

Overactive Bladder (OAB)

Overactive Bladder (OAB)

Contents

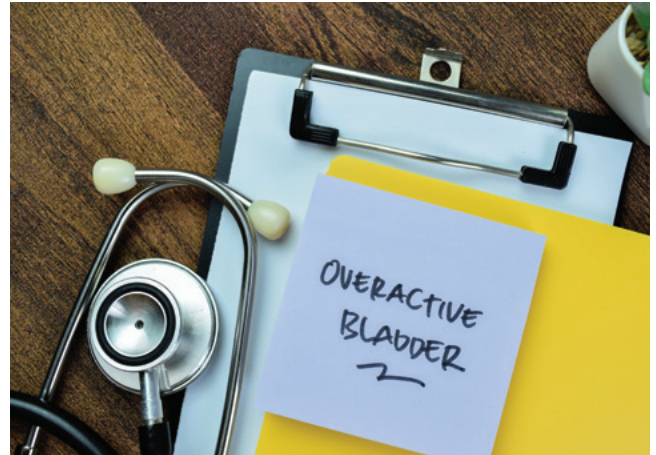
What is Overactive Bladder (OAB)	2
What causes OAB?	3
What treatments are available for OAB?	3
OAB Pathway	6
Bladder Irritants and Dietary Changes	7
Bladder Relaxant Therapy.	8
Anticholinergic Medication.	9
Kegel or Pelvic Floor Muscle Exercises	10
Sample Kegel Exercise Schedule	12
Voiding Diary	13
Notes	17

What is Overactive Bladder (OAB)?

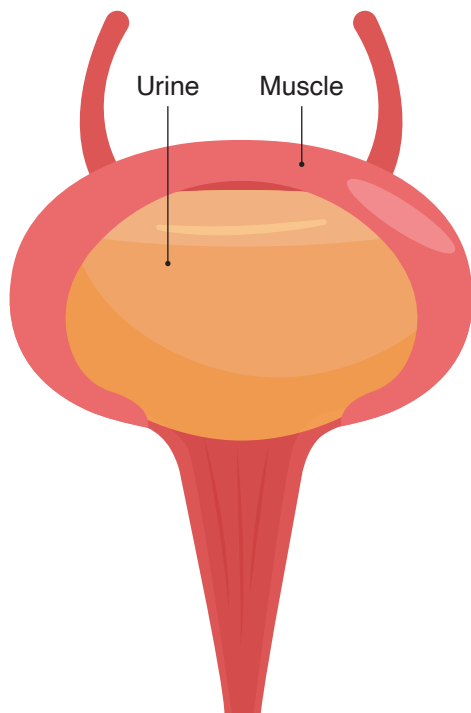
Overactive Bladder (OAB) is the name for a group of urinary symptoms. The three main symptoms are:

- **Urgency**, the feeling that you need to rush to the bathroom. Often comes on very suddenly.
- **Frequency**, the need to go to the bathroom very often, eight or more times in 24 hours. Night time frequency is also called nocturia.
- **Urge Incontinence**, leaking of urine before you can get to the toilet, associated with a feeling of urgency

With OAB you feel you need to empty your bladder even when it's not full. You feel the need to urinate quickly, right now, and can't control or ignore the feeling.

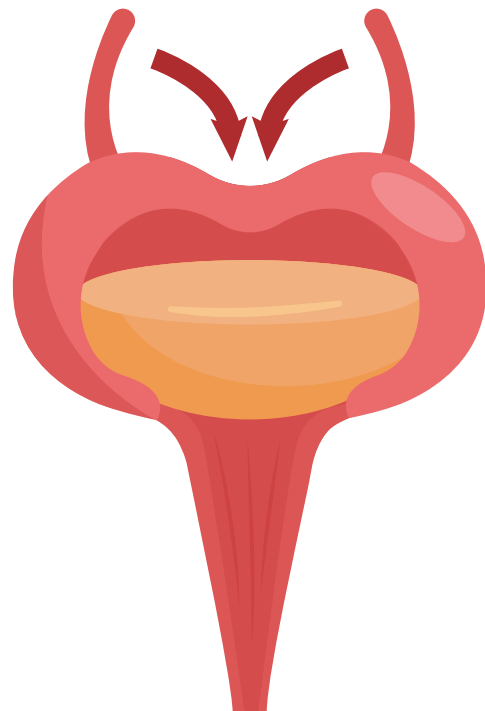


OAB affects millions of people. It is not a normal part of aging. Approximately 30% of older men, and 40% of older women struggle with OAB symptoms. Often people are embarrassed to talk about OAB symptoms, or don't know that there are treatments available.



