

BLADDER, URETHRA, PELVIC PAIN? FREQUENT URINATION?

Compiled by Charles (Chuck) Maack – Prostate Cancer Advocate/Activist

Disclaimer: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient's viewpoint, to help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing prostate cancer care.

The following explanation regarding Interstitial Cystitis and Painful Bladder Syndrome is found at:

<http://kidney.niddk.nih.gov/kudiseases/pubs/interstitialcystitis/> or if too long to open, try <http://tinyurl.com/227q6>.

“Interstitial cystitis (IC) is a condition that results in recurring discomfort or pain in the bladder and the surrounding pelvic region. Painful bladder syndrome (PBS) is used to describe cases with painful urinary symptoms that may not meet the strictest definition of IC. The term IC/PBS includes all cases of urinary pain that can't be attributed to other causes, such as infection or urinary stones.

Symptoms may include an urgent need to urinate, a frequent need to urinate, or a combination of these symptoms. Pain may change in intensity as the bladder fills with urine or as it empties.”

Patients experiencing the several effects of IC and PBS should bring this problem to the attention of their physician for a cystoscopy to check the urethra and bladder. Bladder stones are also known to be present in some people that can bring about discomforting pain. A patient reported experiencing long time pain following

radiation and ultimately found that a bladder stone had developed, according to him, from prior radiation for prostate cancer. He reported that he ended up with a female physician who said that this pain is present with many women under similar circumstances and she prescribed Neurontin (gabapentin), an anti-epileptic drug that has about 80% of its scripts written for off-label reasons. It is also used to treat pain issues and did work for this patient when an earlier medication, Elmiron (pentosan polysulfate sodium) an interstitial cystitis medication approved by the FDA for relief of bladder pain, failed to help.

In any event, it is important to bring the foregoing symptoms to the attention of a Urologist.

A 2016 paper titled “Bladder Instillation Therapy With Hyaluronic Acid and Chondroitin Sulfate Improves Symptoms of Post-radiation Cystitis: Prospective Pilot Study” may result in this procedure for patients experiencing post-radiation cystitis. See: <http://tinyurl.com/gS8stdj>

Another 2016 paper titled “Investigational drugs for bladder pain syndrome (BPS) / interstitial cystitis (IC)” identifies the drugs in the above paper as well as others to be considered for bladder pain. See: <http://tinyurl.com/hxeqd34>