GLOBAL INTERSTITIAL CYSTITIS,
BLADDER PAIN SOCIETY

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What to do if all IC/BPS treatments modalities have been tried.

The urologists implicated in IC/BPS management often face this assertion from the patients and less frequently from the colleagues:«All IC/BPS treatments modalities have been already tried».

If we are potentially interested to find a solution for such a case, the first thing to do in prevention is to look at the latest updates of different IC treatment guidelines. We can address to several IC/BPS Guidelines developed around the world, trying to exit from an «enclosed system» and to find at least some new details for our treatment blueprint. Currently we have enough range of consensus guidelines within the scope our view. The guidelines have been published by ESSIC, GIBS, ICS, American Urological Association,European Association of Urology, Spanich Urological Association, Canadian Urological Association, East Asian Countries, Japanese Urological Association. Of course, such a wide range of recommendations needs the harmonization and unification. Until this is done, we can make it at least in our mind.

The next step consists in fact checking concerning the accurate diagnosis. First of all, we should perform a phenotyping of IC/BPS case based either on UPOINT system or on clinical phenotyping based on possible underlying etiopathological process[1]. Conceptualizing the case, it is important also to be aware of possible risk to miss out the Hunner Lesion IC form. Sometimes Hunner lesions don't have classical appearance. We suggest to perform cystoscopy and hydrodistension in a appropriate way if indicated and to use the Hunner lesion endoscopic atlas as a reference for endoscopic view interpretation.

Another point is to identify some additional chronic pelvic pain domains and their contribution to case clinical presentation.

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treatments completed for the accurate accordance to the latest guidelines. At this point we could discover some important details. For example:

1. The lack of appropriate pelvic floor physical therapy. To notice, the myofascial pelvic floor syndrome is comorbid with IC approximately in 80% cases [2].
2. No medical treatment with high level of evidence is prescribed.
3. The bladder instillations are of limit composition, for example only hyaluronic acid, with no experience of chondroitine sulphate, instillation cocktails etc.
4. The botulinum toxin injection was performed in the same way as for OAB treatment. Whereas actually there is evidence that the trigone injection is more effective in IC/BPS case. The pathophysiology indicates that nociceptive bladder afferent fibers are located primarily in trigone [3]
5. In case of refractory or recurrent Hunner lesion the option of lesion triamcinolone injection with or without fulguration should be discussed.
6. The electrical neuromodulation is not limited by sacral neuromodulation only. The tibial neuromodulation in out-patient setting with probably everyday regime (with superficial electrodes) could be also tried. Currently the new techniques of neuromodulation include different approaches for pudendal and spinal cord stimulation.
7. According to AUA, EAU, East Asian Countries, Japanese Urological Association guidelines the immuno-suppressive therapy (cyclosporine, azathioprine etc) should be discussed in case of refractory bladder pain syndrome. This approach requires multidisciplinary management and medical board discussion to confirm the indication and choose an appropriate immunosuppressive regime.
8. The interventional pain management including hypogastric plexus block under fluoroscopic control could be also a part of IC/BPS treatment schedule.

If all mentioned modalities are assessed and realized without adequate response the next approach could be the clinical trial protocol with new type of some promising treatment.

To summarize if we meet in our clinical practice the distress statement – "I have tried absolutely everything", we should start with detailed and accurate fact checking, based on precise clinical phenotyping, revising all the treatment performed and search for reasonable new modalities.

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VENUE

A Dot Convention Centre, Hall D | 2nd Feb 2023 @9am

- It is our pleasure to share the success of our GIBS USI India session at @USICON2023 on 2nd Feb 2023.
- It was indeed a successful session with having the maximum attendance on the 1st day at 9am....
- We congratulate our GIBS Core Team for the same!!!!