

Find lasting relief

IC GUIDE

My name is Dr. Nicole Cozean. I've been specializing in treating patients with IC for nearly 20 years. I wrote the book *The IC Solution*, served on the Board of the ICA, and created the first online course for those with IC. My Southern California clinic, PelvicSanity, has treated thousands of local and international patients. Believe me - hope and healing is absolutely possible, no matter how long it's been.

In this information kit you'll find the most recent AUA Guidelines for IC treatment, more information about the condition itself, and how to find a great pelvic PT to get to the underlying 'why' of what is going on.

Are you ready?

Nicole Cozean, PT, DPT, WCS

PHYSICAL THERAPIST | AUTHOR "THE IC SOLUTION" | PELVICSANITY FOUNDER



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**THOUSANDS OF PEOPLE
DIAGNOSED WITH IC
LIVE HEALTHY, HAPPY
LIVES - AND SO CAN YOU!**
– NICOLE COZEAN
THE IC SOLUTION

INTERSTITIAL CYSTITIS

TREATMENT GUIDELINES

These guidelines are from the American Urological Association (AUA) recommendations for IC treatment. Pelvic Physical Therapy is the only treatment given an evidence grade of "A". Your pelvic PT can teach you self-care techniques, guide your care and help you navigate your medical options.

1

BEHAVIORAL & NON-PHARMACOLOGIC

Pelvic floor manual physical therapy* [A]

Self-care practices

Education on normal bladder function

Stress Management

**Physical therapy should be manual, work both internally and externally and not consist of biofeedback or kegels. Your PT should also guide your self-care, stress management & education*



AVOID

Long-term antibiotics without proven infection

Kegels or pelvic floor strengthening

Long-duration hydrodistension

Long-term steroids

2

ORAL MEDS

Pain management

Oral Medications

- Amitriptyline [B]
- Cimetidine [B]
- Hydroxyzine [C]
- Elmiron/Pentosan polysulfate [B]

**Patients considering Elmiron should be counselled on risk of eye damage. The most recent trial of Elmiron showed no benefit in IC.*

3

INSTILLATIONS

Bladder instillations

- Lidocaine [B]
- Heparin [C]
- DMSO [C]
- "Bladder Cocktail" (

99

"There is a complex interaction between the bladder, pelvic floor and nervous system. All must be addressed for full and complete healing with IC."

Dr. Nicole Cozean
Author of The IC Solution

4

PROCEDURES

Low pressure bladder hydrodistension

Neuromodulation trial

Fulguration of Hunner's Lesion

Intra-bladder botox (BTX-A)

5

MAJOR SURGERY

To be avoided unless all other therapies have failed



RESOURCES

Finding Pelvic Sanity online FB group

IC: Roadmap to Recovery course

PelvicSanity Out of Town Program

INTERSTITIAL CYSTITIS

definition

Pain or pressure perceived to be related to the urinary bladder, associated with urinary urgency/frequency of more than six weeks duration, in the absence of infection or other identifiable causes.

symptoms

The hallmarks of interstitial cystitis are pelvic pain, often centered just below the belly button or inner thighs, and urinary urgency/frequency. Other common symptoms include pain with intercourse, increased number of bathroom trips at night, low back pain, and constipation.

diagnosis

The condition is a diagnosis of exclusion; it's made when symptoms are present and no infection or other identifiable cause is known. No test can confirm an IC diagnosis.

physical therapy

With IC, symptoms can be coming from the bladder, the pelvic floor, and other surrounding areas. They can also be exacerbated by the nervous system's response to the symptoms. Pelvic floor physical therapy can address these areas to greatly reduce symptoms and overall function.



Pelvic physical therapy is the most proven treatment for IC

Physical therapy is the only treatment for IC given an evidence grade of "A" by the AUA and recommended in the first line of medical treatment.

Working with a qualified pelvic physical therapist can not only relieve symptoms, but get to the underlying "why" for lasting relief.

finding the "why" for lasting relief

YOUR PELVIC PT SHOULD BE ASSESSING THE FOLLOWING AREAS FOR LASTING RELIEF. THERE'S A WIDE VARIETY OF EXPERIENCE AND EXPERTISE, BUT YOU SEEING A AT LEAST A DIFFERENCE IN THE FIRST 3-5 VISITS.

Hands-on PT should address external and internal areas at each visit. Areas of focus can include the lower abdomen, inner thighs, hamstrings and internal pelvic floor muscles.

HANDS-ON PT

With chronic pain, the nervous system is upregulated and amplifies pain signals. Work like deep breathing, vagus nerve stimulation and meditation can relax the nervous system for symptom relief.

CALM THE NERVOUS SYSTEM

Your PT should know about doing an elimination diet (the gold standard!) and not just give you a handout on the 'IC Diet'

NUTRITION & IC DIET

A home program can build on your gains, including stretching, deep breathing, adding (safe) movement and internal release. Kegels should never be prescribed for pelvic pain.

HOME PROGRAM

As you improve, your physical therapist will work with you to return to your activities while keeping your symptoms at a manageable level.

RETURN TO ACTIVITY

how we can help

If you're local to Southern California, we'd love to work with you in-person. Give our trained staff a call to see if we'd be the right fit for you.

Not local? We offer both remote consultations and an Immersive Out-of-Town Program, as well as the online IC Roadmap course (www.pelvic sanity.com/icroadmap).



