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

**Dx Urinary Tract Infection**
- Signs/Symptoms of Complicated IC/BPS
- Incontinence/OAB
- GI signs/symptoms
- Microscopic/gross hematuria/sterile pyuria
- Gynecologic signs/symptoms

**TREAT & REASSESS**

**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

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

**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, clomipramine, hydroxyzine, PPS
  - Intravesical: DMSO, heparin, Lidocaine
- Pain Management

**Third-Line Treatments**
- Cystoscopy under anesthesia w/ hydrodistension
- Pain Management
- Tx of 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

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.