

Clinical Presentation and Practice Patterns in the Treatment of Interstitial Cystitis: A Clinical Audit

Introduction and Objective: To describe the clinical presentation and practice patterns for the diagnosis and treatment of interstitial cystitis (IC) in our setting and to compare it with current evidence.

Materials and Methods: A retrospective chart review of all patients in our center having a clinical diagnosis of IC from 1990 to 2010 was performed. Patients' presenting symptoms, physical findings, clinical evaluation, treatment received and response to therapy were reviewed. A total of 72 patients were identified during the study who were considered to have interstitial cystitis by a urologist.

Results: Pain was the predominant symptom in 77% of the patients. Most commonly localized to bladder (38%) and pelvis (21%). Most common associated lower urinary tract symptoms were frequency (85%), followed by urgency in 50% of the patients. Ninety-three percent patients had Cystoscopy and hydro distention was employed in 19%. Various treatment modalities were used for the management of these patients over the study period. Most commonly employed oral therapy was anticholinergics (56%) and 16% patients received oral analgesics. Twelve patients were treated with intravesical Dimethyl Sulfoxide (DMSO) and 2 received intravesical combination of Heparin, Lidocaine and Sodium Bicarbonate.

Conclusion: Variable modalities were used for the diagnosis and treatment of interstitial cystitis. We suggest that a validated questionnaire should be used for assessment of response to therapy. A prospectively maintained database, based upon recent evidence, will ensure continuous audit cycle and adherence to recommended guidelines.