



GLOBAL INTERSTITIAL CYSTITIS, BLADDER PAIN SOCIETY

Newsletter

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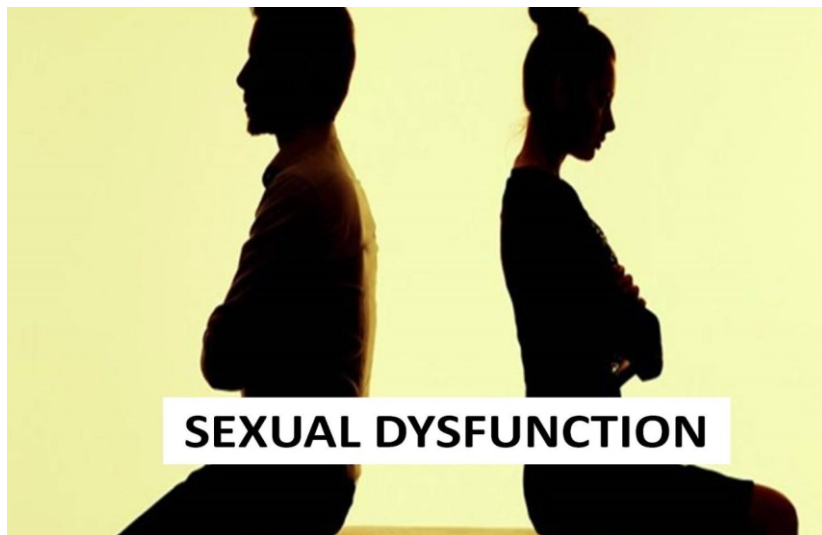
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SEXUAL DYSFUNCTION

TREATING THE SEXUAL DYSFUNCTION IN PATIENTS WITH IC/BPS

Sexual dysfunction and Interstitial Cystitis/Bladder Pain Syndrome (IC/BPS) go hand in glove. It was seen to be present in as much as 90% of patients of IC/BPS in one of the study. The sexual dysfunction is blurred initially by the other acute symptoms which are in the forefront while the sexuality is being relegated to the back stage. But with an improvement in the understanding of the pathophysiology of IC/BPS and its treatment more and more patients are now reporting this dysfunction. In fact, there is a new scoring system proposed by Dr.Taneja and Dr.Massand, in their very recently published study, wherein they have proposed inclusion of sexual dysfunction and psychological impact as domains to calculate the total score¹. We as health care providers have to be updated on the subject and be ready to offer the solutions to ease the sufferings of not only the patient but the couple as a whole. In this edition of the newsletter we would discuss the ways to smoothen out the intricacies associated with the treatment of sexual dysfunction.

Interstitial Cystitis (IC)/ Bladder Pain Syndrome adversely affects the sexual function. Most common cause for this sexual dysfunction is the associated dyspareunia and/or bladder pain. Apart from the pain, patients also experience reduced desire and reduced arousal and lubrication leading to a decreased orgasm and satisfaction. As a result, these patients of IC/BPS experience a decline in their interpersonal relationships and self image. With dyspareunia playing a major role in their bedrooms, avoidance of intercourse seems to be the only answer to most of them. This allows the sense of inadequacy, isolation and depression to creep in very fast.

We as health care providers have a pivotal role to play in ameliorating this problem of theirs. Treatment of the underlying IC/ BPS helps in reducing the pain trigger mechanism. Besides this, education forms the back bone of the treatment. The patient and the couple should be properly counselled and made aware of the problems and the possible causes thereof. This awareness in itself would help to douse many a flames stirring in the minds of these couple and allowing their nerves to settle down which would go a long way in regaining their sexual intimacy.

Besides the specific therapy for IC/BPS and that for the sexual pain, allowing the couple to take the treatment in their own hands- “the self care approach” helps to instil a sense of control, in them. “Careful Thrusting” is one such method. Besides “Careful thrusting” there are other helpful ways in which the sexual activity can be made less painful.

