

Interstitial cystitis, also called bladder pain syndrome (IC/BPS), is a long-term condition of **bladder or pelvic pain, pressure, or discomfort** along with a frequent or urgent need to urinate — **without an infection causing it**. The discomfort often builds as the bladder fills and eases after you urinate. It can be managed well, even though there is no one-step cure.

## About This Condition

IC/BPS is not an infection and is not contagious. Symptoms vary from person to person and tend to come in **flares** (worse spells) and quieter periods. Common features:

- Pain, pressure, or discomfort in the bladder or pelvis
- A frequent and/or urgent need to urinate, day and night
- Discomfort that **worsens as the bladder fills** and improves after urinating
- Flares that may follow certain foods, stress, or your menstrual cycle

## What Causes It

The exact cause is not known. It likely involves a combination of a sensitive or irritated bladder lining, over-sensitive nerves, and (often) a **tight, overactive pelvic floor**. Because it has several drivers, treatment usually combines a few approaches.

### LEARN THE TERMS

#### IC/BPS

Interstitial cystitis / bladder pain syndrome — bladder pain and urgency, not from infection.

#### Flare

A spell of worse symptoms, often triggered by food or stress.

#### Diagnosis of exclusion

Diagnosed after other causes (like infection) are ruled out.

#### Pelvic-floor therapy

Physical therapy to release tight pelvic muscles.

#### Bladder instillation

A soothing medicine placed into the bladder by a thin catheter.

#### Hunner lesion

A specific bladder-wall patch seen in some people, treatable directly.

#### Cystoscopy

A look inside the bladder with a thin camera.

**WILL IT EVER GO AWAY?** IC/BPS is usually a long-term condition, but most people get real relief by combining treatments and learning their triggers. The goal is fewer and milder flares and a normal daily life — it often takes some trial and error to find your mix, so be patient with the process.

## How It's Diagnosed

There is no single test. Your team makes the diagnosis by your symptoms after ruling out other causes:

- A **urine test** to rule out infection or blood
- A symptom history and **bladder diary**
- Sometimes a **cystoscopy** to look for a Hunner lesion

## How It's Treated (Step by Step)

- 1 Self-care** — learn your **food triggers**, manage stress and sleep, and use gentle bladder training.
- 2 Pelvic-floor physical therapy** — to release tight muscles (note: forceful Kegels can make it worse).
- 3 Medicines** — oral options, and soothing **bladder instillations**.
- 4 Targeted & advanced care** — treating a Hunner lesion, or nerve stimulation in stubborn cases.

## Living With IC/BPS

- Common triggers include **coffee, tea, alcohol, citrus, tomatoes, and spicy foods** — try removing, then adding back to learn yours.
- Have a **flare plan** (rest, heat, extra water, soothing foods).
- Stress and a tight pelvic floor feed the cycle — gentle movement and relaxation help.

### Call your team if you have:

- A fever, chills, or back/flank pain (possible infection)
- **Blood in the urine** that is new
- A flare you cannot control, or you cannot urinate

## THREE THINGS TO REMEMBER

- 1.** IC/BPS is bladder/pelvic pain with urgency that is **not** an infection — long-term, but very manageable.
- 2.** Treatment combines self-care and trigger control, pelvic-floor therapy, medicines and instillations, and targeted care for specific findings.
- 3.** Learn your food and stress triggers and keep a flare plan. New blood in the urine, fever, or flank pain should be checked.