



## Information for Patients

# Overactive Bladder

### What is Overactive Bladder (OAB)?

OAB is a condition that causes you to need to pass urine more often than normal during the daytime and, sometimes, during the night too. When your bladder gives you the signal to pass urine, you may need to rush to get there and not be able to put off going to the toilet. This is called urgency.

Sometimes, the need to pass urine comes on very suddenly and the urine starts to come out before you are ready. This can cause you to leak urine and is known as urge incontinence.

Sometimes your bladder always gives you signals it has urine inside so you never feel properly empty.

### How common is Overactive Bladder?

OAB is very common. About 1 in 6 women in the UK have OAB symptoms.

### What causes Overactive Bladder?

Unfortunately, no-one knows why OAB develops in some women and not in others. Some women seem to be born with a tendency to develop OAB. There are some things we know can increase the risk of getting OAB, for example having operations such as a hysterectomy or an operation to stop stress incontinence. Some women have neurological conditions such as stroke or multiple sclerosis. In most women, there is no obvious reason why they have developed OAB.

### When should I have treatment for Overactive Bladder?

Urinary incontinence does not usually cause any health problems but can be extremely bothersome and cause embarrassment. Many people wrongly think that incontinence is a normal part of ageing or that it cannot be treated. We would recommend treatment for you if you are finding the leakage troublesome.

Many women find their OAB symptoms reduce over time with help. Unfortunately, for some women, their symptoms come back if they stop treatment. Everyone is different. Your doctor will be able to advise you what to do in your personal circumstances.

## Is there anything I can do to help my Overactive Bladder?

Lifestyle changes: These are changes that you can make to reduce pressure on you bladder and pelvic floor muscles.

- Exercise regularly including pelvic floor muscle exercises. Avoid exercises that increase the pressure on your abdomen such as high impact aerobics, jogging/running.
- Avoid smoking, which can aggravate bladder weakness through coughing.
- Avoid gaining excess weight. If you are overweight, losing weight can help your incontinence.
- Eat a balanced diet and drink enough water to avoid your urine being concentrated and irritating to your bladder and to enable you to move your bowels regularly (1.5 to 2 litres of fluid per day).
- Limit the amount of caffeine and alcohol you drink to prevent bladder irritation and avoid increased urine production.

All of these can be discussed when you attend for you consultation with the doctor, physiotherapist or nurse specialist. They will be able to advise and support you make these changes.

## Will I need any tests?

Here are some tests that you may have as part of your assessment:

**Urinalysis:** This test needs a sample of urine to find out if there is any infection or any blood in the urine.

**Bladder diary:** You will be given a chart (bladder diary) so that you can keep a record of the amount of fluid you drink and the amount of urine you pass, for a 3 day period. You can also record other information on the chart such as incontinence.

**EPAQ questionnaire:** You will be asked to complete a questionnaire about your bladder, vagina and bowel symptoms as part of your assessment as well as following treatment for stress incontinence. This is done on the computer and can be completed at home or in the clinic.

**Voiding study:** This is to find out if there is any urine left in your bladder after you have passed urine. The nurse will check the residual urine using an ultrasound machine to scan the bladder.

**Urodynamics:** This test is usually only offered to patients who have not responded to initial treatments for Overactive Bladder. This is a more advanced test to find out the cause of your bladder problems. It involves filling your bladder with water via a thin tube in your bladder. The tube is removed as soon as the test is over.

## What treatments are available for Overactive Bladder?

**Bladder retraining:** The aim of bladder retraining is to teach the bladder to hold more urine and empty less frequently, this means you will go to the toilet less often and pass more urine each time. This treatment is done under supervision of a specialist nurse or physiotherapist.

**Medication:** There are two kinds of tablets which to treat overactive bladder. The most commonly used tablets are called 'antimuscarinics' or 'anticholinergics'. These tablets help to keep the bladder muscle relaxed while the bladder fills up.

This allows the bladder to hold more urine between visits to the toilet. Your consultant will discuss whether this treatment is suitable for you. If these tablets do not work for you or do not suit you, your doctor may prescribe a different type of treatment called a Beta-3 agonist, or Mirabegron.

If these conservative treatments do not improve or cure your overactive bladder then other options are available.

**Percutaneous tibial nerve stimulation (PTNS):** This treatment can change the activity of your bladder by electrical stimulation of a nerve near your ankle with a very fine needle. This is done in out-patients by a specialist nurse. It takes about 20-30 minutes and the course of treatment is every week for 12 weeks.

**Botulinum toxin:** Injections of Botulinum toxin (Botox) into the bladder wall have successfully treated patients with overactive bladders.

The procedure can be done under local anaesthetic in the Out- patient Department. Typically the treatment lasts for 6 to 12 months and many patients have repeated treatments. Some patients develop difficulty emptying their bladder after this treatment and this can mean that they have to empty their own bladder with a catheter (intermittent self-catheterisation).

**Sacral nerve stimulation (SNS):** This treatment can change the activity of your bladder by electrical stimulation of a nerve in your lower back, which supplies your bladder. This involves a temporary test stimulation which lasts for two weeks. If this is successful in improving your symptoms, you could have an operation to implant a permanent nerve stimulator which can last for a few years.

## Other sources of information

Bladder and bowel foundation:

[www.bladderandbowelfoundation.org/bladder/bladder-treatments](http://www.bladderandbowelfoundation.org/bladder/bladder-treatments)

NHS choices:

[www.nhs.uk/conditions/Incontinence-urinary](http://www.nhs.uk/conditions/Incontinence-urinary)

**Please use this space to write down any questions or concerns you may have:**