UNDERSTAND YOUR CHOICES

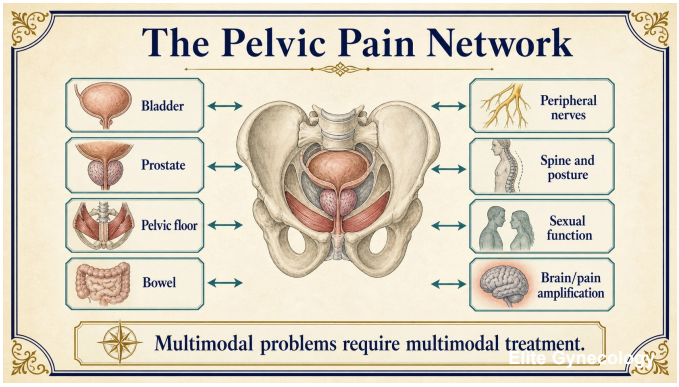
Living with bladder pain

A practical guide to interstitial cystitis / bladder pain syndrome.

Interstitial cystitis/bladder pain syndrome (IC/BPS) can cause bladder or pelvic pain, pressure and frequent trips. Symptoms vary, and infection and other explanations need to be excluded. The goal is a sustainable plan that improves comfort and daily function.

Find your triggers without shrinking your life

There is no universal forbidden-food list. Keep a food-and-symptom diary, test one suspected trigger at a time and reintroduce tolerated foods. A restrictive diet that does not help should not become a permanent burden.



Book illustration: A Urology Consult in a Book. Original artwork preserved.

Elite Gynecology

1

Record

Track pain, drinks, foods, bowel symptoms and activity.

2

Test one change

Reduce a plausible trigger without eliminating whole food groups.

3

Review and restore

Keep what helps, reintroduce what does not matter and reassess persistent symptoms.

COMPARE THE OPTIONS

Benefits, burdens & fit

Use this comparison to prepare for a shared decision.

OPTION	WHY CONSIDER IT	WHAT TO WEIGH
Food and drink	Common triggers include coffee/caffeine, alcohol, citrus, tomatoes, spicy foods, fizzy drinks or artificial sweeteners.	These are possibilities, not a ban for everyone. Work with a dietitian if the diet becomes narrow.
Fluids and bowel habits	Steady, individualized hydration and constipation management can help.	Avoid both dehydration and forced excessive drinking. Other health conditions may limit fluid intake.
Movement and sitting	Gentle walking, stretching, breaks from prolonged sitting and symptom-guided activity are reasonable.	Modify activities that reliably flare pain; do not assume all exercise or sexual activity is prohibited.
Pelvic-floor care	A therapist may help relax painful or overactive muscles.	Repeated strengthening/Kegels can worsen a tight pelvic floor; use a tailored assessment.
Medical treatment	Options may include medicines, bladder instillations and treatment of Hunner lesions when present.	Choice depends on the pattern. Ask about risks, including eye monitoring if pentosan polysulfate is proposed; procedures are not a guaranteed cure.

Not every option is right for every person. Confirm the treatment, provider and location at your consultation.

BRING THIS PAGE TO YOUR VISIT

Your questions. Your next step.

A useful appointment ends with a plan you understand.

Questions to ask

- ☐ Have infection and other causes of bladder pain been excluded?
- ☐ Is my pelvic floor tight or tender?
- ☐ What is the goal of this treatment, and when will we reassess?
- ☐ Do my symptoms suggest Hunner lesions or another targeted evaluation?

What you can do now

• Use a comfortable heat pack or other agreed flare strategy; protect skin from burns.

• Discuss comfortable positioning and pauses during sex rather than a blanket restriction.

• New symptoms should not automatically be labeled another IC flare. Avoid repeated antibiotics without evidence of infection.

When to seek urgent care

Fever, visible blood in urine, inability to urinate, new severe flank pain or rapidly worsening symptoms needs prompt evaluation rather than self-treatment as a familiar flare.

My next step / follow-up date: _____

Further reading & sources

1. NIDDK - symptoms, daily care and treatment
2. NIDDK - symptoms, daily care and treatment

Further reading: A Urology Consult in a Book, by David Shusterman, MD.

HOW OUR PRACTICE APPROACHES CARE

Modern tools. Less burden.

Our office approach is separate from the general treatment comparison.

The least invasive effective path

We prioritize effective care with less procedural burden when it fits your diagnosis, anatomy and goals. Our interventional service invests in advanced imaging for targeted procedures; equipment and manufacturers change over time. Imaging, contrast, radiation and anesthesia are discussed for your particular treatment.

Focused ultrasound expertise

Our practice provides modern in-office ultrasound for urology, gynecology and interventional care. Experienced, dedicated ultrasound technologists focus on these specialties, with much of their work in urology. An in-house radiologist interprets images, and treating physicians trained in image interpretation also review relevant studies. Ultrasound uses no ionizing radiation; CT, MRI or other tests may still be needed.

Prompt answers and a clear follow-up plan

We usually generate ultrasound reports and explain the findings and follow-up to patients the same day. Some studies need additional review, and turnaround varies. Ask what the result means and what happens next. Confirm your service and location before visiting.

More of your evaluation in one place

In-office blood collection, urine testing and pelvic ultrasound can reduce separate testing visits when these tests are appropriate. Preparation and result timing depend on the test. Tell us about possible pregnancy, symptoms and previous results. Ask which findings affect your choices and whether any further testing or specialist care is needed.