



INTERSTITIAL CYSTITIS

This fact sheet is for women who are patients of the Royal Women's Hospital and are going to have a cystoscopy, a procedure to examine the bladder and urethra.

What is interstitial cystitis?

Interstitial cystitis (IC) is a complex condition of the bladder, which can cause bladder pain and urinary symptoms, such as frequent voiding (feeling like you want to go to the toilet a lot) and urgency (feeling a strong need to pass urine). It occurs more commonly in women compared to men, and about one third of women are less than 30 years old when symptoms first start.

What are the symptoms?

Symptoms can include pelvic pain or discomfort, which is often related to the bladder filling, frequent voiding or a constant painful desire to void. Less common symptoms include pain with sexual intercourse, and pain in the vagina, urethra or vulva.

What causes interstitial cystitis?

The exact cause of IC is not yet fully understood. Researchers are working towards a better understanding of this condition, but possibilities include a defect in the protective lining of the bladder, infection, inflammation, a problem with the immune system or blood vessel abnormalities.

How is interstitial cystitis diagnosed?

To make a diagnosis your doctor will take a history of your symptoms, perform a physical examination and organise investigations to rule out other causes, such as a bladder infection.

Investigations often include a urine test and a cystoscopy, which is a small telescope used to look inside the bladder.

The cystoscopy is usually performed under general anaesthetic (you are put to sleep), as a day procedure and a sample of tissue (biopsy) from the bladder may be taken at the same time.

Is there a cure for interstitial cystitis?

Although there is no known cure for IC, the condition is not cancerous and is usually not progressive. In some women, symptoms improve on their own, over time, but in others treatment may be needed.

What treatment is available?

Treatment of IC is aimed at relieving your symptoms, rather than a 'cure'.

There are different medical treatment options available. Approximately 50 percent of women with IC will improve with medical treatment but symptoms may recur with time. Medical treatment includes, medications given in the bladder and tablets such as Amitriptyline or Elmiron, which can be discussed with your doctor.

Bladder training and pelvic floor exercises with a physiotherapist or continence advisor is important, particularly if you have urinary symptoms such as frequency or urgency. Other physiotherapy treatments with a physiotherapist may also be offered.

Some women experience an improvement in their symptoms following distention of the bladder with water during cystoscopy (cystodistension) but other forms of surgery are required only in rare circumstances.

Some women find that certain foods make symptoms worse, such as acidic, alcoholic or carbonated beverages, spicy foods or caffeine, and may benefit from changes in their diet; there is no scientific evidence for this.

If you experience complications after you leave hospital please see your local doctor, attend the Emergency Department at the Women's or your closest emergency department.

For more information and advice

Urogynaecology Pelvic Floor Service

Midwife and Continence Advisor

Royal Women's Hospital

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