

IC/BPS
Easy Steps in Managing
Complicated Patients

A Nursing Perspective

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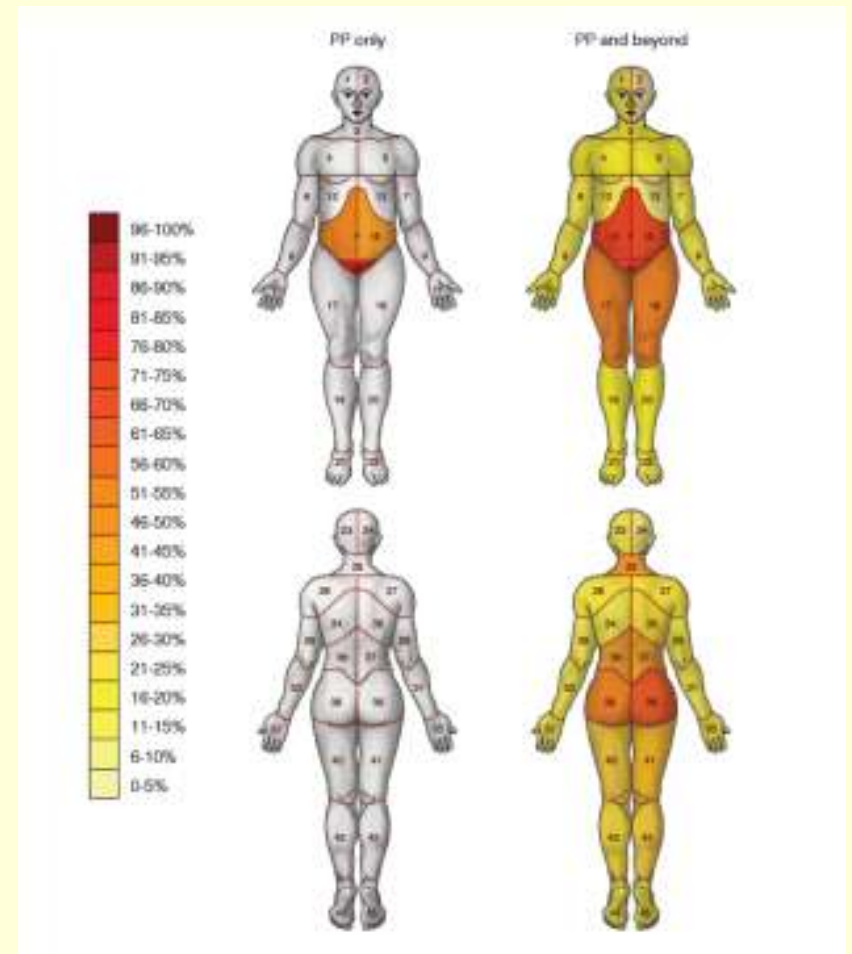
Why should we care?

- We cannot cure IC/BPS but we can successfully manage it.
- We can improve QoL
- Decrease health care costs

Brief Overview

- IC/BPS
chronic conditions that
cause painful urinary
symptoms

look beyond the pelvis



Associated Diagnoses

Diagnosis	IC/BPS n=207	Control n=114	P
BPS/IC	100%	0%	.000
Irritable Bowel Syndrome	38.5%	5.6%	.000
Fibromyalgia	18.9%	2.2%	.000
Chronic Fatigue Syndrome	10.5%	0%	.000
Vulvodynia	17.1%	0%	.000
Migraine Headache	28.0%	14.4%	.021
Tension Headache	23.4%	14.3%	.106
TMJD	14.2%	3.4%	.010
Low Back Pain	47.7%	11.0%	.000
Psychiatric Condition	37.4%	14.3%	.000

