

# PAINFUL BLADDER SYNDROME & INTERSTITIAL CYSTITIS

## REFERRAL GUIDELINE

Maine Medical Partners - Women’s Health Division of Pelvic Medicine and Reconstructive Surgery  
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High Risk Suggested Emergent Consultation	Moderate Risk Suggested Consultation or Co-management	Low Risk Suggested Routine Care
Symptoms and Labs N/A	Symptoms and Labs N/A	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.