



Bladder Smart consultation guide

Getting a clear picture
of your patient



Making the most of the time you have

Pain and hypersensitivity in the pelvic region could be due to a number of conditions, so finding out what's wrong with your patient will probably involve a process of elimination.

With limited time, it can be hard to cover everything; this consultation guide has been created to help you structure your meetings, understand your patient's symptoms, provide information on the next steps and treatment options – then decide if they need to be referred.

Establishing the **problem**

Why have they come to see you and is their condition new or ongoing?

Medical history

- Have they had a bladder infection before?
- Do they have any other medical condition or are they already on any medication? If the answer is yes, ask them for more information and details.
- Do they generally feel unwell, achy, nauseous and tired?
- Do they suffer from any allergies or autoimmune conditions?
- Do they suffer from any pain syndromes/conditions such as IBS?
- Has anyone else in their family suffered from bladder infections?
- Do they wear a diaphragm, or have they been more sexually active than usual?

Pain

- Have they been experiencing heaviness, fullness, discomfort or pressure around the bladder or pelvic area?
- Have they been experiencing pain around the bladder, pelvic area, thighs or lower back?
- Can they describe their pain – for example is it stabbing or burning?
- Is there a burning or stinging sensation when they go to the bathroom?
- Does any pain, irritation, pressure or discomfort feel worse as their bladder fills?
- Does any pain feel better for a while after they empty their bladder?

- Does any pain get worse after they've eaten certain kinds of foods or drunk certain drinks?
- Do they feel pain during sexual intercourse?

Voiding frequency and urgency

- Are they going to the bathroom more frequently than usual?
- Is their need for the bathroom urgent or overwhelming?
- Are they experiencing any leakage?
- How many times do they have to go to the bathroom in 24 hours?
- Do they wake up in the middle of the night to go to the bathroom, if so how often?

Urine irregularities

- Does their urine have a strong aroma?
- Have they noticed if it's dark, cloudy or a different colour?
- If their urine looks unusual can they explain what's unusual?
- Have they seen any blood in their urine?
(Let them know blood in the urine doesn't necessarily mean their condition is serious)^{1,2}

Examinations and tests

Let your patient know you need to examine their pelvic area, and after that, a sample of urine will need to be taken. While examining their pelvic area ask them to describe any pain they might feel again.

Explaining bladder conditions

It's a good idea to help your patient understand pain or hypersensitivity in the bladder and pelvic area and the frequent and often urgent need to urinate can be an indication of a variety of bladder conditions, such as:^{3,4}

Cystitis – which is usually caused by a bacterial infection, but can be drug induced or occur when the bladder is irritated or inflamed for other reasons^{3,5,6}

Overactive bladder – urgency, with or without urge incontinence, usually with frequency and nocturia^{2,7,8}

Urinary incontinence – loss of bladder control leading to involuntary loss of urine⁹⁻¹¹

Urinary retention – the accumulation of urine in the bladder that results from incomplete or inadequate bladder emptying^{12,13}

Urinary stones – when stones (calculi) form in the kidney and travel down to the bladder^{14,15}

Haematuria – when there's microscopic or visible blood in the urine, which may be caused by a less serious condition like haemorrhoids or an infection or a more serious condition^{1,2}

Bladder cancer – when malignant cells form in the tissue of the bladder and can spread into the muscle, adjacent organs or other parts of the body^{16,17}

If it's the first time they've been to see a doctor let them know that bacterial cystitis is a common bladder condition (and it's more common in women) but you won't know if that's the issue until you get the result from their urine sample. Explain the difference between bacterial and non-bacterial cystitis.

If they want more information about bladder conditions and how to best manage them, refer them to www.BladderSmart.org.

Taking care of themselves

Let them know about the things they could be doing now that might make their lives a bit easier, such as:

Looking at their diet which can trigger flares (noticing which foods and drinks might affect them)

- Foods include: citrus fruits, tomatoes, vinegar and other high-acid foods, spices, hot pepper and chocolate^{3,18,19}
- Drinks include: juices and anything that contains citrus, alcohol, coffee, carbonated drinks/soda and artificial sweeteners^{3,18,19}

They could try eliminating items from their diet, then reintroducing them one at a time to see if this is the case.

Though they may want to limit the fluids they drink to reduce bladder discomfort and urinary frequency – make it clear that drinking enough water flushes the bladder, dilutes irritants and toxins and stops bacteria multiplying in the urine. It can also help to reduce constipation.

However, if they're worried about their bladder becoming too full they can plan regular toilet breaks and it could be a good idea to reduce the amount they drink before going to bed.

Keeping a diary can help patients monitor their diet and fluid intake, and record how often they go to the toilet.

How they can manage symptoms

While your patient's condition has not yet been diagnosed, it is helpful to give your patient advice on managing symptoms and reducing the chances of bacterial or non-bacterial cystitis, such as:

- Wiping from front to back when they go to the toilet
- Going to the toilet as soon as they need to urinate (fully emptying their bladder)
- Emptying their bladder as soon as possible after having intercourse
- Not using a diaphragm for contraception and trying another method instead
- Wearing underwear made from cotton rather than synthetic material such as nylon
- Not wearing tight jeans and trousers
- Placing hot or cold packs on the pelvic region or taking a warm bath to relieve discomfort
- Taking pain killers for any pain they might be feeling
- Stress management and improving coping techniques

If they have pelvic floor tenderness, suggest they try physical therapy and refer them to an appropriately trained clinician.

If you discover your patient has a chronic form of cystitis, it's important they understand that adherence is crucial to helping them manage their condition. For example, in the case of bladder instillations patients should be advised they will need one treatment each week for 6 weeks, then one a month until their symptoms resolve. And that they shouldn't be discouraged if the treatment doesn't work immediately, as they might need five or six treatments before symptoms improve.

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