Sex and IC
For most IC patients, sexual intimacy is a challenge. ICA surveys and research estimate that from 60 to 90 percent of people with IC have difficulties with sex. For many, IC has prevented them from having any sexual intimacy. It doesn’t have to be that way. There are many ways to remain sexually active or resume your sex life, and there are treatments that can help. Most IC patients can reclaim physical intimacy when they, their partners, and their healthcare providers work together.

How IC Affects Sex
Both women and men with IC may have pain during or after sex and even sometimes with arousal. The most common pain for women during sex is pain with thrusting, although they may also have pain with penetration, urethral or clitoral irritation, or orgasm. Similarly, men may have perineal, penis, or scrotal pain or pain with ejaculation. Both men and women may have IC flares after sex. It’s thought that the pain can come from pressure on a sensitive bladder, irritation of the urethral area, or pelvic floor muscle problems.

Let’s Talk
Touch can help ease chronic pain and strengthen the bond between you and your partner. So don’t miss out on that part of life! Raise your concerns with your healthcare provider. Be honest with your partner about the activities that are painful, but reassure your partner that you can have satisfying intimacy with some adjustments and treatments. If it’s difficult to talk, bring your partner to an appointment or ask for a referral to a therapist experienced in helping couples with intimacy and chronic pain.

Treatments Is Tops
The best way to ease pain with sex is to treat your IC symptoms—and the research shows it. If your IC symptoms aren’t under control, work with your healthcare provider to find the IC treatments that work for you. You may need a combination of treatments aimed at the bladder, the pelvic floor, and, for women, the vulvar area, since all three can be sources of pain with sex. Some local treatments can be especially helpful for pain with sex, such as muscle relaxants in vaginal or rectal suppositories and topical numbing agents.

Plan Ahead
Take steps to feel your best at the time of your intimate encounter.

Go for “pretreatment.” And, plan on having intimacy soon after the appointment with your healthcare provider. That way, you can get helpful “pretreatment,” such as:
- bladder instillations
- trigger point injections
- intraurethral or intrarectal muscle relaxants
- oral pain medication (take them so their maximum effect is timed for your planned encounter)
- topical medication, such as lidocaine gel, that help prevent pain during sex

This is also a time to get any prescriptions you might need for medications to use after sex.

Avoid flare triggers. Restrict foods and drinks that trigger flares. Also, it may be best to hold off on lovemaking until you have an empty bladder and stomach.

“Test drive” products and activities. Ask your healthcare provider if your bladder and pelvic floor are quiet enough to tolerate stimulation or penetration. Women can build and test their tolerance for penetration with vaginal dilators. Men and women can see if they can tolerate orgasm before trying with a partner. If you or your partner wants to try a new lubricant, test a small amount to be sure you can tolerate it before you use it during sex.

Relax. Sexual activity is more comfortable when muscles—especially your pelvic floor muscles—are relaxed. Take a hot bath, stretch, do any helpful at-home physical therapy, meditate, or use other relaxation techniques.

Numb up. Use lidocaine gel on the vulva or in the vagina or rectum. Partners can avoid numbing by using a condom.

Adapt Your Sexual Technique
Make sex a whole mind-body experience. Explore intimate touch that feels good and focus less on orgasm as the goal.

Try oral or manual stimulation. If orgasm is okay but penetration is not, manual or oral stimulation are options. Mutual masturbation can be satisfying for both participants.

Use “outercourse” techniques. When penetration is too uncomfortable for the partner with IC, couples can use techniques that help simulate it, such as rubbing bodies together in a “spoon” position or thrusting the penis between the thighs, buttocks, or breasts.

Go slowly. If you are a woman with IC and are resuming intercourse after a respite, start slowly. First, try penetration only and no thrusting. If that causes no flare, limit intercourse intensity and duration.

Use lubrication. Personal moisturizers and lubricants increase comfort and relieve friction during sexual activity. Use products that are not irritating.

Limit intercourse intensity and duration. If women and men with IC can tolerate intercourse, they can do so for limited amounts of time. As a couple, decide to limit thrusting time to a maximum of 3 to 5 minutes to start. Then, increase the time gradually as tolerated.

Try alternative positions. Lying side-by-side may be most comfortable. For women with IC, being on top and leaning forward may also be a comfortable position, or having the partner stand while the other is lying down may be helpful.

Become Part of the ICA Community
Annual membership donations to the Interstitial Cystitis Association ensure a steady stream of funding to fuel advocacy activities, expand research funding, and raise awareness about IC.

For an annual contribution of $45.00 or more ($75.00 outside of the US) you will become a part of the ICA community and receive an ICA Patient Education Kit with information about IC, treatment options, research initiatives, and a restroom access card.

As an ICA member, you also receive:
- Award-winning, quarterly magazine-ICA Update
- News and research updates via the ICA eNews
- A 50% discount on materials in the ICA Store
- Discounted registration rates for ICA patient forums and other events

To join, send a check or money order (US funds only) made payable to ICA with this form to the address indicated below or join online at www.ichelp.org/membership.

Donations to the ICA are tax-deductible to the fullest extent allowable by law.
Take Care of Yourself after Intimacy
Heat if you need it. If muscles are spasming or sore, especially after orgasm, relaxing with the heat of a warm bath, warm pack, or heating pad may be relaxing.

Cool off. On the other hand, some women or men find using a cool pack on the vulva or perineum to be soothing. Ask your healthcare provider or physical therapist about internal cooling, for example, with the finger of a surgical glove filled with chilled water or a chilled device that’s used for internal massage.

Ease the burn. Use lidocaine gel on the vulva, vagina, or penis to cool the burn from friction.

Medicate. Take your pain medicine, muscle relaxant, or anti-inflammatory or use your internal muscle relaxant or pain medication.

Give your pelvic floor time to relax. After sex, some IC patients can’t start a urine stream. This usually goes away after a short while when the pelvic floor relaxes. A warm bath can help.

Follow-up with your healthcare provider. Let your healthcare team know what is working—and what is not working. Ask what you can do to decrease any pain or distress associated with sex.

About the ICA
The Interstitial Cystitis Association (ICA) is the only nonprofit health association dedicated to improving the quality of healthcare and lives of people living with interstitial cystitis (IC).

Conquering IC. Changing Lives.

The ICA provides advocacy, research funding, and education to ensure early diagnosis and optimal care with dignity for people affected by IC. Our work is made possible through the generosity and vision of individuals as well as of foundations and corporations.

Donations help us to keep programs and services operating at peak strength so that every IC patient who needs help can have it—no matter where he or she may live, no matter how disabled they may be.

Your donation dollars also enable the ICA to continue to fund new IC research projects as well as to work closely with Congress to ensure ongoing federal funding of IC-specific research.

Helpful Links
- www.ichelp.org/AboutIC
- www.ichelp.org/Intimacy

The information provided by the ICA is designed to support, not replace, the relationship that exists between an individual and his/her healthcare provider.

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