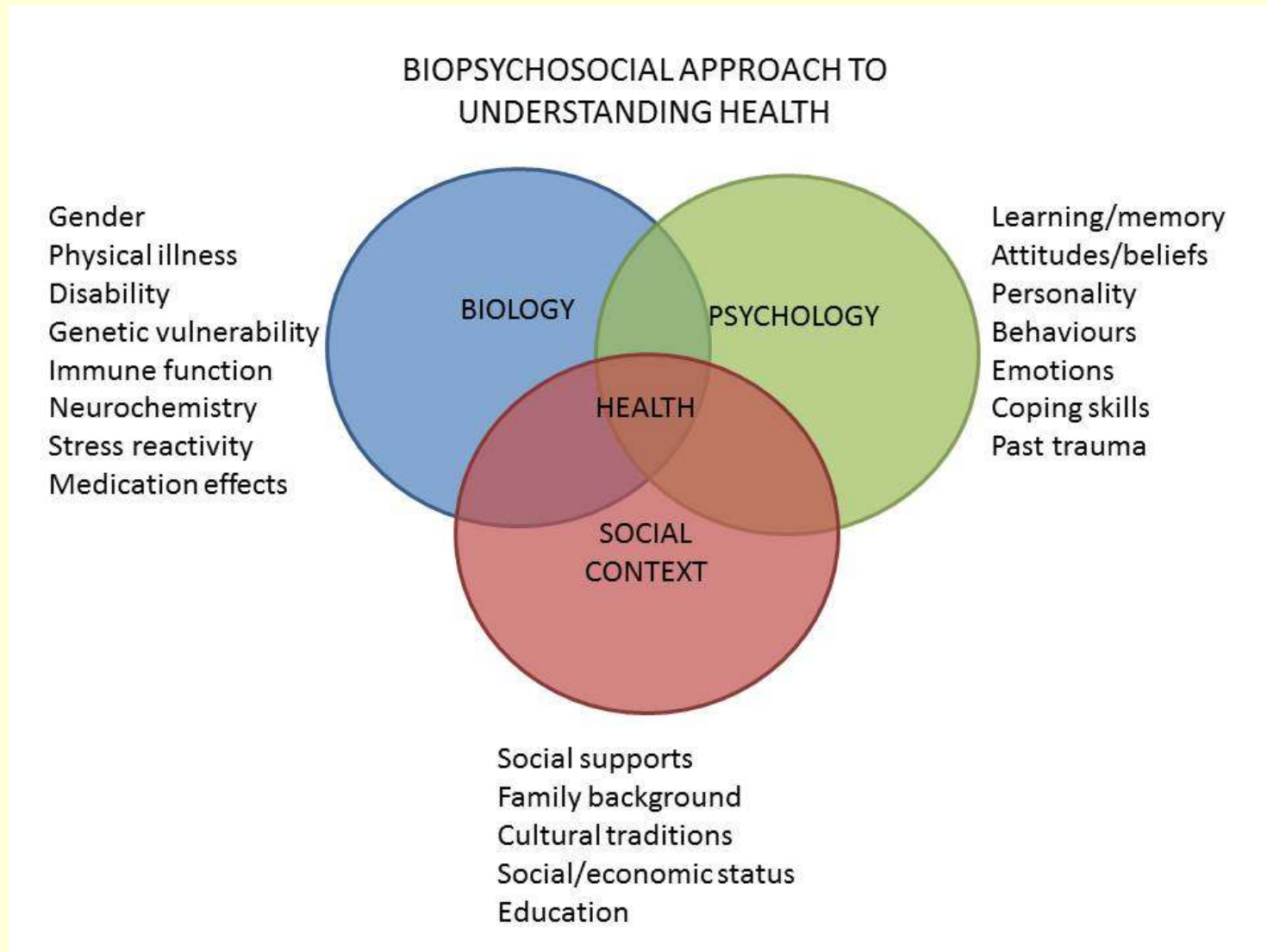
Step #1

Begin at the Beginning

- Detailed med/surg history
- Detailed description of the pain/discomfort, urinary symptoms, onset
- QOL questionnaires (ICIQ, pelvic pain scale, symptom assessment)

Look for something to treat

Formulate the Treatment Plan



Step #2

Conservative Management:

Education

IC diet www.icnetwork.com

Lifestyle changes/behavior management

Urinalysis /send C&S

Set realistic goals

Step #3

Symptom management

MOST bothersome symptom:

- Urgency/frequency? Diet Modifications /Anticholenergic/Mirabegron
- Bladder Pain? IC Diet/Instillations/Elmiron/amitriptyline
- Urethral Pain? Burning- IC Diet/Baking soda/cytsoplus/pyridium/
Spasms-valium vaginal suppositories
- Neuropathic/
centralized sensitization? Amitriptyline, cymbalta
- Pelvic pain? Physiotherapy/PF trigger point Injections/
Spasms-valium vaginal suppositories
- RecUTIs ? Lifestyle changes/d-mannose/ probiotics/ Post coital Abx

***AVOID OPIOIDS ***

Step #4

Pain Management

1) Education Understand Pain:

“Understanding Pain in less than 5 minutes, and what to do about it!”

https://www.youtube.com/watch?v=C_3phB93rvI

2) Identify maladaptive coping strategies: i.e catastrophizing

3) Challenge Behaviors

4) Lifestyle Changes

*Must be individualized,
and pt needs to take active role in the healing process*

Phenotype-directed Management of Interstitial Cystitis/Bladder Pain Syndrome

J. Curtis Nickel, Karen Irvine-Bird, Li Jianbo, and Daniel A. Shoskes

CONCLUSION

Almost 50% of patients referred to a tertiary IC/BPS clinic, regardless of the complexity or severity of condition, experienced clinically significant improvement using an individualized phenotype-directed therapeutic approach. UROLOGY 84: 175–179, 2014. © 2014 Elsevier Inc.

Summary

- Empower the patient by setting realistic goals (education, diet, exercise)
- Look for something to treat:
the bladder (medications, intravesical treatments, surgery)
other identified pain generators (vagina, pelvic floor, bowel, fibromyalgia)
- Brain/pain connection (active listening, cognitive behavioral therapy, meditation & mindfulness, laughter)

AT DAWN



WE RIDE