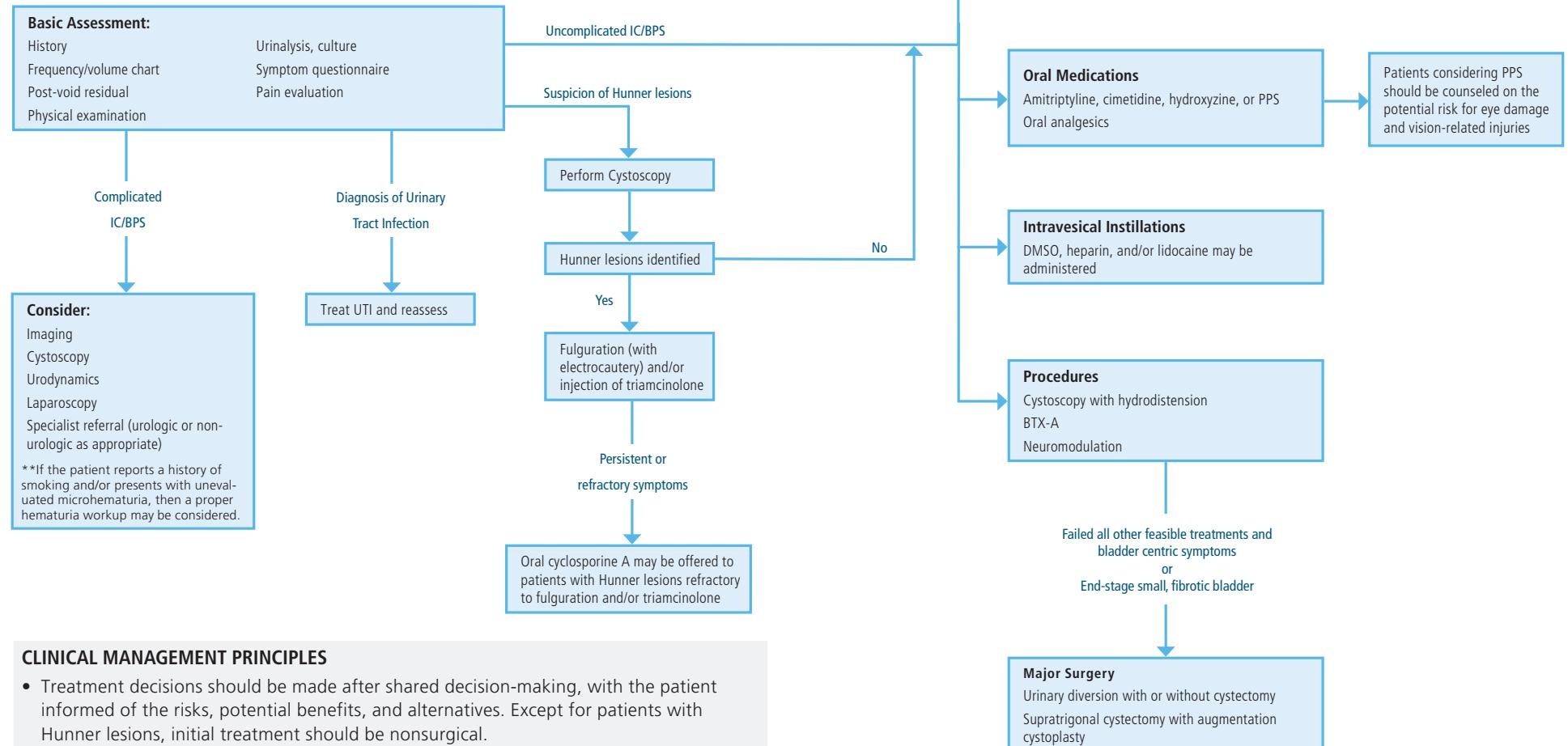


# Figure One: IC/BPS Diagnosis and Treatment Algorithm

IC/BPS: An unpleasant sensation (pain, pressure, discomfort) perceived to be related to the urinary bladder, associated with lower urinary tract symptoms of more than six weeks duration, in the absence of infection or other identifiable causes.



## CLINICAL MANAGEMENT PRINCIPLES

- Treatment decisions should be made after shared decision-making, with the patient informed of the risks, potential benefits, and alternatives. Except for patients with Hunner lesions, initial treatment should be nonsurgical.
- Initial treatment type and level should depend on symptom severity, clinician judgment, and patient preferences.
- Multiple, simultaneous treatments may be considered if it is in the best interests of the patient.
- Ineffective treatments should be stopped.
- Pain management should be continually assessed for effectiveness.
- The IC/BPS diagnosis should be reconsidered if no improvement occurs after multiple treatment approaches.

BTX-A: Onabotulinumtoxin A; DMSO: Dimethylsulfoxide; IC/BPS: Interstitial cystitis/bladder pain syndrome; PPS: Pentosan polysulfate; UTI: Urinary tract infection

The evidence supporting the use of Neuromodulation, Cyclosporine A and BTX-A for IC/BPS is limited by many factors including study quality, small sample sizes, and lack of durable follow up. None of these three therapies have been approved by the U.S. Food and Drug Administration for this indication. The panel believes that none of these interventions can be recommended for generalized use for this disorder, but rather should be limited to practitioners with experience managing this syndrome and willingness to provide long term care of these patients post intervention.

Copyright © 2022 American Urological Association Education and Research, Inc.