PELVIC FLOOR DYSFUNCTION

If you check YES to any of these descriptions it is likely pelvic floor dysfunction is causing or contributing to your symptoms

- I sometimes have low back, hip or tailbone pain
- My symptoms can get worse with physical activity - prolonged sitting, exercise, standing for longer periods
- I have pain with intercourse, arousal or orgasm
- A warm bath can alleviate some of my symptoms
- My symptoms get worse after sexual activity
- I sometimes struggle with constipation or pain with bowel movements
- I have a history of incontinence, prolapse or other pelvic pain
- I have also been diagnosed with (or suspect) endometriosis
- I have had a C-section, episiotomy, vaginal tearing during a delivery, prolapse repair or other pelvic/abdominal surgery
- I suspect I may also have pudendal neuralgia, vulvodynia, vaginismus or another pelvic pain condition

how to FIND A GREAT PELVIC PT

SPECIALTY PRACTICE

Make sure you're going to a facility truly dedicated to pelvic health

01



FULL-LENGTH SESSIONS

Working directly with the PT - not an aide or just exercise - for a full hour

02

NO KEGELS/MACHINES

Look for hands-on manual therapy. Kegels should never be done.

03



SPECIFIC TRAINING

Find a pelvic PT who has taken specific courses on treating IC for a true expert

04



FIND THE 'WHY'

Looking both internally and externally to 'find the why' for lasting relief

05



additional RESOURCES

01

FINDING PELVIC SANITY

Online Facebook support group with practical, positive information and community



02

THE IC ROADMAP

Online course for patients from Dr. Nicole with the info we wish all patients had



03

REMOTE CONSULTATION

Discuss your specific case with a member of the PelvicSanity team



04

OUT OF TOWN PROGRAM

Travel to Southern California for expert care and customize a plan to 'find the why'



CONTACT US FOR MORE INFORMATION
FRONTDESK@PELVICSANITY.COM

TESTIMONIALS



Jessica O.



Dr. Nicole Cozean [and PelvicSanity] are truly amazing! Her positivity around IC gave me hope after dealing with this condition for several years on and off.

I'm very thankful I found her and would recommend anyone dealing with interstitial cystitis and/ or pelvic pain to reach out to her even if you're not based in California



Caroline Z.



After 3 years of pain and urgency which led to severe anxiety and weight loss, I reached out to PelvicSanity after finding her online after seeing multiple practitioners...

I would highly recommend consulting with PelvicSanity if you are suffering with pelvic pain/bladder issues and your healthcare provider can't offer you a solution that works.

FREQUENTLY ASKED QUESTIONS

1

How do I know if it's really IC?

Unfortunately, IC is a diagnosis of exclusion. There's no test to reveal IC, it simply describes the symptoms of pelvic pain perceived to be related to the bladder or urethra and urinary urgency/frequency. Some physicians will diagnosis this as IC, while others will not, but an IC diagnosis doesn't tell us anything about the 'why' of your symptoms.

2

Is it IC or pelvic floor dysfunction?

Because pelvic floor dysfunction can cause all the symptoms of IC - pelvic pain, bladder pain, urethral burning, urinary urgency/frequency - as well as additional symptoms, it can be hard to differentiate. Ultimately the best way to determine is to see a pelvic PT, treat the pelvic floor, and see how many of your symptoms are reduced or eliminated. More than 90% of patients diagnosed with IC have pelvic floor dysfunction, but only 10% have any discernable issues with the bladder lining, so the pelvic floor is a much more likely culprit - which is good, because it can be treated!

3

Who do I need on my medical team?

Treating IC is a collaborative effort. Generally at least a pelvic PT and urogynecologist and/or urologist who is familiar with IC should be on your team. You can add in pain management, acupuncture, nutritionists or other specialists as necessary.

4

What if I can't find a true specialist?

Unfortunately there's a wide variety of experience and expertise with treating IC. You may need to get a second (or third, or fourth) opinion from a true expert. But don't give up - there are great practitioners out there!

FREQUENTLY ASKED QUESTIONS

5

How long before I should see a difference with PT?

At PelvicSanity, we generally say you should be seeing a significant difference - not necessarily a wholesale improvement, but heading in the right direction - within 3 to 5 visits. If you're working with a pelvic PT but haven't seen a change, it may be helpful to get a second opinion, as there is a wide range of experience and expertise.

6

What if my pelvic PT has me doing Kegels or biofeedback?

Kegels (or voluntarily clenching the pelvic floor) are specifically NOT recommended. The pelvic floor is already overly tight and irritated, so putting more strain on it with Kegels can cause symptom flares. Biofeedback also just focuses on the voluntary aspect of the pelvic floor, so it never gets to the underlying 'why' of what is going on. If your pelvic PT is simply doing Kegels or biofeedback, would definitely seek out a true IC expert.

7

Should my PT be working both internally and externally?

Yes! If your PT is only doing one or the other, they are missing half of the picture. You should be getting a full hour treatment session, hands-on and one-on-one with the pelvic PT the entire time. This allows treatment of both the internal pelvic floor and the external pelvic girdle around it to alleviate symptoms and 'find the why' of what is going on.

8

Are there self-care stretches or exercises I can do?

Absolutely! Your pelvic PT can work with you to develop a customized plan for maintaining your gains in physical therapy between your sessions. This can include stretching, breathing, foam rolling, using a pelvic floor wand, self-treatment techniques, training your partner to help and targeted strengthening (without Kegels!).

you can find
HOPE AND HEALING



I'm so sorry you're dealing with IC (or IC-like symptoms). I know how scary, frustrating, and demoralizing they can be. Especially when it's so difficult finding a great medical team to support you.

But I want everyone dealing with this condition to know...healing is possible. Whether you've been dealing with these issues for three weeks or three decades, relief is possible.

This info guide is a great start for accurate, practical information. I hope you're able to find a great medical team, discover the 'why' of what is going on, and find lasting relief.

Let's get started

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