Referral Brief (for Clinicians)

Trauma-informed, non-invasive adjunct for persistent bladder pain, urgency/frequency and IC/BPS.

At a glance

Format: 12-week programme (nine × 90 min sessions across 3 months + integration week) **Approach:** Somatic regulation, breathwork, guided relaxation & cognitive–hypnotic tools **Aims:** Down-regulate threat, reduce pelvic guarding, rewire bladder–brain signalling **Compatibility:** Complements pelvic-floor physiotherapy and medical care

When to consider referring

Persistent bladder pain and/or urgency/frequency with **negative cultures** or post-infection symptoms IC/BPS presentations where stress sensitivity, guarding or fear of flares are prominent Discomfort with intimacy, sleep disturbance, hypervigilance to urinary signals Patients motivated to explore mind–body contributors alongside medical care

What patients learn

Education on pain neuroscience, polyvagal safety and the pain–fear cycle Somatic tools: diaphragmatic breathing, progressive softening, grounding/orientation Subconscious rewiring with guided hypnosis to calm anticipatory fear Personalised regulation plan; early-flare detection and interruption

Safety & red flags

We communicate clearly about red-flag symptoms and defer to medical teams on investigations, medication and safeguarding. The work is paced and trauma-informed; it does not replace medical diagnosis or treatment.

How to refer

Email: **info@martafaria.com** with brief clinical context (with patient consent) Patients can book a free 20■minute **Root Cause Clarity Call** via **pelviccalm.com** Progress notes available on request

Clinician notes

Happy to coordinate with urology, gynaecology and pelvic-floor physiotherapy. The programme is evidence■informed (neuroplasticity, Pain Reprocessing Therapy, polyvagal theory) and conservative.

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