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## Appendix I: Explanation of guidelines and evidence levels

Clinical guidelines are: 'systematically developed statements which assist clinicians and patients in making decisions about appropriate treatment for specific conditions'. Each guideline is systematically developed using a standardised methodology. Exact details of this process can be found in Clinical Governance Advice No.1 *Development of RCOG Green-top Guidelines* (available on the RCOG website at <http://www.rcog.org.uk/green-top-development>). These recommendations are not intended to dictate an exclusive course of management or treatment. They must be evaluated with reference to individual patient needs, resources and limitations unique to the institution and variations in local populations. It is hoped that this process of local ownership will help to incorporate these guidelines into routine practice. Attention is drawn to areas of clinical uncertainty where further research may be indicated.

The evidence used in this guideline was graded using the scheme below and the recommendations formulated in a similar fashion with a standardised grading scheme.

Classification of evidence levels	Grades of recommendations
<p><b>I++</b> High-quality meta-analyses, systematic reviews of randomised controlled trials or randomised controlled trials with a very low risk of bias</p> <p><b>I+</b> Well-conducted meta-analyses, systematic reviews of randomised controlled trials or randomised controlled trials with a low risk of bias</p> <p><b>I –</b> Meta-analyses, systematic reviews of randomised controlled trials or randomised controlled trials with a high risk of bias</p> <p><b>2++</b> High-quality systematic reviews of case-control or cohort studies or high-quality case-control or cohort studies with a very low risk of confounding, bias or chance and a high probability that the relationship is causal</p> <p><b>2+</b> Well-conducted case-control or cohort studies with a low risk of confounding, bias or chance and a moderate probability that the relationship is causal</p> <p><b>2–</b> Case-control or cohort studies with a high risk of confounding, bias or chance and a significant risk that the relationship is not causal</p> <p><b>3</b> Non-analytical studies, e.g. case reports, case series</p> <p><b>4</b> Expert opinion</p>	<p><b>A</b> At least one meta-analysis, systematic reviews or RCT rated as I++, and directly applicable to the target population; or A systematic review of RCTs or a body of evidence consisting principally of studies rated as I+, directly applicable to the target population and demonstrating overall consistency of results</p> <p><b>B</b> A body of evidence including studies rated as 2++ directly applicable to the target population, and demonstrating overall consistency of results; or Extrapolated evidence from studies rated as I++ or I+</p> <p><b>C</b> A body of evidence including studies rated as 2+ directly applicable to the target population, and demonstrating overall consistency of results; or Extrapolated evidence from studies rated as 2++</p> <p><b>D</b> Evidence level 3 or 4; or Extrapolated evidence from studies rated as 2+</p> <p><b>Good practice point</b></p> <p> Recommended best practice based on the clinical experience of the guideline development group</p>

**Appendix II:** Example of a bladder diary (adapted from The British Association of Urological Surgeons)

Time	Liquid intake (ml)	Volume of urine passed (ml)	Urine leaks (small, moderate, large amount)	Urgency (strong, moderate, mild desire)
00.00				
01.00				
02.00				
03.00				
04.00				
05.00				
06.00				
07.00				
08.00				
09.00				
10.00				
11.00				
12.00				
13.00				
14.00				
15.00				
16.00				
17.00				
18.00				
19.00				
20.00				
21.00				
22.00				
23.00				

### Appendix III: Classification of bladder pain syndrome<sup>1</sup> according to cystoscopy and biopsy findings

	Cystoscopy with hydrodistension			
	Not done	Normal	Glomerulations <sup>a</sup>	Hunner lesions <sup>b</sup>
<b>Biopsy</b>				
Not done	XX	1X	2X	3X
Normal	XA	1A	2A	3A
Inconclusive	XB	1B	2B	3B
Positive <sup>c</sup>	XC	1C	2C	3C

<sup>a</sup> Glomerulations: grades 2–3 (grade 2, severe areas of submucosal bleeding; grade 3, diffuse bleeding of bladder mucosa).

<sup>b</sup> With or without glomerulations.

<sup>c</sup> Histology showing inflammatory infiltrates and/or detrusor mastocytosis and/or granulation tissue and/or intrafascicular fibrosis.