

**Female Urology, Incontinence**  
**Video Session**  
**Wednesday, May 24, 2006 1:00 - 3:00 pm**

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**V1669**

**A CYSTOSCOPIC ATLAS OF INTERSTITIAL CYSTITIS AND BLADDER ULCERS**

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Introduction and Objective: The role of cystoscopy and hydrodistention in the diagnosis of interstitial cystitis (IC) is controversial; endoscopy is declining in use. This could lead to missed opportunities to help patients with bladder ulcers. Many urologists are uncertain as to how to diagnose and treat bladder ulcers and unaware that endoscopic treatment can effectively relieve pain. We present in this video the typical cystoscopic findings of IC, the important findings in diagnosing bladder ulcers, and demonstrate electrocautery fulguration. Methods: Video footage was recorded during surgical procedures of patients with bladder pain or diagnosed IC. The footage was screened and organized into cystoscopic findings found to be normal, classic for IC, or presenting IC ulcerative disease. Normal cystoscopic findings included examination of the urethra, initial cystoscopy, peak distention, drainage, and post drainage. Classic cystoscopic findings for IC included mild-moderate, moderate, and severe glomerulations, and epithelial cracking. Cystoscopic findings for IC ulcerative disease included bladder ulcers during initial cystoscopy, peak distention, and initial drainage. Footage of treatment of ulcers by fulguration was also screened for an optimal representation. Results: Of thirteen surgical procedures recorded, one procedure presented normal cystoscopic findings, four procedures presented classic cystoscopic findings for IC, and eight procedures presented IC bladder ulcers and fulguration. Conclusions: This is the first video produced focusing on the diagnosis and treatment of bladder ulcers. The logical flow from normal findings, to IC findings, and to IC ulcers presents a valuable means for the urologic community to learn about this uncommon problem. The diagnosis specific qualities that characterize a lesion as a bladder ulcer are presented and a simple treatment technique is demonstrated.

**Source of Funding:** None