

Painful Bladder Syndrome

Department of Urology

What is Painful Bladder Syndrome?

Painful bladder syndrome also known as Interstitial Cystitis is a condition which causes prolonged pain and discomfort in the bladder and surrounding pelvic area. The degree of symptoms varies in each patient with some people experiencing varying degrees of discomfort, pressure, tenderness or pain in the bladder or pelvic area often accompanied by a frequent and urgent need to pass urine. There may be increased daytime and night time frequency in the absence of a bacterial infection. There are typical changes to the bladder wall which can be seen on cystoscopy (camera examination of the bladder).

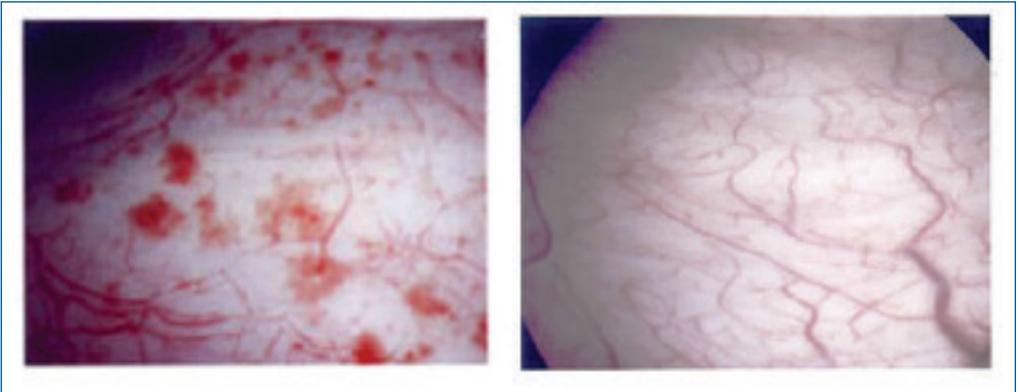
What are the symptoms?

- Pain or discomfort in the bladder or pelvic area which may change when the bladder is full of urine or after emptying.
- Pain during sexual intercourse.
- Pain worsens during menstruation in women.
- The bladder is unable to hold as much urine as normal.
- Daytime and night time urgency.
- Frequent need to urinate.

What causes Painful Bladder Syndrome?

- The most accepted theory is that it is caused by the deficiency of bladder wall lining called the GAG (glycoaminoglycan) layer. This layer is thought to protect the bladder from absorbing harmful substances in the urine, which could otherwise cause chronic inflammation.
- It could also be due to the presence of a protein called APF in the urine of people with this syndrome which does not allow the healing of bladder lining when it is damaged.

- Autoimmune conditions - when your own defence system attacks your body it could follow a bladder infection or some type of damage.
- Increased number of inflammatory cells in the bladder which releases histamine-the chemical which causes inflammation.
- Increased nerve cells in the bladder.
- Genetic conditions.



Images of a bladder with Cystitis

Normal Bladder

Picture Courtesy: David Rindge-healinglightseminars.com

How can it be treated?

1. Lifestyle changes:

- **Diet:** Avoid alcohol, tomatoes, spicy foods, chocolate, acidic foods, artificial sweeteners, citrus drinks, caffeinated drinks, heavily fortified foods, salad dressings, fizzy drinks, cured meats, smoked fish, processed cheese, soy products.

This is not an exhaustive list. Add your own food which you think triggers the symptoms. It is sometimes useful to remove possible triggers of the condition from the diet and re-introduce them one at a time to determine if any foods or drinks worsen your symptoms.

- **Smoking:** It can also cause worsening of symptoms in some people.
- Alternative therapies such as acupuncture or hypnotherapy can be beneficial in some people.
- Exercises such as gentle stretching or relaxation may also be helpful.
- Bladder retraining can help reduce the frequency you need to urinate. It involves urinating at set times throughout the day, and then extending the time between voiding to train your bladder to pass urine less frequently.

2. Medications:

- **Anti-inflammatory Drugs:** Ibuprofen and aspirin can relieve mild discomfort associated with the condition. Other stronger painkiller may also be prescribed by your doctor.
- **Tricyclic Antidepressants:** Such as amitriptyline may help reduce pain and some relief to symptoms such as frequent urination.
- **Pentosan Polysulfate Sodium (Elmiron):** This drug helps to protect and repair the mucin layer of the bladder which is thought to be damaged in patients with interstitial cystitis. It is successful in about 40% of patients in reducing pain and urinary frequency, but can take several months to take effect.

3. Non-surgical treatment:

- **Electrical Nerve Stimulation:** Mild electrical pulses can be used to stimulate the nerves to the bladder using a transcutaneous electrical nerve stimulation (TENS machine).

- **Bladder Instillation:** The bladder is filled with a solution using a thin tube called a catheter which is placed into the bladder through the urethra (the tube that carries urine outside the body). The solution is left in for a certain period before being emptied.

Several liquids are used for instillation:

- **Dimethyl Sulphoxide (DMSO)** – Aim to reduce inflammation and pain.
- **Hyaluronic acid:** Drugs such as **Cystistat, Hyacyst or Uracyst** – These drugs aims to replenish the bladder lining.

Some people find their symptoms will improve after the first 6-8 treatments; however the treatment is not successful in all patients.

4. Surgical Treatment:

- **Formation of Urostomy** — an opening in your abdominal wall for your urine to be diverted from your bladder into a bag, which will need to be emptied regularly.
- **Suprapubic catheter insertion** — a catheter is inserted into your bladder through your abdominal wall and held in place by a small balloon. The urine is drained out regularly so that that the bladder does not hold any urine.
- **Cystoplasty or Bladder Augmentation** — a piece of you bowel is removed and reshaped to attach it to your bladder to form a larger bladder.
- **Cystectomy (removal of bladder)** — usually used as the last option for treatment of painful bladder syndrome. A new bladder may be formed using a piece of your large intestine or a urostomy may be formed.

Where can I find more information?

The following website provides useful information:-

www.nhsdirect.nhs.uk

www.rcog.org.uk/womens-health

www.cobfoundation.org

www.painful-bladder.org

www.patient.co.uk/doctor/interstitial-cystitis

Who to contact if you have any further questions?

If you have any further questions or concerns please contact the Urology Specialist Nurses, Urology Department

The Princess Royal Hospital

The Urology Nursing Team **01444 441881 Ext. 5457**

Urology Consultants:

Mr Nawrocki's secretary **01444 441881 Ext. 5962**

Mr Coker's secretary **01444 441881 Ext. 8043**

Mr Symes' secretary **01273 696955 Ext. 7809**

Mr Alanbuki's secretary **01273 696955 Ext. 7810**

Mr Larner's secretary **01273 696955 Ext. 7808**

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