

INTERSTITIAL CYSTITIS TREATMENT GUIDELINES

From the American Urological Association (AUA)



“Treatment strategies should proceed using more conservative therapies first, with less conservative therapies employed if symptom control is inadequate for acceptable quality of life”

“No single treatment has been found effective for the majority of patients, and the fact that acceptable symptom control may require trials of multiple therapeutic options (including combination therapy) before it is achieved”

- AUA IC Treatment Guidelines, 2014

FIRST LINE OF TREATMENT

Education about the condition, self-care practices, behavioral modifications, and stress management.

Great resources at www.PelvicSanity.com and the Interstitial Cystitis Association (www.ichelp.org)

SECOND LINE OF TREATMENT

- Pelvic Floor Physical Therapy (Evidence Grade ‘A’)
- Pain Management
- Oral Medications including amitriptyline (‘B’), cimetidine (‘B’), hydroxyzine (‘C’) or pentosane polysulfate (‘B’)
- Bladder instillations including Lidocaine (‘B’), Heparin (‘C’), DMSO (‘C’), or a ‘bladder cocktail’ with a combination of these medications

THIRD LINE OF TREATMENT

- Cystoscopy under anesthesia with short-duration, low-pressure hydrodistension (if 1st and 2nd line treatments have not provided acceptable symptom control)
- If Hunner’s lesions are present, fulguration with laser or electrocautery

FOURTH LINE OF TREATMENT

- Intra-bladder Botox (BTX-A) if the patient is comfortable with the possibility of self-catheterization
- Trial of neurostimulation and, if successful, implantation of a neurostim device or consistent neurostim treatments

FIFTH LINE OF TREATMENT

- Cyclosporine A as an oral medication

SIXTH LINE OF TREATMENT

- Major surgery

NOT TO BE DONE

- Long-term antibiotics in the absence of a proven infection
- Potassium-sensitivity test
- Bacillus Calmette-Guerin (BCG) Instillations
- Resiniferatoxin instillations
- High pressure and long-duration hydrodistension
- Long-term oral steroids