GLOBAL INTERSTITIAL CYSTITIS
BLADDER PAIN SOCIETY

Volume 8 Issue 7 || August 2026

GIBS NEWSLETTER

Interstitial Cystitis/bladder Pain Syndrome (IC/BPS) - Hypertonicity of Pelvic Floor and Neuromodulation:

Latest Updates

11th Annual Congress on IC/BPS - GIBS 2026

Date : 22nd & 23rd August 2026
Venue : Jaipur

Theme: Beyond the Bladder: Decoding Subtypes, Delivering Solutions"

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In the recent years, it has been well recognised that the neurogenic inflammation of interstitial cystitis can cause severe neuronal crosstalk. Such abnormal interaction of nerve signalling on various branches of the pudendal nerve may lead to bowel dysfunction as well as pelvic muscle spasms. Previous literature used to adopt the term of "pudendal neuropathy" to help describe such phenomenon. This is not to be confused with "pudendal neuralgia".

Importantly, when such neuronal crosstalk were to affect muscles of the pelvic floor, these may lead to functional obstruction of the urethra, and hence, bladder outflow obstruction. Such phenomenon is variously described as hypertonicity of pelvic floor, or high tone pelvic floor dysfunction (HTPFD).

In clinical practice, one can recognise such high tone pelvic floor dysfunction from a careful detailed history from the patient. The patient would often describe a slow flow of urine on voiding, occasionally with intermittent flow. He/she would also require to strain during voiding in an attempt to empty the bladder. At times, a patient may need to perform double micturition to void to completion. On investigation, a standard flow test and bladder scan for postvoid residual can easily demonstrate such functional obstruction. In a severe case, the flow pattern would demonstrate an intermittent slow flow very similar to the "saw-tooth" appearance seen in neurogenic detrusor sphincter dyssynergia where there is spasm of the autonomic rhabdosphincter, a part of the external sphincter complex. Of course, in IC/BPS, it is not regarded as a "neurogenic bladder" as the cause is not related to a pre-sacral spinal cord lesion or damage. In IC/BPS, as mentioned, it is due to neuronal crosstalk secondary to neurogenic inflammation in the bladder.

Such functional obstruction of the bladder is important to recognise. Compromised bladder emptying would lead to bacterial cystitis. The bacterial infection will in turn cause a severe flareup of neurogenic inflammation in the bladder leading to further neuronal crosstalk and worsening of bladder outflow obstruction, apart from aggravating the bladder pain. Without treating the functional obstruction, patient would repeatedly suffer recurrent bacterial cystitis. A vicious cycle.

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In my experience, neuromodulation by percutaneous posterior tibial nerve stimulation (PTNS) seems the most effective in reducing or abolishing such neuronal crosstalk. At times, the results are quite dramatic. Patients with severe pelvic muscle spasm, who may also suffer from positional pain triggered by prolonged sitting or lying in a certain position at night in bed, often would experience immediate improvement on the day of treatment with PTNS. Over time, after a course of PTNS treatment sessions, the voiding function would also improve towards normal. In other words, the functional obstruction of the bladder, related to hypertonicity of pelvic floor/HTPFD will also resolve.

The subject of IC/BPS is clearly complex and cannot be easily covered in this short newsletter article. My description of the use of PTNS in treating neuronal crosstalk should be performed as an adjunct to the overall management of IC/BPS. Clearly, management of the source of neuronal crosstalk from the bladder is equally important to prevent recurrent HTPFD. Treatment such as GAG replacement therapy should be initiated at the same time.