1. Alternatives to vaginal intercourse: Oral/ manual stimulation.
2. Use of intercourse positions like intermammary, intergluteal or interfemoral instead of vaginal.
3. Use of specific coital positions which helps to decrease pain such as angled missionary and “spoon” position.
4. Timed thrusting: Limiting thrusting time to approx 5 minutes.
5. Use of pre-medication 15-20 minutes prior to sexual activity: antispasmodics, anticholinergics, anti-anxiety drugs, topical or oral analgesia.
6. Liberal use a non-irritating lubrication.
7. Timed voiding: Before and after sexual activity.
8. Use of Ice, heat, baths etc prior to or after sexual activity. Ice packs are applied to the suprapubic or genital area.
9. Vaginal dilatation prior to intercourse.
10. Negotiating the expectations out of the sexual activity.

Besides these self care strategies other specific therapies for sexual dysfunction are as follows:

- Transvaginal manual therapy of the pelvic floor musculature (Theile massage): This has been found to be very helpful in improving the pain associated with IC/BPS besides decreasing the pelvic floor muscle tone. The rationale for this treatment is based on the premise that the pelvic floor myofascial trigger points are the source of pain and also act as a trigger for Neurogenic bladder inflammation.
- Intravaginal diazepam suppositories: The use of diazepam suppositories prior to the intercourse have shown to improve the sexual function.
- PentosanPolysulphate: Patients who received 300 mg pentosanpolysulfate sodium for 32 weeks showed promising improvement in sexual functioning.
- Botulinum toxin A (BTX-A) injections: Injecting BTX-A at the myofascial trigger points has been found to be helpful in relieving the pain.
- Intravesical treatment with Lidocaine, Heparin, Hyaluronic acid and Sodium bicarbonate is also effective in pain relief related to sexual intercourse,.
- Intravesical BCG: Intravesical treatment with BCG has been suggested to improve dyspareunia in patients with refractory IC/BPS.

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Conclusion

Creativity, along with a balance of attitude modulation, negotiation, psychotherapy, and pharmacological therapies, IC/PBS and sexual pain can be effectively managed in order that the couple maintains a healthy relationship.

References

1. Taneja R, Massand S. A modified clinical scoring system for bladder pain syndrome: Long term experience. International Journal of Urology (2019) 26 (Suppl. 1), 61—67.
2. International Continence Society Newsletter:
<https://www.ics.org/news/22>.
3. Manley G, Odom L. Treating female pelvic disorders using a combination of pelvic floor physical therapy and sex therapy. Contemp Sex 2006;40:13Y18.
4. Oyama IA, Rejba A, Lukban JC et al. Modified Thiele massage as therapeutic intervention for female patients with interstitial cystitis and high tone pelvic floor dysfunction. Urology. 2004 Nov; 64(5): 862-5.
5. Nickel JC, Parsons CL, Forrest J, Kaufman D, Evans R, Chen A, Wan G, Xiao X: Improvement in sexual functioning in patients with interstitial cystitis/painful bladder syndrome. J Sex Med 2008;5:394–399.
6. Smith CP, Radziszewski P, Borkowski A et al. Botulinum toxin A has antinociceptive effects in treating interstitial Cystitis. Urology. 2004; 64 (5): 871-5.
7. Hung MJ, Su TH, Lin YH, Huang WC, Lin TY, Hsu CS, Chuang FC, Tsai CP, Shen PS, Chen GD: Changes in sexual function of women with refractory interstitial cystitis/ bladder pain syndrome after intravesical therapy with a hyaluronic acid solution. J Sex Med 2014;11:2256–2263.
8. Welk BK, Teichman JM: Dyspareunia response in patients with interstitial cystitis treated with intravesical lidocaine, bicarbonate, and heparin. Urology 2008;71:67–70.
9. Aghamir SM, Mohseni MG, Arasteh S: Intravesical Bacillus Calmette-Guerin for treatment of refractory interstitial cystitis. Urol J 2007;4:18–23.



AUTHOR

LT COL (DR) AMIT AGRAWAL

Classified Specialist (Surgery) & Urologist
Command Hospital (Southern Command), Pune

International Faculty – GIBS 2019



Dr. Prof. Jean-Jacques Joseph Marc Wyndaele
Surgeon, Urologist, Neuro-Urologist and Rehabilitation Specialist
President - International society for the study of IC/BPS (ESSIC).
Belgium, Europe



Dr. Prof. Mauro Cervigni
Surgeon, Urologist and Gynecologist
Co-Founder & Vice-President of the International Society for the Study of IC/BPS (ESSIC).
Rome, Italy



