

Solving The Mystery of Bladder Pain

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(Santa Rosa, CA) Patients seeking help for their chronic urinary tract symptoms and often excruciating pain face almost insurmountable obstacles. Patients may see five or more physicians before they are taken seriously. Then the struggle to find the cause of their pain begins. Primary care providers might prescribe antibiotics for weeks or months with no improvement under the mistaken assumption that the patient has a UTI or chronic prostatitis. Ob-Gyn's might assume that the pain is the result of uterine fibroids or endometriosis which, though possible, has also led to inappropriate hysterectomies. To the surprise of many men and women, pelvic floor muscle injuries from childbirth, previous pelvic surgeries, sexual abuse, a history of athletics or even a fall on their tailbone can trigger symptoms of urinary frequency, urgency, pressure and pain.

“A one treatment fits all approach simply does not work for the interstitial cystitis patient population” offered Jill Osborne, founder of the Interstitial Cystitis Network. *“Every IC and bladder pain patient is an anatomical mystery to be solved, particularly those who are not responding to traditional bladder treatments.”* Patients and their providers should rule out other conditions such as: bladder wall damage (Hunner's lesions, estrogen atrophy, chemical and/or acid irritation), pelvic floor muscle dysfunction, nerve entrapment, fibroid tumors, endometriosis, radiation or chemotherapy induced cystitis, ketamine cystitis, tarlov cysts as well as infection.

A new diagnostic tool, Next Generation DNA Urine testing, is also available and can reveal chronic bacterial, fungal or even viral infections in the urinary tract that may have been missed earlier. *“Research studies have found Next Gen DNA Urine testing much more accurate than traditional urine cultures though interpreting the results is difficult(1,2)”* said Ms. Osborne.

She continued *“Next Generation DNA testing has played a critical role in identifying a robust population of bacteria living in the urinary tract, known as the urinary biome. Differentiating between beneficial and pathogenic bacteria is now the great challenge confronting researchers and medical care providers.”* Long-term antibiotic therapy is controversial and not recommended as a treatment for IC by the American Urology Association.⁽³⁾ Next Generation DNA testing can also detect the presence of antibiotic resistance genes.

The 2019 IC Awareness Month campaign reminds patients that while they seeking a correct diagnosis and effective treatment, that they are not alone. There are vibrant and encouraging support groups that can provide education and support. Live IC support group meetings led by national experts can be attended from the comfort of their homes. And if there is no support group near them, patients can start new groups through the resources available on the IC Awareness website. We, the IC patient community, are stronger when we work together!

Learn more about IC Awareness Month at: www.icawareness.org

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