PAINFUL BLADDER SYNDROME & INTERSTITIAL CYSTITIS REFERRAL GUIDELINE

Maine Medical Partners - Women's Health Division of Pelvic Medicine and Reconstructive Surgery 100 Brickhill Ave, Suite 203, South Portland, ME · (207) 761-1502

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

N/A

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

N/A

LOW RISK

SUGGESTED ROUTINE CARE

SUGGESTED WORKUP

History

Urinalysis and urine cultures to r/o UTI

Pelvic exam- include assessment of tenderness of pelvic floor muscles (this can be done by a gynecologist)

SUGGESTED PREVISIT WORKUP

N/A

SUGGESTED WORKUP

N/A

SUGGESTED MANAGEMENT

Behavioral modifications- reduce intake of bladder irritants (dietary and fluid)

Pelvic floor PT if appropriate to treat muscles/tissues that can become painful

Flare treatments (see below)

Daily oral medication, Amitriptyline 10mg q HS

CLINICAL PEARLS

- Flare treatments include: pyridium, baking soda/water combo (1 teaspoon in 8 ounces of water, 1-2 servings a day to de-acidify urine), and/or prelief tablets (available over the counter)
- Recommend patients with pelvic pain referrals have initial evaluation by a gynecologist, who can refer to our office if clinically appropriate
- Consider GI referral for constipation or poorly controlled bowel symptoms
- Refer to a urology practice or MMP Pelvic Medicine for further evaluation
- No known association between Painful bladder syndrome/ Interstitial Cystitis and bladder cancer. If microscopy confirmed hematuria is present, refer to urology for hematuria workup.



These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.

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