Normal bladder (full)

Muscle contracts before bladder is full



Overactive bladder

What causes OAB?

The cause is not fully understood, but the bladder muscle seems to become overactive and contract (squeeze) when you don't want it to. With a healthy bladder, signals in your brain let you know your bladder is getting full, but you can wait to go to the bathroom. With OAB, you feel a sudden, urgent need to go, and are unable to wait. This can happen even when your bladder isn't very full. Symptoms may get worse at times of stress. Symptoms may also be made worse by bladder irritants,

such as caffeine, tea, coffee, soda, alcohol, and spicy or acidic foods or drinks.

In some cases, symptoms of an overactive bladder develop as a complication of a nerve-related disease such as following a stroke, or with Parkinson's Disease or Multiple Sclerosis. Also, similar symptoms may occur if you have a urine infection or an enlarged prostate.

What treatments are available for OAB?

Some general lifestyle measures which may help:

- **Getting to the toilet.** If you have difficulty getting about, consider special adaptations like a handrail or a raised seat on your toilet. Sometimes a commode in the bedroom, or a urinal at bedside makes life much easier.
- **Avoidance of bladder irritants.** Many drinks and foods may be irritating to the bladder. Some of the most common are caffeine (coffee, tea, soda, and chocolate), alcohol, citrus fruits, acidic or spicy foods and drinks. Some people notice their symptoms improve when avoiding these types of drinks or foods.
- **Drink normal quantities of fluids.** It may seem sensible to cut back on the amount that you drink so as the bladder does not fill so quickly. However, this can make symptoms worse as the urine becomes more concentrated, which may irritate the bladder lining. Try to drink normal quantities of fluids, usually about two liters per day, and more during hot weather. Avoid drinking excessive amounts, as this may also worsen symptoms. Make any changes gradually.
- **Go to the toilet only when you need to.** People sometimes get into the habit of going to the toilet more often than they need. This may sound sensible, as they think that symptoms of urgency and urge incontinence will not develop if the bladder never fills very much. However, this can make symptoms worse in the long-run. If you go to the toilet too often the bladder becomes used to holding less urine. The bladder may then become even more sensitive and overactive, making symptoms even worse.

What treatments are available for OAB? continued

Bladder Training

(Timed Voiding and Urge Suppression)

The goal of bladder training is to slowly stretch the bladder so that it can hold larger and larger volumes of urine. In time, the bladder muscle should become less overactive, and you will be more in control of your bladder. This means that more time can pass between feeling the desire to urinate, and having to get to a toilet. Leaking of urine is then less likely.

Voiding Diary

On your diary, make a note of the times you pass urine and the amount (volume) that you pass each time. Also make a note of the times you leak urine (are incontinent). We have a pre-printed voiding diary for you to use. You will be given a hat or urinal to measure the amount of urine you pass each time you go to the toilet, if you need it. Go to the toilet as usual for the first 2-3 days. This gives us a baseline idea of how often you go to the toilet and how much urine you normally pass each time. If you have an overactive bladder, you may be going to the toilet every hour or more and only passing less than 100 - 200ml each time.

Timed Voiding

After finding your 'baseline', the goal is to add time between each void. Our recommendation is to increase the time between voids by 15 minutes. For example, if you are voiding every hour now, try to increase the time between voids to 1 hour and 15 minutes. Continue to do that for 3-4 days, adding 15 minutes every 3-4 days. Over time you will work your way up to the goal time of voiding every 2 ½ - 3 hours. This is a normal voiding pattern.



Urge Suppression

Between voids, you may have the strong urge to urinate. During this time, you can use urge suppression to prolong times between voids and to prevent leaking. When you feel the urge to urinate, stop what you are doing. Sit down or stand quietly, rushing to the bathroom may cause you to lose control of your bladder. To help suppress the urge, squeeze your pelvic floor muscles quickly several times. Try not to fully rest the muscle between contractions. Wait until the urge goes away, then walk to the bathroom and void.

