
Preface

About 10 years ago, I began a course at the American Urological Association's annual meeting dedicated to the evolving therapies for interstitial cystitis and related pain syndromes. Due to time constraints, the course did away with epidemiology, pathology, and diagnosis and was solely dedicated to current and evolving therapeutic approaches. There was a lot of enthusiasm from our audience who were clinicians dedicated to improving the lives of these patients, but who were frustrated by the frequent underwhelming responses to their recommended treatments. They appreciated the “cut to the chase” concept where all time was spent to hone their clinical skills.

This text was created with the same goal as that course... to focus on the varied therapies that may help our patients. In this case, the scope extends beyond urological practice with topics that would be of interest to primary care doctors, allied health care practitioners, gynecologists, and pain management specialists. My hope and that of our authors is to impart information not only about helpful strategies of care but also the nuances, the appropriate indicated populations, and even the downsides of therapy. The chapters contained herein are not meant to represent a comprehensive compendium of clinical care for the chronic pelvic pain patient. Rather, chapters cover timely topics by authors who are well-established experts in their respective fields.

Finally, some housekeeping issues. The reader should keep in mind that many authors will be discussing off-label strategies, some of which are supported by literature, but others by their specific clinical experiences. You will also see differences in taxonomy and nomenclature from chapter to chapter. One example is interstitial cystitis/painful bladder syndrome (IC/PBS) and interstitial cystitis/bladder pain syndrome (IC/BPS) and even BPS/IC. Another is Hunner's ulcer (HU) and Hunner lesion (HL). These differences have not been edited out of the text as they reflect the changes and the controversies that remain in this field.

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