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.

<table>
<thead>
<tr>
<th>BASIC ASSESSMENT</th>
<th>Confirmed or Uncomplicated IC/BPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>– History</td>
<td></td>
</tr>
<tr>
<td>– Frequency/Volume Chart</td>
<td></td>
</tr>
<tr>
<td>– Post-void residual</td>
<td></td>
</tr>
<tr>
<td>– Physical examination</td>
<td></td>
</tr>
<tr>
<td>Urinalysis, culture</td>
<td></td>
</tr>
<tr>
<td>Cytology if smoking hx</td>
<td></td>
</tr>
<tr>
<td>Symptom questionnaire</td>
<td></td>
</tr>
<tr>
<td>Pain evaluation</td>
<td></td>
</tr>
</tbody>
</table>

**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, cimetidine, hydroxyzine, PPS
– Intravesical: DMSO, Heparin, Lidocaine
– Pain Management

**THIRD-LINE TREATMENTS**
– Cystoscopy under anesthesia w/ hydrodistention
– Pain Management
– Tx of Hunner’s lesions if found

**FOURTH-LINE TREATMENTS**
– Intradetrusor botulinum toxin A
– Neuromodulation
– Pain Management

**FIFTH-LINE TREATMENTS**
– Cyclosporine A
– 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.

---

**RESEARCH TRIALS**
Patient enrollment as appropriate at any point in treatment process

---

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.

Copyright © 2014 American Urological Association Education and Research, Inc.