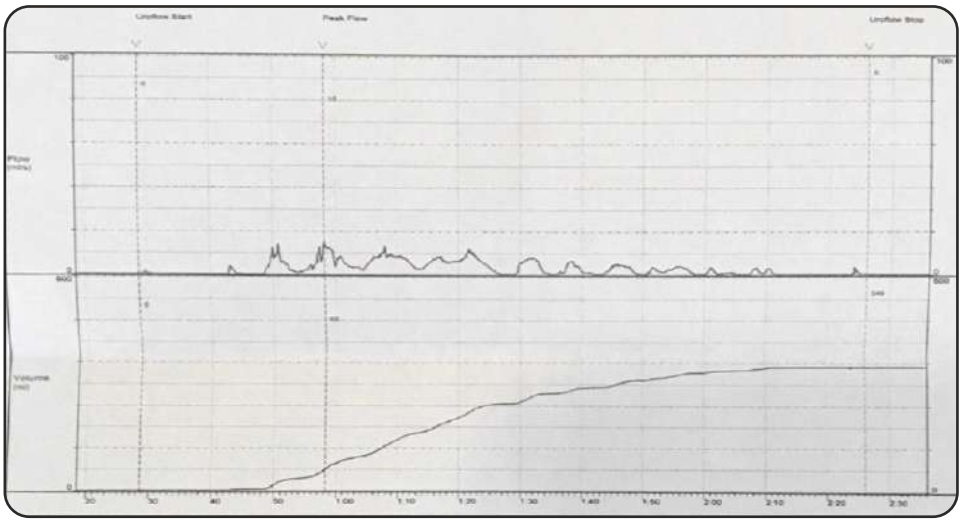
The use of PTNS in IC/BPS is described in the European Association of Urology guidelines on chronic pelvic pain. This is updated yearly and easily accessible online:

EAU Guidelines on Chronic Pelvic Pain - INTRODUCTION

It can also be downloaded as a PDF file.

EAU-Guidelines-on-Chronic-Pelvic-Pain-2026.pdf

By way of illustration, I have displayed below the flow traces of one of my patients. She was a 55-year old with IC/BPS and also significant HTPFD. The 1st showing the slow intermittent "saw-tooth" flow due to spasms of the pelvic floor. The 2nd flow trace was performed after treatment, with the flow pattern returning towards normal with a near bell-shaped curve. The peak flow and average flow also more than doubled following PTNS.



Uroflow Summary					
	Value	Unit		Value	Unit
Maximum Flow :	15.4	ml/sec	Voided volume	348.8	ml
Average Flow :	4.7	ml/sec	flow at 2 seconds	0.3	ml/sec
Voiding time :	1:57.6	mm:ss.S	Acceleration	0.5	
Flow time :	1:13.1	mm.ss.S	VOID	15.350/-a	
Time to max flow :	29.8	mm:ss.S	PVR		ml

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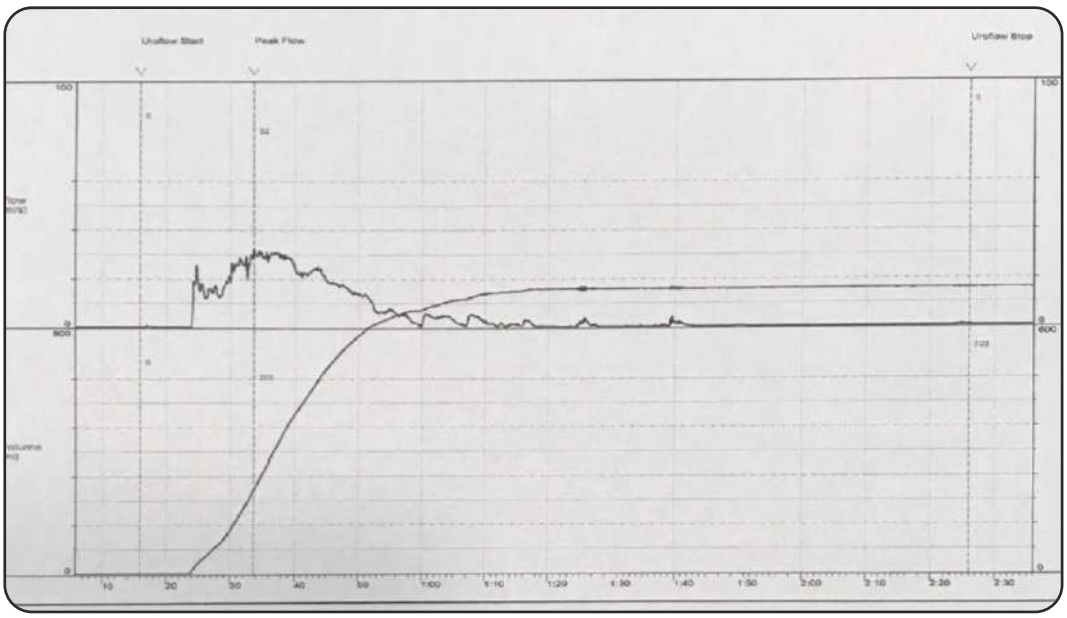
Post-void residual 22ml.



