

Interstitial Cystitis

What is interstitial cystitis?

Interstitial cystitis is an inflammation of the bladder wall of unknown cause and primarily affects women and is also known as painful bladder syndrome (PBS).

Symptoms may include:

- Urgency
- Frequency of urination – sometimes more than 60 times a day.
- Dysuria (burning and stinging during urination)
- Bladder pain – may intensify as bladder fills or empties
- Pelvic pain
- Blood in the urine
- Pain with intercourse

The severity of symptoms vary with each person can be very distressing, interfere with your sleeping, daily life and feeling of well being.

What causes interstitial cystitis?

The exact cause of IC/PBS is not known and there is ongoing research into the cause of this distressing condition. Some of the symptoms resemble those of a bacterial infection, but urine tests reveal no organisms in the urine. In a few cases IC has affected a mother and daughter or sisters but it does not commonly run in families.

How is interstitial cystitis diagnosed?

Diagnosis of IC is based upon the presence of bladder related symptoms, diagnostic tests, and the absence of other diseases that could otherwise cause the symptoms.

What diagnostic tests are available?

1. MIDSTREAM URINE CULTURE AND SENSITIVITY

A midstream urine (MSU) is a urine test ordered to rule out bacterial growth in the urinary tract.

2. REFILL CYSTOSCOPY

Refill cystoscopy is used to examine the bladder wall. The wall may become irritated and scarred or stiff. Glomerulations (pinpoint bleeding caused by recurrent irritation) are usually seen in interstitial cystitis.

3. BLADDER BIOPSY

Occasionally, a small section of bladder tissue is removed and sent for microscopy. This may assist in the establishment of diagnosis.

What are my treatment options for interstitial cystitis?

Management of interstitial cystitis involves a range of different techniques which may vary from patient to patient. Such techniques may include:

- Drinking adequate fluids (2 litres per day)
- Limit caffeinated drinks to 1 per day
- Cranberry tablets (10000mg) once per day
- Acid-free dietary changes (see below)
- Ditropan or low-dose Tofranil, to relax bladder musculature
- Intravesical steroid injections

Tips for Success

An acid-restricted diet may assist in the reduction of symptoms of IC. Foods which should be eaten in moderation include:

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| • Alcohol | • Apples |
| • Citrus fruits | • Some fruit juices |
| • Carbonated beverages | • Grapes |
| • Caffeine | • Plums |
| • Tea | • Corned beef |
| • Tomatoes | • Onions |
| • Vinegar/other condiments | • Pepper |
| • Cheeses | • Aspartame/saccharin |
| • Beans | • Chilli |
| • Avocado | |

The acid-restricted diet is most effective when combined with other treatment options, particularly adequate fluid hydration.