The goal is to gradually extend the time between toilet trips and to train your bladder to stretch more easily. It may take several weeks, but the aim is to pass urine only 6-7 times in 24 hours (about every 2 ½-3 hours). Also, each time you pass urine you should pass much more than your baseline diary readings. (On average, people without an overactive bladder normally pass 250-350 ml each time they go to the toilet.) After several months you may find that you just get the normal feelings of needing the toilet, which you can easily put off for a reasonable time until it is convenient to go.

What treatments are available for OAB? continued

Medication

Bladder relaxant medications work by blocking certain nerve impulses to the bladder, calming the bladder muscle and increasing the bladder capacity. Medication improves symptoms in some cases, but not all. The amount of improvement varies from person to person. You may have fewer toilet trips, fewer urine leaks, and less urgency.



However, it is uncommon for symptoms to go away completely with medication alone. Side effects are quite common with these medications but are often minor and tolerable. You may find that if one medicine causes troublesome side effects, switching to a different one may cause you less side effects.

It is common to have patients try a course of medication for a few months. It can take several weeks to realize the full effect of your medication. If the medication is helpful, you may be advised to continue for up to six months and then stop the medication to see how symptoms are without the medication. Symptoms may return after you finish a course of medication. However, if you combine a course of medication with bladder training, the long-term outlook may be better, and symptoms may be less likely to return when you stop the medication.

Pelvic Floor Exercises (Kegels)

Pelvic floor exercises are the main treatment for stress incontinence; however, they can also be useful for urge suppression. Many people have a mixture of urge and stress incontinence. Strengthening the pelvic floor can help with stress incontinence, and quick flick Kegels can help suppress urgency.

It is important to remember that your bladder did not become overactive over night. Therefore, it will take time for things to get better. Your providers at Wisconsin Institute of Urology have several other options available if these are not successful for you.



OAB Pathway



Initial Evaluation and History Incontinence Urgency Frequency



Conservative Treatments

Bladder training and strategies,
fluid management, pelvic floor therapy



Medication Trial

Office visit and re-evaluation in 4-6 weeks



Re-evaluation

- Possible medication change
- Further testing if needed (cystoscopy, urodynamics, pelvic exam)

Advanced Therapies



PTNS

- 12 week sessions in office
- Possible maintenance treatments



BOTOX

- Consult in office or operating room
- Repeat at months as needed



InterStim

- 4-14 day trial in office or operating room
- Permanent procedure in operating room
- Yearly follow up



Bladder Irritants and Dietary Changes

Most individuals do not realize that what they eat and drink can have an impact on the way their bladder works.

Fluid intake:

Fluid consumption is very important if you have incontinence, or other bladder symptoms, such as frequency or urgency. Many people who are incontinent limit their fluid intake in an effort to control how much they leak. This can backfire if you are drinking too little, because when the urine becomes more concentrated it can cause bladder irritation. Some people will increase their fluid intake too much. Increasing or decreasing fluid intake may have a negative effect on bladder control.

To determine if your fluid intake is appropriate, you can monitor the color of your urine. Normal urine color should be a pale yellow, like lemonade. If the urine color is darker, more like apple juice, you should increase your fluid intake. If the urine is clear in color, you may be taking in too much fluid.

Along with how *much* you drink, *what* you eat and drink is equally important. At right is a list of common bladder irritants, and possible substitutions that shouldn't irritate your bladder. Some people may notice worsening urine symptoms when consuming some, or all, of the list at right. Other people may not notice any effect on their bladder at all. You may need to experiment a bit to see what is best for you.