Uroflow Summary					
	Value	Unit		Value	Unit
Maximum Flow :	32.2	ml/sec	Voided volume	703.2	ml
Average Flow :	11.7	ml/sec	flow at 2 seconds	0.1	ml/sec
Voiding time :	2:10.2	mm:ss.S	Acceleration	1.8	ml/sec
Flow time :	59.6	mm.ss.S	VOID	32/700/-	
Time to max flow :	17.8	mm:ss.S	PVR		ml

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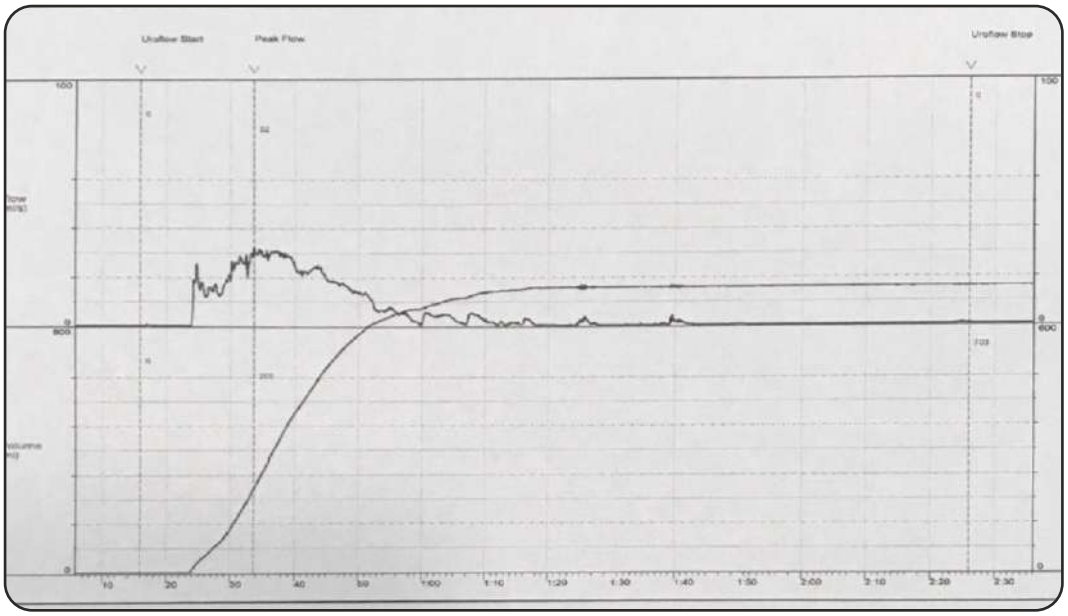
Post-void residual 0 ml.



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NB. I have no conflict of interest to declare for this article.
The PTNS neuromodulator I use is Urgent PC by Laborie.

AUTHOR

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Consultant Urologist in London with a special interest in Interstitial Cystitis/Bladder Pain Syndrome (IC/BPS). He is the former Chair of the IUGA SIG in Neuro-Urogynecology and Urogenital Pain 2022–2024) and currently serves as Chair of the ESSIC International Conference 2026.

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GLOBAL INTERSTITIAL CYSTITIS,
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17th July, 2026

7:30 PM to 8:30 PM IST

GIBS Global Periodic Case-Based Discussion on Troublesome Triplet : A Chronic Pelvic Pain & Treatment Sequencing

TOPIC :

Troublesome Triplet : A Case-Based Discussion on Chronic Pelvic Pain & Treatment Sequencing

A global educational webinar featuring international experts discussing evidence-based pain management, intravesical therapy, and real-world approachesfor Troublesome Triplet

The Webinar Ran From 7:30 PM To 8:30 PM IST, Practical Insights on Troublesome Triplet A Case of Chronic Pelvic Pain & Treatment Sequencing and Evaluation of Bladder Symptoms in Chronic Pelvic Pain

Webinar Leadership

Dr. Meera VV Ragavan

Led the session and moderated the case-based discussion.

Scientific Presentation

Dr. Latika Chawla

Presented on **Evaluation of Bladder Symptoms in Chronic Pelvic Pain.**

Case Presenter

Dr. Meera VV Ragavan

Presented a challenging **Troublesome Triplet: A Case-Based Discussion on Chronic Pelvic Pain & Treatment Sequencing** case for expert discussion.

