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Interstitial cystitis



Cystitis - interstitial; IC

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Interstitial cystitis is a long-term (chronic) inflammation of the bladder wall.

Causes, incidence, and risk factors

Interstitial cystitis (IC) is a painful condition due to inflammation of the tissues of the bladder wall. The cause is unknown.

IC is often misdiagnosed as a urinary tract infection. Patients can go years without a correct diagnosis. On average, there is about a 4-year delay between the time the first symptoms occur and the diagnosis is made.

The condition is most common around ages 30 to 40, although it has been reported in younger people. Women are 10 times more likely to have IC than men.

Symptoms

Common symptoms of interstitial cystitis include:

- Pain during intercourse
- Pelvic pain
- [Urinary discomfort](#)
- [Urinary frequency](#) (up to 60 times a day in severe cases)
- [Urinary urgency](#)

Many people who have long-term interstitial cystitis are also depressed because of the pain and changes to their lifestyle.

Signs and tests

The diagnosis is made by ruling out other causes (such as sexually transmitted disease, bladder cancer, and bladder infections). Tests include:

- Bladder biopsy
- [Cystoscopy](#) (telescopic examination of the bladder)
- Urinalysis
- Urine culture

- [Urine cytology](#)
- Video urodynamics (shows how much urine must be in the bladder before you feel the need to urinate)

Treatment

There is no cure for IC, and there are no standard treatments that are known to be effective for most patients. Results vary from person to person. Treatment is based on trial and error until you find relief.

Combination therapy with medicines may help, including:

- Pentosan polysulfate sodium, the only medication taken by mouth that is approved for treating IC
- Tricyclic antidepressants such as [amitriptyline](#) to relieve pain and urinary frequency
- Vistaril ([hydroxyzine](#) pamoate), an antihistamine that causes sedation and helps reduce urinary frequency

Other therapies may include:

- Bladder hydrodistention (over-filling the bladder with fluid while under [general anesthesia](#))
- Bladder training (using relaxation techniques to train the bladder to go only at specific times)
- Instilled medications -- medicines placed directly into the bladder, including [dimethyl sulfoxide](#) (DMS), [heparin](#), or [lidocaine](#)
- Physical therapy and biofeedback (may help relieve pelvic floor muscle spasms)
- Surgery, including treatments during cystoscopy for bladder ulcers, and bladder removal (cystectomy) for very difficult cases

Some patients find that changes in their diet can help control symptoms. The idea is to avoid foods and beverages that can cause bladder irritation. Below are some of the foods that the Interstitial Cystitis Association says may cause bladder irritation:

- Aged cheeses
- Alcohol
- Artificial sweeteners
- Chocolate
- Citrus juices
- Coffee
- Cranberry juice (Note: Although cranberry juice is often recommended for urinary tract infections, it can make IC symptoms worse.)
- Fava and lima beans
- Meats that are cured, processed, smoked, canned, aged, or that contain nitrites
- Most fruits except blueberries, honeydew melon, and pears
- Nuts except almonds, cashews, and pine nuts
- Onions
- Rye bread
- Seasonings that contain MSG
- Sour cream
- Sourdough bread
- Soy
- Tea
- Tofu

- Tomatoes
- Yogurt

Experts suggest that you do not stop eating all of these foods at one time. Instead, try eliminating one at a time to see if that helps relieve your symptoms.

Support Groups

For additional information and support, see [interstitial cystitis support groups](#).

Expectations (prognosis)

Treatment results vary. Some people respond well to simple treatments and dietary changes. Others may require extensive treatments or surgery.

Calling your health care provider

Call your health care provider if you have symptoms of interstitial cystitis. Be sure to mention that you suspect this disorder. It is not well recognized or easily diagnosed.

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