



## UNDERSTAND YOUR CHOICES

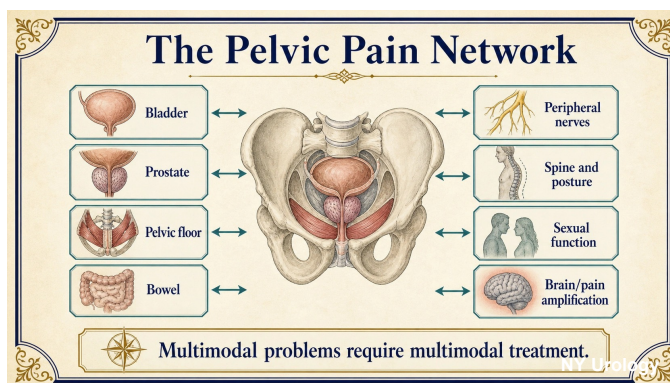
# Living with bladder pain

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.

NY Urology

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                                                                                                                                       |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Food and drink</b>          | 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.                                                  |
| <b>Fluids and bowel habits</b> | Steady, individualized hydration and constipation management can help.                                                  | Avoid both dehydration and forced excessive drinking. Other health conditions may limit fluid intake.                                               |
| <b>Movement and sitting</b>    | 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.                                            |
| <b>Pelvic-floor care</b>       | A therapist may help relax painful or overactive muscles.                                                               | Repeated strengthening/Kegels can worsen a tight pelvic floor; use a tailored assessment.                                                           |
| <b>Medical treatment</b>       | 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 and urine testing can reduce separate testing visits; preparation and result timing depend on the test. Bladder ultrasound can measure urine remaining after urination. For suitable men, we favor noninvasive UroCuff pressure-flow assessment when it can answer the question, rather than routine catheter-based urodynamics. These tests are not interchangeable; complex cases may need additional studies.