Consensus Panel Recommendations for the Evaluation and Diagnosis of Patients with Suspected IC/PBS

- **History of Symptoms**
  - (Duration, triggers, seasonal allergies, comorbidities)
  - Urgency
  - Frequency
  - Pelvic and/or bladder pain
  - Pain with sexual activity

- **Physical Examination**
  - (Comprehensive physical examination with genitourinary/gynecologic focus)
  - Bladder/urethra examination
  - Vulvar touch test
  - Digital rectal examination
  - Pelvis
  - Pelvic floor musculature

- **Symptom Evaluation Tools**
  - (Recommended)
  - PUF, O’Leary–Sant, or Wisconsin Questionnaire
  - Voiding diary
  - Pain scale

- **Laboratory Evaluation**
  - Urinalysis (mandatory)
  - Urine culture (recommended)
  - Urine cytology (if indicated)
  - Cystoscopy (optional or if indicated)
  - Potassium sensitivity test
  - Urodynamics (optional)
  - Hematuria evaluation (if indicated)
  - Laparoscopy (if indicated)
  - Imaging studies (if indicated)
  - Intravesical anesthetic challenge

- **Sufficient data for clinical diagnosis?**

  - **YES**
    - Treat for IC/PBS
    - Symptoms resolve?
      - **YES**
        - Continue treatment
      - **NO**
        - Positive?
          - **YES**
            - Treat for BPS/IC
          - **NO**
            - Reevaluate
              - **YES**
              - Continue treatment
              - **NO**
              - Reevaluate

  - **NO**
    - **Additional Tests**
      - Empiric treatment
      - Additional clinical examination
      - Reevaluate
        - **YES**
          - Continue treatment
        - **NO**
          - Reevaluate
Consensus Panel Recommendations for the Treatment of Patients with Established IC/BPS

Initiate Therapy

Oral
- Pentosan polysulfate sodium
- Amitriptyline
- Hydroxyzine
Use single agent/multiple agents as needed
Consider short-term intravesical therapy for more severe symptoms

Behavioral
- Dietary modification
- Pelvic floor exercise
- Physical/emotional relief

POOR RESPONSE
4-8 weeks
Monitor therapeutic response

GOOD RESPONSE
Continue therapy for 4-6 months

Reevaluate

Resolution of symptoms
YES
Determine when patient can be weaned off therapy

NO
Reevaluate

Resolution of symptoms by 6 months
YES
Continued oral therapy and consider
- Cystoscopy and hydrodistension
- Ulcer ablation
- Neuromodulation

NO
Continued oral therapy and consider
- Cystoscopy and hydrodistension
- Ulcer ablation
- Neuromodulation

Response

NO
Reevaluate

YES
Continued oral therapy and consider
- Cystoscopy and hydrodistension
- Ulcer ablation
- Neuromodulation

NO
Modifying oral therapy as needed
- Chronic pain management
- Extirpative surgery rarely indicated

IC/BPS = interstitial cystitis/bladder pain syndrome
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