

Why Medanta - The Medicity?

Medanta - The Medicity is well equipped with all modern facilities of investigations and management and our team's multidisciplinary approach has enabled us to provide all discussed treatment modalities to the patients under one roof.



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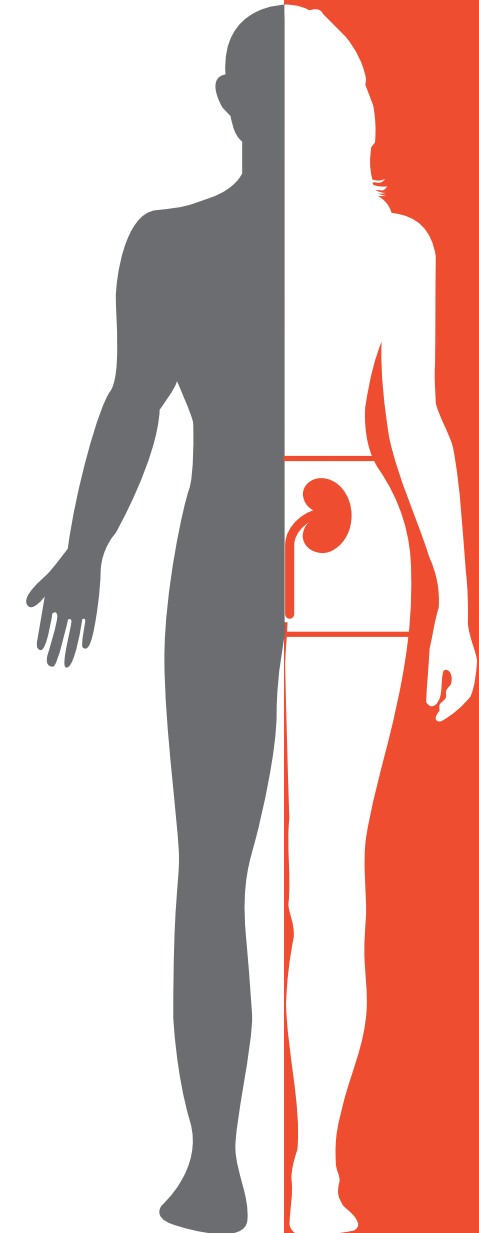
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PATIENT INFORMATION

BLADDER PAIN SYNDROME



MEDANTA INSTITUTE OF
KIDNEY & UROLOGY



Introduction

Bladder Pain Syndrome (BPS), also called painful bladder syndrome or Interstitial cystitis (IC), is a chronic debilitating condition wherein one experiences bladder pressure, bladder pain and sometimes pelvic pain, ranging from mild discomfort to severe pain.

Causes and risk factors

BPS is a chronic inflammation of the bladder wall, in which people have a defect in the protective lining (epithelium) of the bladder. A leak in the epithelium may allow toxic substances in urine to irritate your bladder wall. Despite extensive research, the exact cause of BPS/IC is not known. However, other possible but unproven factors that may contribute include an autoimmune reaction, heredity, infection or allergy. Following factors are associated with a higher risk of BPS:

- Gender (females to males ratio is about 9:1)
- Endometriosis: (painful disorder in which tissue that normally lines the inside of your uterus)
- Chronic pelvic pain syndrome (approximately one third of women with this ailment referred for laparoscopy has interstitial cystitis)

Signs & symptoms

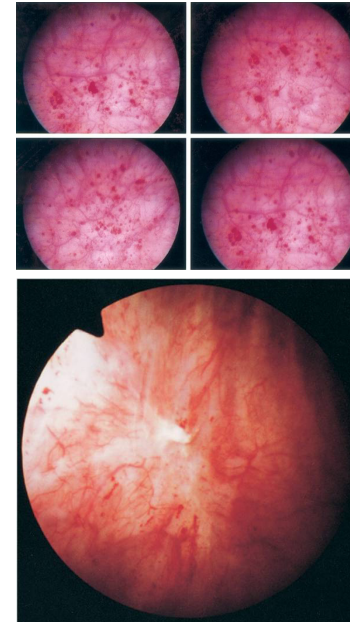
The common symptoms of BPS may include:

- Pain, pressure, unpleasant sensation or discomfort that may increase as the bladder fills and temporary relief after urinating
- In women there may be pain in the vagina and vulva as well as urethra and rectum, while in men pain could be in the scrotum and anus
- Burning and stinging during urination
- Persistent, urgent need to urinate
- Pain with sexual intercourse
- Frequent urination, often of small amounts, throughout the day and night
- Individuals can have the condition for many years and there may be spontaneous resolution only to return days or months later

Tests and diagnosis

Presently due to the lack of specific tests or markers, diagnosis of BPS is based on exclusion of any identifiable infection, disease or disorder that might cause the symptoms, which may be supported by:

- Midstream urine sent for culture and sensitivity to rule out bacterial growth
- Cystoscopic findings (on looking inside the bladder) with or without hydrodistention: inflammation, pinpoint bleeding or ulcers on bladder wall
- Bladder biopsy findings



Treatments

BPS treatments may take several weeks to several months to provide relief. Since not everyone with BPS responds the same way to the same treatment, one may need to try various treatments or combinations of treatments to relieve the symptoms.

Oral medications

Oral medications may help relieve the pain and bladder spasms. This treatment may work better if the inflammation is due to an allergic reaction.

Bladder distention

About one third of people feel better after undergoing cystoscopy with bladder distention. Bladder distention is the over stretching of the bladder walls in an effort to interfere with pain signals from nerves in bladder and reduce pain. The procedure may be repeated as a treatment if the response is long lasting.

Bladder instillations

During this, a catheter (a thin tube) is used to fill your bladder with a liquid medicine. The tube is taken out and you are asked to hold the medicine inside your bladder for a while.

Treatments are given every one to two weeks for total six instillations. The treatment can be repeated as needed.

Other Treatment Options

- Botulinum Toxin Bladder Injection: This medication is directly injected into bladder wall. The effect could be from few months to years. A temporary side effect could be difficulty in evacuating bladder.
- Sacral Nerve Stimulation: It involves direct modulation of nerve supply of bladder.
- Surgery: Doctors rarely use surgery to treat interstitial cystitis because removing part or the entire bladder does not relieve pain and can lead to other complications. This is the only option left after other treatments have failed. Surgical options include Fulguration/Resection/Bladder Augmentation.

Prevention

There are several things you can do on your own or with the help of a physical therapist that can improve your symptoms.

Diet Modification

Some people find that certain foods may trigger or worsen the symptoms. Those foods include alcohol, tomatoes, apple, spices, chocolate, caffeine, citrus fruits, artificial sweeteners and other acidic foods.

Physical therapy

Some people find that consistently doing a series of gentle pelvic floor muscle exercises provides relief from pelvic pain, which may be due to spasms of these muscles.

Bladder retraining

After pain relief if urine frequency bothers you a lot, you should keep a bladder diary and try to relieve yourself at regular intervals, using relaxation and distractions to stay on schedule and then gradually increase the time duration between urinations.

Your doctor will decide the best combination of these measures to treat your individual symptoms.