Expert Panel Discussion

Dr. Poongkodi Nagappan, Dr. NG Poh Yin, Dr. Sakineh Hajebrahimi, Dr. Jay Khastgir, Dr. Ranjana Sharma, Dr. Karishma Thariani, shared practical insights and treatment strategies

Key Learning Message

Right diagnosis. Right sequence. Better outcomes.

Discover how evaluating bladder symptoms and choosing the appropriate treatment pathway can transform the management of chronic pelvic pain.

Acknowledgement

GIBS thanks all faculty, panelists, and participants for making this session a meaningful global learning experience.

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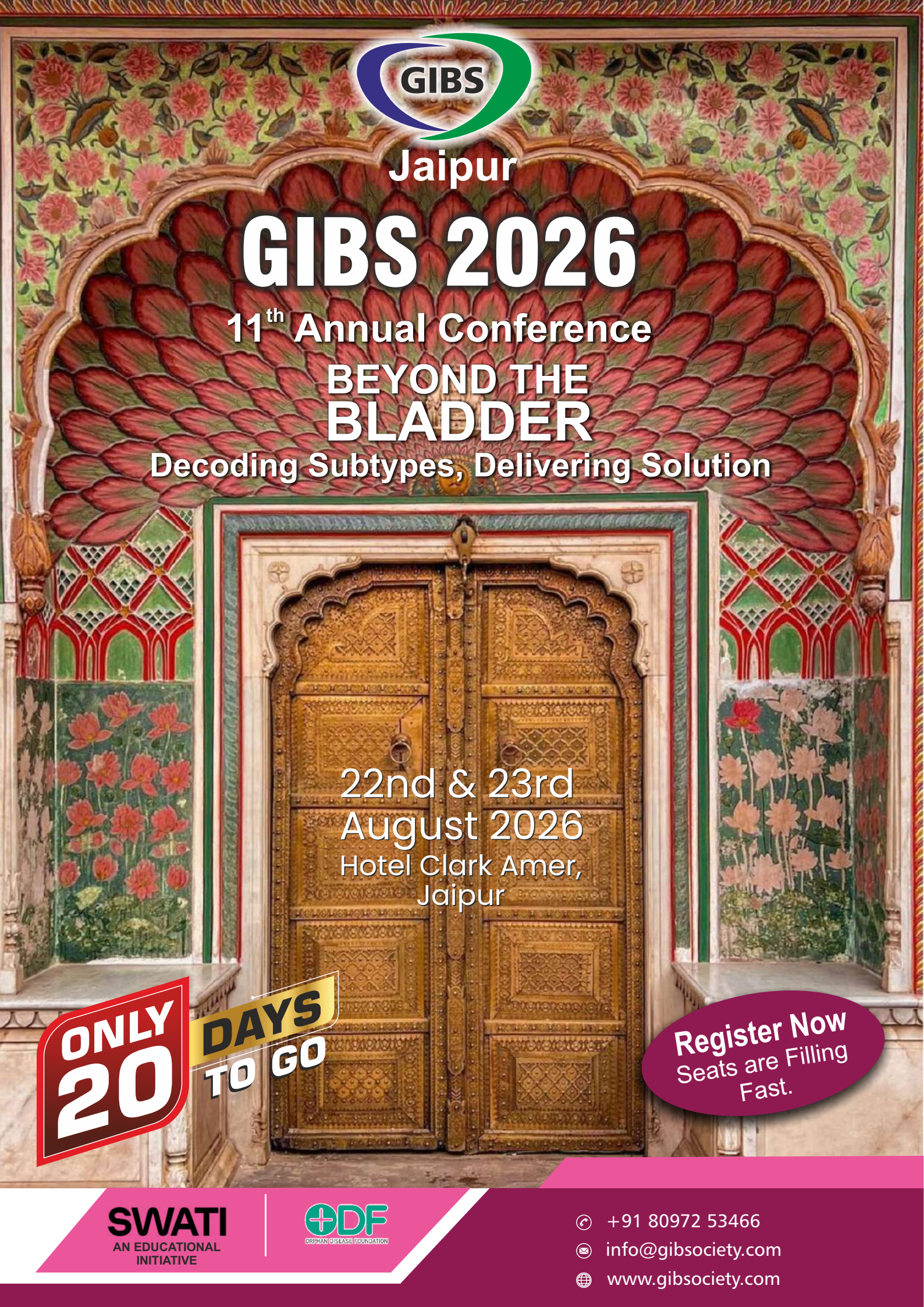
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