

Interstitial Cystitis

<http://www.familydoctor.org/x2368.xml>

What is interstitial cystitis?

Interstitial cystitis is a chronic bladder problem. About 750,000 Americans have interstitial cystitis. Most of them are women. People with interstitial cystitis have a bladder wall that is inflamed and irritated (red and sore). This inflammation can scar the bladder or make it stiff. A stiff bladder can't expand as urine fills it. In some cases, the walls of the bladder may bleed slightly. A few people get sores in the bladder lining.

People with interstitial cystitis may have the following symptoms:

- (1) An urgent need to urinate, both in the daytime and during the night
- (2) Pressure, pain and tenderness around the bladder, pelvis and perineum (the area between the anus and vagina or the anus and the scrotum). This pain and pressure may increase as the bladder fills and decrease as it empties in urination.
- (3) A bladder that won't hold as much urine as it did before
- (4) Pain during sexual intercourse
- (5) In men, discomfort or pain in the penis or scrotum

In many women, the symptoms get worse before their menstrual period. Stress may also make the symptoms worse, but it doesn't cause them.

What causes interstitial cystitis?

Doctors don't know what causes interstitial cystitis. They know that it isn't caused by infections with bacteria or viruses. It might be caused by a defect in the lining of the bladder. Normally, the lining protects the bladder wall from the toxic effects of the urine. In about 70 percent of the people with interstitial cystitis, the protective layer of the bladder is "leaky." This may let urine irritate the bladder wall, causing interstitial cystitis.

Other possible causes may be an increase of histamine-producing cells in the bladder wall or an autoimmune response (when antibodies are made that act against a part of the body).

How does my doctor know I have interstitial cystitis?

You may have interstitial cystitis if any of the following occur:

- (6) You have to urinate often or urgently
- (7) You have pelvic or bladder pain
- (8) A urologist (a doctor whose specialty is problems of the urinary tract) finds bladder wall inflammation, pinpoint bleeding or ulcers during an exam with a special scope (called a cystoscope) that looks inside your bladder
- (9) Your doctor has ruled out other diseases such as urinary tract infections, vaginal infections, bladder cancer, sexually transmitted diseases and, in men, chronic prostatitis

How is interstitial cystitis treated?

There is no cure for interstitial cystitis. Many treatments can help your symptoms. Most people feel better after trying one or more of the following treatments:

- (10) Diet. Your doctor may tell you to change what you eat. You may need to avoid alcohol, acidic foods and tobacco.
- (11) Bladder distention. Sometimes people feel better after having bladder distension. Under anesthesia, a doctor overfills your bladder with fluid. This stretches the walls of the bladder. Doctors don't know why distension helps. It may make your bladder be able to hold more urine. It may also interfere with the pain signals sent by nerves in the bladder.
- (12) Medicine. Your doctor may have you take an oral medicine called pentosan polysulfate (brand name: Elmiron). This medicine helps to protect the lining of the bladder wall from the toxic parts of urine. Another oral medicine used to treat interstitial cystitis is an antihistamine called hydroxyzine (two brand names: Vistaril and Atarax). This medicine reduces the amount of

histamine that is made in the bladder wall. Another medicine that may help is amitriptyline (brand name: Elavil). It blocks pain and reduces bladder spasms. This medicine can make you sleepy, so it is usually taken at bedtime.

- (13) Bladder instillation. During a bladder instillation, a catheter (a thin tube) is used to fill your bladder with liquid medicine. You hold the medicine inside your bladder for a few seconds to 15 minutes. Then the liquid drains out through the catheter. Treatments are given every one to two weeks for six to eight weeks. The treatment can be repeated as needed.

What else can I do to help my symptoms?

- (14) Diet. Alcohol, tomatoes, spices, chocolate, caffeine, citrus drinks, artificial sweeteners and acidic foods may irritate your bladder. That makes symptoms worse. Try removing these things from your diet for a couple of weeks. Then try eating one food at a time to see if it makes your symptoms worse.
- (15) Smoking. Many people with interstitial cystitis find that smoking makes their symptoms worse. Because smoking is also a main cause of bladder cancer, people with interstitial cystitis have another good reason to quit smoking.
- (16) Bladder training. Many people can train their bladder to urinate less often. You can train your bladder by going to the bathroom at scheduled times and using relaxation techniques.
- (17) Physical therapy and biofeedback. People with interstitial cystitis may have painful spasms of pelvic floor muscles. If you have muscle spasms, you can learn exercises to help strengthen and relax your pelvic floor muscles.
- (18) TENS (this stands for "transcutaneous electrical nerve stimulation"). You can use a TENS machine to put mild electrical pulses into your body through special wires. Some doctors think that electrical pulses increase blood flow to the bladder. The increased blood flow strengthens the muscles that help control the bladder. It also releases hormones that block pain.

Where can I get more information about interstitial cystitis?

The support of family, friends and other people with interstitial cystitis can help you cope. People who learn about interstitial cystitis and participate in their own care do better than people who don't.