Dr. Prof. Sándor Lovász
Urological Surgical Practice at the Jahn Ferenc Hospital, Budapest
Member of the International Society for the Study of IC/BPS (ESSIC).
Budapest, Hungary



Dr. Prof. Ming-Huei Lee
Urologist and Consultant
Founder and Consultant Physician, Taiwan Interstitial Cystitis Association.
Taichung City, Taiwan



Dr. Prof. Mohammad Sajjad Rahnama'i
Urologist and Consultant
Consultant Urologist University Hospital RWTH Aachen - Germany.
Germany, Europe



Dr. Prof. Eleonora Gaetani
Gastroenterologist
Medical Director at the Division of Internal Gastroenterology of the Policlinico Gemelli.
Rome, Italy

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Dr. Rajesh Taneja (Organizing Chairperson GIBS)

Dear Colleagues,

It is a great pleasure to announce the upcoming **4th Annual Conference** of the Global Interstitial Cystitis Bladder Pain Society (GIBS) to be held in Mumbai, **24-25 August 2019**. The aim of GIBS has been to perpetuate and disseminate the science of IC/BPS and this has been amply exemplified in the past.

After the conferences on 'Basic Understanding' (2016), 'Practical guidelines' (2017) and 'On the Horizon' (2018), this year the theme is going to be **'Beyond Horizon'**. I am sure you would be looking forward to this conference as the science of Interstitial Cystitis/ Bladder Pain syndrome is going to be presented at a yet higher plane on understanding. This year will mark the scientific deliberations on the subjects which may not seem to be directly part of current clinical practices, but as part of research, including basic sciences, which may form the basis of treatment of this for midable disease in the coming years.

International participation in the form of faculty and delegates makes the meeting truly 'Global'. This year too we are expecting eminent faculty from major international organizations spearheading the science of IC/BPS. I do hereby extend invitation to you and your colleagues to register for this scientific bonanza and be a part of the 'science in evolution' on this yet incompletely understood subject of IC/BPS.

Looking forward to meeting you in Mumbai.
Best Wishes.



Dr. Sanjay Pandey (Organizing Secretary GIBS)

Dear Colleagues,

This year it is a time to take the campaign of IC-BPS to highest levels @GIBS. With your dedicated and focussed concern on this subject we have truly turned the tide in past 3 editions and reached the pinnacle of management by multi disciplinary care in solving the agony of so many patients.

We still have miles to go as the Global body awaits your latest clinical and research work with bated breath. 2019 edition of GIBS hold the vision and rightfully the theme **"Beyond Horizon"** of all that we can and which is in grasp of the medical realm to solve the phantasmagoria of this dreaded subject IC-BPS.

I heartily welcome you to the discovery **"Beyond Horizon"** of the scientific feast as never before. Your contributions and presence on **24th – 25th Aug 2019** will strengthen the resolve to overtake the challenges of IC-BPS.

With each of you being there on the occasion to hear out the experts and the patients **"Yes! We can"**
March - BEYOND HORIZON.

Best Wishes.

4th Annual Meeting on Interstitial Cystitis Bladder Pain Syndrome 24th & 25th August 2019, Mumbai **GIBS 2019** **"Beyond Horizon"**

"Registration Started"
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HIGHLIGHTS OF SCIENTIFIC PROGRAM "GIBS 2019"

1. Differential diagnosis in women

- Overactive Bladder
- Endometriosis
- Recurrent UTI
- Chronic Pelvic pain

2. IC / BPS management (Panel Discussion)

3. Release of Indian Diet Book on IC

4. Video workshop on IC

5. Quality of Life with IC/BPS

- Indian IC diet
- Pain management in IC/BPS
- Stress and IC
- Sexually Dysfunction Couples

6. Free Papers

7. Scientific Session based on theme

'Beyond Horizon'

- Innovative Treatments
- Biomarkers of IC where have we reached
- GUT microbiota and Interstitial Cystitis
- New Delivery systems for oral PPS
- Hunner's Disease
- Holistic Approach to IC
- New Scoring System

8. Evaluation of a suspected patient of IC/BPS: How do I do it

9. New aiding devise for self -instillation

10. Diagnostics and treatment of IC in consideration of patients Interest

11. Peroneal Nerve stimulation

12. Research prospective on IC/BPS in teaching Institution