INTERSTITIAL CYSTITIS

OVERVIEW

Interstitial cystitis is a chronic condition affecting the bladder. It is the feeling of pain and pressure in the bladder area, which has lasted for more than 6 weeks without having an infection or other clear cause. While it is not an infection, interstitial cystitis can often feel like an infection. It may also lead to pain with sexual intercourse. Symptoms can be mild to severe.

Interstitial cystitis is part of a broader range of conditions referred to as painful bladder syndrome. It can be associated with other health issues such as irritable bowel syndrome, fibromyalgia, and other chronic pain conditions

There is presently no cure for interstitial cystitis. The only effective treatment is the mitigation of symptoms through a variety of medications and other therapies. This condition predominantly affects women. In men, symptoms similar to interstitial cystitis are more often due to inflammation of the prostate.

Interstitial cystitis is more likely to occur with age; very few cases occur in patients younger than 30 years old.

SYMPTOMS

Symptoms of interstitial cystitis can vary between patients and over time. They often flare and wane over time and in response to triggers. Symptoms include:

- Pelvic pain
- Constant urge to urinate
- Frequent urination
- Pain during sexual intercourse

Many with interstitial cystitis can go long periods without experiencing symptoms.

DIAGNOSIS

At this time there is no medical test that can say a person has or doesn't have interstitial cystitis. Often diagnosis is based on symptoms and ruling out other causes.

Diagnosis can be aided by a detailed medical history along with a pelvic exam. Urine tests are often done to rule out a urinary tract infection.

A cystoscopy, in which physicians insert a tiny camera inside a thin tube into the urethra, can help them inspect the bladder's lining. This procedure helps rule out other bladder diseases and may show irritation and ulcers in the bladder lining.

TREATMENT

Treatment for interstitial cystitis is highly individual and can implement a variety of medications and therapies. That can include oral medications, physical therapy, nerve stimulation, bladder distention, or any combination thereof.

LIFESTYLE CHANGES/BEHAVIORAL THERAPY

These are typically first line therapies and can be used in conjunction with other therapies. This includes exercises to help relax the pelvic floor, limiting stress, and dietary changes with avoiding know bladder irritants including:

- Citrus fruits
- Tomatoes
- Chocolate
- Caffeine
- Alcoholic beverages
- Spicy foods
- Carbonated beverages

FOR MORE INFORMATION ON VISIT:

https://www.ic-network.com

MEDICATIONS

Several medications can serve to improve the symptoms of interstitial cystitis. Nonsteroidal anti-inflammatory drugs like ibuprofen can relieve the pain inherent to the condition. Certain antidepressants can relax the bladder to reduce pain. Antihistamines can reduce the urgent need to urinate and the frequency of urination.

SURGERY

A variety of procedures can be used to help control intestinal cystitis symptoms. Most of the procedures are aimed at helping reduce the urgency and frequency symptoms but may also help at reducing pelvic pain. These procedures are typically done after attempts at behavioral therapy as well as medications.

HYDRODISTENTION

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Hydrodistention is an outpatient procedure done under general anesthesia that fills your bladder with water until it stretches. It is done using a long thin camera called a cystoscopy. It is often done in conjunction with other procedures. At the time of the hydrodistention a medication, dimethyl sulfoxide, may be placed in the bladder. This medication helps reduce inflammation, relax the bladder, relieve pain, and increase bladder storage by helping break down scar tissue. If bladder ulceration is seen the ulcers can be cauterized or have steroid injected in them giving symptomatic relief for up to a year.

BOTOX

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Botox is an FDA approved treatment for overactive bladder (OAB). It can help interstitial cystitis patients by paralyzing the bladder muscles and helping relive pain as well as frequency and urgency.

Botox is injected into the bladder through a cystoscope in a short outpatient procedure. It is important to know that it may take up to 2 weeks to see improvement in your symptoms. Also botox will wear off in 6-9 months and you will require periodic injections to maintain its benefits.

It is important to tell your urologist about any blood thinners you take, if you have any muscle or nerve disease or if you have a history of urinary tract infections. Risks include bleeding, urinary tract infection, urinary retention which may require a temporary catheter or systemic absorption leading to muscle weakness or difficulty speaking or swallowing.

FOR MORE INFORMATION VISIT:

https://www.botoxforoab.com/

SACRONEUROMODULATION

SACRAL NEUROMODULATION

Sacral Neuromodulation (SNM) restores bladder function by stimulating the sacral nerves. The sacral nerve is responsible for delivering signals between the brain and the bladder. SNM helps control these signals, so that the bladder can function normally.

A neurostimulator generates mild electrical pulses, which stimulate the sacral nerve, and normalizes the communication between the bladder and the brain, helping to control symptoms. Unlike oral medications that target the muscular component of bladder control, SNM controls the symptoms through direct modulation of the nerve activity.

If your doctor thinks you may be a good candidate for SNM, he or she will begin an evaluation phase, which lasts around 3-4 days and is designed to see if SNM will be a successful option for you. During this time, a thin, temporary wire will be inserted in your lower back, near the sacral nerves which control the bladder, and will be connected to, and controlled by a device, which delivers electric stimulation to the sacral nerve. Your doctor will monitor your symptoms over the course of this evaluation period, and, if successful, the temporary wire will be removed and a more permanent device, similar to a pacemaker, will be implanted just under the skin.

FOR MORE INFORMATION VISIT:

Medtronic.com/bladder

How Can Diet Changes Affect Interstitial Cystitis?

Bladder irritants could be responsible for some of the pain in cases of interstitial cystitis. By eliminating these irritants from their diet, patients may be able to reduce the pain of their condition. The most common bladder irritants include caffeine, citrus, vitamin C, and carbonated beverages. Other irritants include pickled foods, alcohol, spices, and artificial sweeteners.

How Do Patients Live With Interstitial Cystitis?

Many patients struggle to cope with the chronic pain and the stress that frequent urination brings to their lives. As a result, this condition can significantly reduce a patient's quality of life. There are a variety of both in-person and online support groups for those with interstitial cystitis. Patients can also speak with their physician regarding their quality of life.

What Are the Potential Risk Factors for Developing Interstitial Cystitis?

The most prominent factor is sex, as women develop interstitial cystitis far more frequently than men. The condition also correlates with several other chronic pain conditions, including irritable bowel syndrome and fibromyalgia. Those with red hair and fair skin are also more likely to develop interstitial cystitis.

What Are the Potential Complications of Interstitial Cystitis?

Over time, interstitial cystitis can reduce the capacity of the bladder through stiffening of the bladder wall. The most severe complication is the reduced quality of life from chronic pain and the interference in social life from frequent urination.