine cytology
 - Imaging
 - Cystoscopy
 - Urodynamics
 - Laparoscopy
 - Specialist referral (urologic or non-urologic as appropriate)

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

NORMAL



TREAT AS INDICATED

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

Fifth-Line Treatments
 Cyclosporine A
 Intradetrusor BTX
 Pain Management

Fourth-Line Treatments
 Neuromodulation
 Pain Management

Third-Line Treatments
 Cystoscopy under anesthesia w/ hydrodistension
 Pain Management
 Tx of Hunner's lesions if found

Second-Line Treatments
 Appropriate manual physical therapy techniques
Oral: amitriptyline, cimetidine, hydroxyzine, PPS
Intravesical: DMSO, heparin, Lidocaine
 Pain Management

First-Line Treatments
 General Relaxation/Stress Management
 Pain Management
 Patient Education
 Self-care/Behavioral Modification

Research Trials
 Patient enrollment as appropriate at any point in treatment process