



GLOBAL INTERSTITIAL CYSTITIS,
BLADDER PAIN SOCIETY

GIBS Newsletter

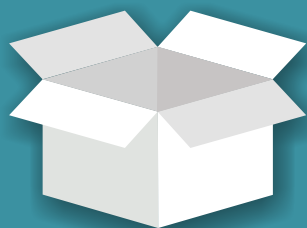
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It's not only the **BLADDER**, but also the **MUSCLES** from the **ABDOMEN** and **HIP!!!**

A diversion away
from the **BLADDER**
and the Pelvis...



A THOUGHT...
OUT OF THE
BOX



After celebrating Holi yesterday, this morning when I was finishing my household chores, I received a greeting on women's day from my colleague. I felt happy to receive the message. I realized that I had completely forgotten about this day. I sat aside for a while, and thought why is this, the only day dedicated to celebrating, and why not all the other days of the year? However, I received a clue to my article to start with.

It is the Spring equinox we are approaching and after celebrating the festival of colors, "Holi", today I am back on my desk with all the beautiful, career oriented, hard-working women in the office who were in complete celebration mood. Why are women so special? Yes indeed, a woman is the full circle; within her is the power to create, nurture and transform. Of a truth, women are the pillars of the home, family and the society and it only follows that an educated, enlightened and empowered woman, means that the society and country will be educated, enlightened and



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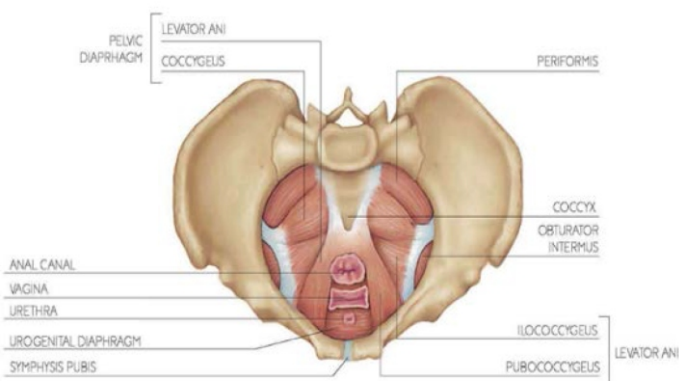
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empowered. Then why is it that women are the most sufferers? There is an add on to her suffering and that is with interstitial cystitis, a condition where women suffer a lot. In this newsletter, I am glad to introduce you to Dr. Bhavti Soni, who has a different perspective on Interstitial Cystitis/Bladder Pain Syndrome, and repositioned our focus from bladder or pelvic areas to abdomen and the hip region for management of pain in IC.

Dr. Bhavti Soni who is a pelvic health physical therapist, practicing in Warren New Jersey, owner of Pelvic PT Clinic named Pelvic Elements now, and formerly called the Warren PTN Wellness. The clinic is dedicated to all the genders for various pelvic health conditions.

Her talk was dedicated on the anatomy of the pelvic floor relevant to IC. It is known that the bladder doesn't exist in isolation and is surrounded and connected by pelvic floor soft tissues, various other nerves in innervating the pelvic floor and the bladder is supported by the muscles. These muscles control the functions of the bladder. Any dysfunction of such pelvic floor muscles causes the symptoms of IC such as urgency, frequency, nocturia, back pain, and pelvic pain. In her talk, she described the pelvic floor muscles in detail for Cis men and Cis women. She focused her talk to understand the pain referral patterns from the pelvic floor muscles to intra-pelvic and extra-pelvic sites. In her talk she expressed her research and clinical experience gained while treating IC patients.



With the help of the diagram shown above, she explained the urogenital triangle, that shows the detrusor muscle, which is connected to the sphincter urethra, compressor urethra and urethra vaginal sphincter muscle. From Pelvic pain therapy (PT) perspective restoring the length and working on the tender point along the urethral sphincter muscle and compressor urethra specifically has shown to improve the need for

straining, decrease dribbling and since these are striated muscles, patient can be taught to voluntarily lengthen and relax them. A study done in 2001, show that when stretching and compression maneuvers were performed on the urinary sphincter, pubovaginalis muscles there was decrease in tenderness, improved muscle softness and improved patient awareness and capacity to contract and relax. Spasms of the intermediate layer muscles of the pelvic floor like the sphincter urethra and compressor urethra may create the sensation of urgency, while the trigger points of the levator muscles, obturator internus and rectus abdominis may create urgency as a referred sensation. Dr. Soni expressed her views in relation to pelvic pain therapy, that the male pelvic floor muscles show intricate connection with the shaft, and so if such muscles are affected, then that would affect the urethra and in turn the bladder. According to a study done by Vice et al., manual therapy for pubococcygeus, obturator internus and endopelvic fascia would be more beneficial for the symptoms of IC. Clinically she had been witnessing very common comments from patients who often express that when she works on the pubococcygeus region and they referred pain in the bladder and even testicles, and towards the pubic bone. Obturator internus when targeted internally or externally can give relieve from pelvic pain and pressure, and sometimes it might also refer pain to the legs, as well as it can also affect the bowel symptoms in a good or bad way, depending on the length of the muscles. The distribution of the referred points to the right and to the left side was almost similar. The pain provoked by the palpation on the posterior intrapelvic landmarks was mostly referred to the sacral and the buttock areas, whereas the pain provoked by the palpation of the lateral and anterior landmarks was referred to the groin and pubic area, with or without pain being referred to the ipsilateral leg. As per Dr. Soni, the role of pudendal nerves in IC cannot be missed, as for the IC population a lot of them may have pelvic pain coming from the pudendal nerve. From the Pelvic PT perspective pudendal nerve passes from the Alock's canal which is one of the most common sites for impingement or entrapment. The canal is formed by the sacral tuberos ligament along with the obturator internus muscle and if these muscles

are shortened it can irritate or compress the nerve. There is other three types of compression for the pudendal nerve. Type one is the entrapment between the piriformis muscle as it exists the greater sciatic foramen. Type 2 is between the sacral tuberosity and sacrospinous ligament and then the others would be the terminal branches of the pudendal nerves. Hence, when the superficial muscle of the pelvic floor is worked upon it may be aimed to improve the muscles if they are caused by irritation of the terminal branches of the pudendal nerve.

