

Appendix A

NIADDK Criteria Workshops (1987, 1988):

To be diagnosed with interstitial cystitis, patients must have either glomerulations on cystoscopic examination or a classic Hunner's ulcer, and they must have either pain associated with the bladder or urinary urgency. An examination for glomerulations should be undertaken after distention of the bladder under anesthesia to 80-100 cm of water pressure for 1 to 2 minutes. The bladder may be distended up to two times before evaluation. The glomerulations must not be along the path of the cystoscope (to eliminate artifact from contact instrumentation).

Exclusion Criteria for IC:

The presence of any of the following criteria excludes the diagnosis of interstitial cystitis:

1. bladder capacity \geq 350cc on awake cystometry using either a gas or liquid filling medium.
2. absence of an intense urge to void with the bladder filled to 100cc of gas or 150 cc of water during cystometry, using a fill rate of 30 to 100cc/min.
3. the demonstration of phasic involuntary bladder contractions on cystometry using the fill rate described above.
4. duration of symptoms less than 9 months.
5. absence of nocturia.
6. symptoms relieved by antimicrobials, urinary antiseptics, anticholinergics or antispasmodics.
7. a frequency of urination, while awake, < 8 times/day.
8. a diagnosis of bacterial cystitis or prostatitis within a 3 month period.
9. bladder or uretral calculi.
10. active genital herpes
11. uterine, cervical, vaginal or urethral cancer.
12. urethral diverticulum
13. cyclophosphamide or any type of chemical cystitis.
14. tuberculous cystitis
15. radiation cystitis
16. benign or malignant bladder tumors.
17. vaginitis.
18. age less than 18 years.