Some common bladder irritants:

The seven **MOST IRRITATING** are listed first:

All alcohol 	Cigarettes/tobacco 
Coffee and tea 	Soda 
Artificial sweeteners 	Chocolate 

Other possible irritants include:

Fruits (and their juices): cranberries**, grapes, oranges, lemons, peaches, pineapple, plums, apples, and cantaloupe

Vegetables: onions, tomatoes, chilies, peppers

Milk/Dairy: aged cheese, sour cream, yogurt

Grains: rye and sourdough breads

Seasonings: spices & spicy food, especially peppers, acidic foods and beverages, walnuts & peanuts, vinegar

Vitamins: vitamin C, any vitamin that contains artificial sweeteners

Bladder Irritants and Dietary Changes continued

Substitutions:

Low Acid Fruits: Pears, apricots, papaya, watermelon

For Coffee Drinkers: KAVA, cold brew from Starbucks, Pero, Rombouts

For Tea Drinkers: Non-citrus flavors of herbal tea

Vitamin C: Low-acid Ester C

*Although not technically foods, cigarettes and other tobacco products contain nicotine and other irritants that can contribute to bladder problems.

**Many people think that cranberry juice is “good for the bladder.” While it is true that cranberries may help prevent urinary tract infections, many people experiencing bladder symptoms are likely to make their symptoms worse by drinking cranberry juice.

If your bladder symptoms are related to dietary factors, adhering to a diet, that eliminates the above food products should bring significant relief in 10 days. Once you are feeling better, you can begin to add these things back into your diet, one thing at a time. This way, if something does cause you symptoms, you will be able to identify what it is. When you do begin to add foods back into your diet, it is crucial that you maintain a significant water intake. Water should be the majority of what you drink every day.

Bladder Relaxant Therapy

Bladder relaxant medications are often used for Overactive Bladder (OAB) symptoms of urinary urgency, frequency, nocturia (getting up at night to urinate) and urge incontinence (leaking after an urge to urinate is felt).

The goal of the providers at Wisconsin Institute of Urology is to find a medication that is most effective for the patient with the least amount of side effects. We also would like the medication to be cost effective. However, in reality it is the patient’s insurance plan that often dictates which medication the patient is put on due to drug tier coverage.



Unfortunately, it is impossible for the providers and staff members at Wisconsin Institute of Urology to know each patient’s individual insurance plan drug coverage. Therefore, we ask that the patient contact their insurance company to see what medication their insurance plan prefers. This way we are better able to serve you in a more time efficient manner.

On the next page is a guide to help you determine the Tier and cost of each of the bladder relaxant medications. Please have this information available at the time of your follow-up visit to ensure we prescribe the best medication for you.

Anticholinergic Medication

Generic Name	Brand Name	Tier	Cost
Oxybutynin 5 mg (usually taken 3 times a day)	n/a		
Oxybutynin ER (once daily) 5 mg or 10 mg	Ditropan XL		
Tolterodine ER (once daily) 2 mg or 4 mg	Detrol LA		
Tolterodine IR (twice daily) 1 mg or 2 mg	Detrol		
Trospium 20 mg (twice a day) 20 mg	Sanctura		
Trospium ER (once daily) 60 mg	Sanctura ER		
Fesoterodine fumarate (once daily) 4 mg or 8 mg	Toviaz		
Solifenacin succinate (once daily) 5 mg or 10 mg	Vesicare		
Darifenacin (once daily) 7.5 mg or 15 mg	Enablex		
Oxybutynin gel (once daily)	Gelnique gel		

Others, Beta-3 Adrenergic Agonists

Generic Name	Brand Name	Tier	Cost
Mirabegron (once daily) 25 mg or 50 mg	Myrbetriq		
Vibegron (once daily) 75 mg	Gemtesa		

Kegel or Pelvic Floor Muscle Exercises

Kegel or pelvic floor muscle exercises are used to help strengthen the muscles that support the bladder. When these muscles are weak, urine can leak from the bladder. Like any muscle, if you exercise the muscles, they will become stronger. Kegel exercises are used to treat stress incontinence. “Quick Flick” Kegels can also be used for urge suppression if you have an overactive bladder.

How do I find the right muscles?