Suprapubic pressure is one of the hallmark symptoms of IC. Most of the times patient find relief after they empty their bladder; however, it is not uncommon for these patients to also find relief in the pressure after the musculoskeletal therapy. In a study done by Sam et al., showed that pressure applied to the pelvic floor muscles especially levator, elicited pain and continued compression rapid pain in to the suprapubic and perineal areas, glans penis and the labia. Other muscles that help with relieving the suprapubic pain or pressure is the pyramidalis muscle and the third one is the rectus abdominus muscle. Working on these two muscles could be shown to be responsible for the relieving suprapubic pain and pressure. It is also the median umbilical ligament which connects to the bladder and often with palpation pain can be elicited in the bladder and urgency symptoms can be elicited by palpation on this ligament. Dr. Soni highlighted on a retrospective study by Katzman

and Pastor et al. The table highlighted the works of Dr. Wise and Anderson's book about trigger points by David Simon, Lewis Simon, and Janet Travel. The authors collectively concluded in their work on women presenting with myofascial pelvic pain describes symptoms in the pelvis, pelvic floor and distilling the abdomen, back and legs. The authors also point out based on Simon's work that spasm of the intermediate layer of the pelvic floor muscles like this being the urethra and the compressor urethra, may create the sensation of urgency and they can also refer pain to the bladder. Some of the important muscles which concerns specifically with the bladder and urinary symptoms. Levator ani, pubococcygeus and puborectalis are a part that can refer to the suprapubic area, urethra, bladder perineum and can give a sensation of urinary urgency, frequency, and painful urination after sex. Working on the superficial muscles, bulbocavernosus and ischiocavernosus muscles also may be helpful in relieving pain. She highlighted few pain referral pattern that are extra pelvic. She explained about the role of rectus abdominis and pyramidalis muscles, however there are a lot of other muscles when targeted can be helpful for IC patients. Such muscles may be the adductor muscles, the hip flexor muscles, the obliques and in general the hip muscles and the abdominal muscles. Hence, patients are advised to work on the abdomen and hip areas too along with the pelvic and the bladder area.

References:

- 1) Oyama, T., Nakamura, K., & Kitakoji, H. (2004). Modified Thiele massage as therapeutic intervention for female patients with interstitial cystitis and high-tone pelvic floor muscle. *Journal of bodywork and movement therapies*, 8(1), 31-38.
- 2) Fleshner, N. E., & Klotz, L. H. (2007). Diet, androgens, oxidative stress and prostate cancer susceptibility. *The Journal of urology*, 177(6), 2024-2030.



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The Blog is written by : Dr. Sapna Biswas [Scientific Writer-GIBS] while it was presented by me at GIBS 2022 7th Annual Conference on IC/BPS.
- Dr. Bhavti Soni

GIBS 2023

8th Annual Congress on IC/BPS

26th | 27th August

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EDUCATE, IDENTIFY, TREAT-FIGHTING THE FIRE IN BLADDER



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8th Annual Congress on IC/BPS

COMPASSION & CARE FOR BLADDER FLARE

26th & 27th August 2023

Pride Plaza Hotel-New Delhi

HIGHLIGHTS

Session 1 - Pelvic Pain - A Conundrum

Neuro Anatomy of Pelvic Pain
Pain Pathways Therapeutic Options
Chronic Pelvic Pain - Uterus The Innocent Bystander
Pelvic Pain And Bladder Miseries Modalities Beyond Horizon
Invited Talk Recent Updates For Pelvic Pain Management
Panel Discussion-Management of Challenges in Pelvic Pain

Session 2 - State of Art Lecture - I

Pathway of Diagnosis of IC/BPS
Clinical scoring systems for IC/BPS
Internet based follow up of IC/BPS Patients

Session 3 - "Symptom Flares" in IC/BPS patients

Assessment of Triggers and Risk Factors
Diet Modifications for Prevention and Treatment of "Flares"
Pelvic Floor Relaxation Techniques to Manage "Flares"
Stress Management Strategies to Prevent and Treat "Flares"
Medical Management Strategies For Treatment of "Flares"

Session 4 - Young Scientist Session

Competitive Entry for Abstracts
Journal Club

Session 5 - What is New for IC/BPS?

Phenotypes in IC/BPS
Biomarkers; are we there?
Artificial Intelligence in IC/BPS Diagnosis
New insights into the Pathophysiology
Microbiomes: are they still responsible?
Immunosuppression in IC/BPS
Botox: bringing back the smile
GAG layer Integrity Test
Hunner's Lesion Disease.
Cystitis cystica: can it confuse the landscape

Quiz

Session 6 - Pelvic Floor Dysfunction

Plenary Session

Methodology of Cystoscopy in IC/BPS
Discussion of Quiz and results
Future Directions

Speakers From

Bangladesh



Iran



Canada



Malaysia



Ethiopia



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