PAINFUL BLADDER SYNDROME & INTERSTITIAL CYSTITIS REFERRAL GUIDELINE

Maine Medical Partners - Women’s Health Division of Pelvic Medicine and Reconstructive Surgery
100 Brickhill Ave, Suite 203, South Portland, ME • (207) 761-1502

SYMPTOMS AND LABS
N/A

SUGGESTED PREVISIT WORKUP
N/A

HIGH RISK
SUGGESTED EMERGENT CONSULTATION

MODERATE RISK
SUGGESTED CONSULTATION OR CO-MANAGEMENT

LOW RISK
SUGGESTED ROUTINE CARE

SUGGESTED WORKUP
N/A

SUGGESTED WORKUP
N/A

SUGGESTED MANAGEMENT

Flare treatments include: pyridium, baking soda/water combo (1 teaspoon in 8 ounces of water, 1-2 servings a day to de-acidify urine), and/or prelief tablets (available over the counter)

Recommend patients with pelvic pain referrals have initial evaluation by a gynecologist, who can refer to our office if clinically appropriate

Consider GI referral for constipation or poorly controlled bowel symptoms

CLINICAL PEARLS

• Flare treatments include: pyridium, baking soda/water combo (1 teaspoon in 8 ounces of water, 1-2 servings a day to de-acidify urine), and/or prelief tablets (available over the counter)

• Recommend patients with pelvic pain referrals have initial evaluation by a gynecologist, who can refer to our office if clinically appropriate

• Consider GI referral for constipation or poorly controlled bowel symptoms

• Refer to a urology practice or MMP Pelvic Medicine for further evaluation

• No known association between Painful bladder syndrome/Interstitial Cystitis and bladder cancer. If microscopy confirmed hematuria is present, refer to urology for hematuria workup.

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.