There are a few ways to isolate the correct muscles:

- Tighten your rectum as if you are trying to prevent passing gas
- You can also imagine you are trying to stop the flow of urine
- Your legs, buttocks, and abdomen should remain relaxed
- Do not hold your breath, breathe normally
- You should feel the muscles pulling upward and inward
- If you are not sure that you are using the correct muscles you can try stopping and starting the urine flow a few times, but do not make a regular practice of doing Kegels while urinating

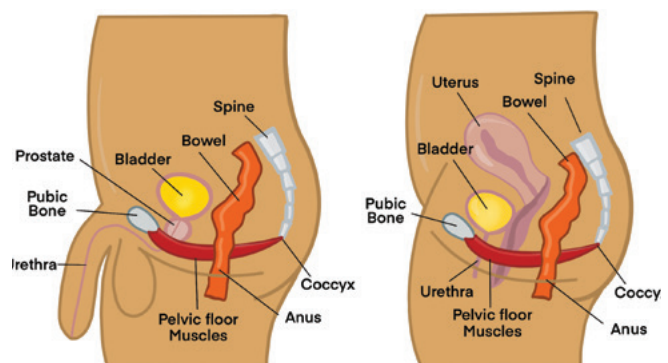
How do I do these exercises?

The first week: it will be easiest to practice your Kegels while lying down. Begin by squeezing the muscles and holding for 5-10 seconds, then relax for 10 seconds. It is important to relax between each Kegel. Repeat 10 reps in a row, 10 reps equal 1 set. You should perform 3 sets of 10 reps per day, spreading them out over the course of the day. Breakfast, lunch and supper are good reminder times to do your Kegels.

The second and third week: you should add sitting and standing Kegels as well, with a goal of holding for 10 seconds and relaxing for 10 seconds. It will be easiest to perform the standing Kegels in the morning before the muscles become tired. Continue this for the third week.

The fourth week: you can add in walking Kegels, concentrate on practicing the Kegels while you walk, and don't hold them the entire time you are walking. You can also start to add more reps to each set, with a goal of 15-20 reps each set.

The fifth week and beyond: Gradually progress to 20-30 reps per set sitting, standing, and walking.



Kegel or Pelvic Floor Muscle Exercises continued

Are there any other exercises that can help?

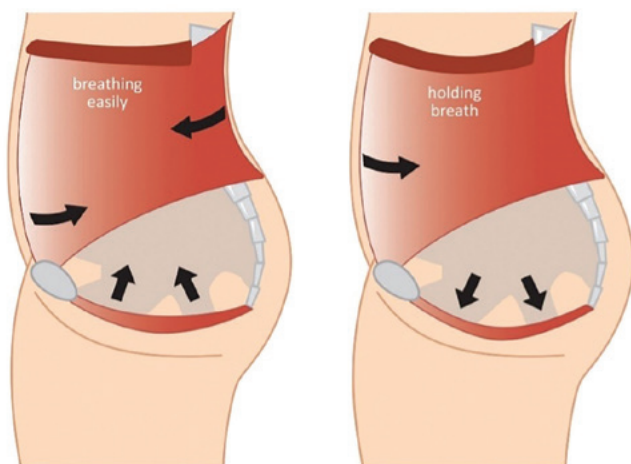
Quick-Flick Kegels: Contract and relax your pelvic floor muscles quickly for 10 reps. Make sure you are breathing while doing these. Aim to add 1-2 sets per day. It is best if you space them out at different times than your regular Kegels.

To help prevent leaking: Squeeze your pelvic floor muscles anytime you normally notice leaking, such as coughing, sneezing, getting up from a chair, or lifting. This can help prevent leaking during these activities.

Where should I do the exercises?

When learning to do the exercises, you will need to set aside time when you can do them without being interrupted. After you have done them for a while, you can practice these exercises anytime and anywhere.

Pelvic Floor Muscle Contraction



Correct Action

The pelvic floor lifts, the deep abdominals draw in and there is no change in breathing.

Incorrect Action

Pulling the belly button in towards the backbone and holding your breath can cause bearing-down on pelvic floor.

When will I notice a change?

After 6-8 weeks of consistent daily exercises, you should have fewer urinary accidents. After 3-4 months, you should notice an improvement with better urinary control. If you do not feel you are improving, and would like to set-up an appointment with a Physical Therapist for more individualized exercises, please call our office.

Are there any precautions?

More is not better. Doing too many Kegels every day will fatigue the muscles, and they won't be as effective at controlling leaks. Remember to breathe normally while doing Kegels, do not hold your breath.

What is the Pelvic Floor?

The Pelvic Floor is a "hammock" of muscles that support the internal abdominal and pelvic organs. This is shown in the pictures to the right. These muscles run in different directions and are different sizes. Their job is to support, lift, and control the muscles that close the urethra (the tube that urine passes through).

Pelvic Floor Muscle, Above View



Pelvic Floor Muscles, Back View



Sample Kegel Exercise Schedule

Date: (week of)	Squeeze (seconds)	Relax (seconds)	Reps	Sets Quick Flick (10)	Times per Day
Week 1	5-10	10	10	1	3, lying down
Week 1	5-10	10	10	1	3, lying down
Week 1	5-10	10	10	1	3, lying down
Week 1	5-10	10	10	1	3, lying down
Week 1	5-10	10	10	1	3, lying down
Week 1	5-10	10	10	1	3, lying down
Week 1	5-10	10	10	1	3, lying down
Week 2	10	10	10	1-2	3, add sitting and standing
Week 2	10	10	10	1-2	3, add sitting and standing
Week 2	10	10	10	1-2	3, add sitting and standing
Week 2	10	10	10	1-2	3, add sitting and standing
Week 2	10	10	10	1-2	3, add sitting and standing
Week 2	10	10	10	1-2	3, add sitting and standing
Week 2	10	10	10	1-2	3, add sitting and standing
Week 2	10	10	10	1-2	3, add sitting and standing
Week 3	10	10	10-15	1-2	3, add sitting and standing
Week 3	10	10	10-15	1-2	3, add sitting and standing
Week 3	10	10	10-15	1-2	3, add sitting and standing
Week 3	10	10	10-15	1-2	3, add sitting and standing
Week 3	10	10	10-15	1-2	3, add sitting and standing
Week 3	10	10	10-15	1-2	3, add sitting and standing
Week 3	10	10	10-15	1-2	3, add sitting and standing
Week 3	10	10	10-15	1-2	3, add sitting and standing
Week 4	10	10	15	2	3, add walking
Week 4	10	10	15	2	3, add walking
Week 4	10	10	15	2	3, add walking
Week 4	10	10	15	2	3, add walking
Week 4	10	10	15	2	3, add walking
Week 4	10	10	15	2	3, add walking
Week 4	10	10	15	2	3, add walking

Continue daily Kegels lying down, sitting, standing, and walking, along with Quick-Flicks twice daily.

* Progress at your own pace to maximum squeeze of 10 seconds; relax 10 seconds, 30 reps, 3 times daily. Make sure you are practicing your Kegels in different positions, including Add Quick-Flick Kegels after 2 weeks of regular Kegels. Continue exercises daily indefinitely to retain the strength you've gained.

There are several Kegel APPS you can download. They can remind you when it's time to do the next set, and often have timers for holding and relaxing.

Voiding Diary

Time of Urination/ Amount	Time of Incontinence/ Amount 1 = Damp, few drops 2 = Wet underwear or pad 3 = Soaked or emptied bladder	Activity During Incontinence	Pad Change (Yes / No)	Urgency (Yes / No)	Type and Amount of Fluid Consumed (in ounces)
Total for 24 Hours: _____	# of Leaks: _____		# of Pad Changes: _____	# of Urges: _____	Total Amount of Fluid Consumed: _____

Voiding Diary

Time of Urination/ Amount	Time of Incontinence/ Amount 1 = Damp, few drops 2 = Wet underwear or pad 3 = Soaked or emptied bladder	Activity During Incontinence	Pad Change (Yes / No)	Urgency (Yes / No)	Type and Amount of Fluid Consumed (in ounces)
Total for 24 Hours: _____	# of Leaks: _____		# of Pad Changes: _____	# of Urges: _____	Total Amount of Fluid Consumed: _____

Voiding Diary

<p>Are you restricting your fluid intake per the direction of your doctor?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Comments:</p>
<p>Are you scheduling your voids?</p> <p><input type="checkbox"/> Void every _____ hours</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Comments:</p>
<p>Are you restricting your evening fluid intake per the direction of your doctor?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Comments:</p>
<p>Have you made dietary adjustments?</p> <p><input type="checkbox"/> Reduced caffeine and alcohol consumption</p> <p><input type="checkbox"/> Stopped smoking</p> <p><input type="checkbox"/> Avoided bladder irritants</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Comments:</p>
<p>Are you performing Kegel exercises?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Comments:</p>
<p>Are you using any urge reduction techniques?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Comments:</p>

Notes

