



PATIENT INFORMATION LEAFLET

OVERACTIVE BLADDER (OAB)

WHAT IS OVERACTIVE BLADDER (OAB)?

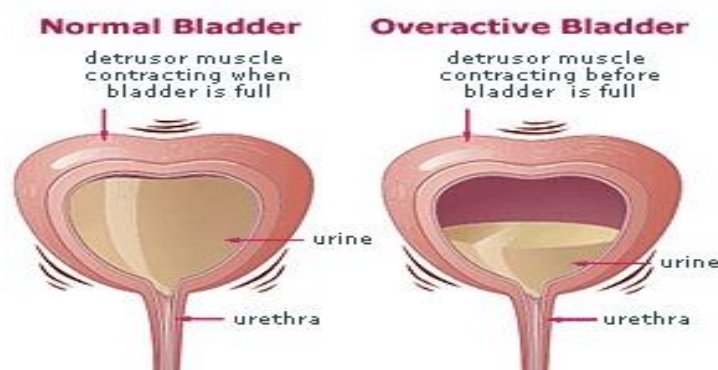
Overactive bladder is a very common problem that often causes distressing and inconvenient symptoms which can affect quality of life. Approximately 1 in 6 women in the UK have overactive bladder symptoms. Often those with this condition will look out for toilets all the time because of the fear of leaking. This can limit activity and lead to social isolation. Waking up often at night can lead to disturbed sleep patterns.

OAB is the name given to the following collection of bladder symptoms:

- Urgency – a sudden and intense need to pass urine that cannot be put off. This can happen even when your bladder is not full. Sometimes you may not make it to the toilet in time and may leak. This is called urge incontinence.
- Frequency – going to the toilet many times during the day (usually more than 7).
- Nocturia – waking up more than once at night to go to the toilet. OAB affects people of all ages and is not simply a result of getting older.

WHAT CAUSES OAB?

OAB symptoms are caused by the bladder muscle squeezing to empty out urine inappropriately. This often happens without warning, and when you do not want it to. In a normal bladder, the bladder muscle (detrusor) stretches as the bladder fills up to hold the urine. Urine is kept inside the bladder by a valve-like mechanism (urethral sphincter) which stays shut until you get the sensation to empty your bladder and have reached a toilet. With OAB the bladder muscle can contract unexpectedly, often when the bladder is not full and before you have been able to reach the toilet. This can lead to unpredictable leakage of urine which can be very distressing.



There are several conditions that may contribute to symptoms of overactive bladder including:

- Neurological disorders such as stroke and multiple sclerosis
- Diabetes
- Urinary tract infections
- Menopause
- Tumours or bladder stones
- Previous surgery for stress incontinence

Other factors that OAB symptoms may be associated with include:

- Medications that cause your body to make a lot of urine
- Drinking too much caffeine, alcohol, or fizzy drinks
- Decline in cognitive function
- Mobility issues if unable to get to the toilet quickly
- Incomplete bladder emptying which reduces the storage space in the bladder.

However, for many people the exact cause of their OAB symptoms may never be established. Despite this there are many treatments which can help you to manage your symptoms.

IS THERE ANYTHING I CAN DO TO HELP MY OAB SYMPTOMS?

There are some simple lifestyle changes that you can make which can significantly improve your symptoms and make them more manageable:

- Reduce or exclude drinks containing caffeine (tea, coffee, energy drinks) as these can significantly worsen your symptoms. Also, fizzy drinks, fruit juices and alcohol can make symptoms worse. If you drink a lot of caffeine reduce it gradually to avoid side effects such as headaches. Try switching to water, herbal teas and decaffeinated drinks.
- There are also some foods which may exacerbate your symptoms such as citrus fruits, tomato-based foods, chocolate (not white chocolate) and spicy foods. You can try eliminating them from your diet then add them back in one at a time to see if your symptoms change.
- Try not to cut down on the amount of fluid you are drinking as this will make your urine concentrated which will irritate your bladder. You should aim to drink between 1.5-2 litres per day of fluid which is a healthy amount for your bladder and will also ensure your bowels open regularly.
- Exercise regularly including pelvic floor muscle exercises. Avoid high impact exercise.
- Try and keep your weight under control, being overweight can make symptoms worse.

WILL I NEED TESTS?

There are several ways that we assess your symptoms:

Bladder diary: You will be asked to complete a 3-day bladder diary. A bladder diary is the most important part of your assessment, you must complete this as accurately as possible. You will be given the option of completing this on paper or electronically and it is a record of the amount of fluid you drink, the amount of urine you pass and how often, and any episodes of incontinence.

Urinalysis: We will test a sample of your urine to rule out any infection.

EPAQ questionnaire: You will be asked to complete an electronic questionnaire about your bladder and bowel symptoms. This will be done before and after any treatment you have to assess if the treatment has worked or not.

Voiding studies: If we suspect that you are not emptying your bladder properly or you have any difficulties emptying your bladder, we may carry out voiding studies. You will be asked to pass urine on a special toilet and a scan will be carried out afterwards to check if your bladder has emptied.

Urodynamics: This test will only be carried out if you have not responded to initial treatments for overactive bladder. It is a more advanced test that looks in more detail at your bladder function. Your nurse will explain this in more detail if it is required.

WHAT ARE THE TREATMENTS FOR OAB?

Bladder retraining: We will ask you to make the lifestyle changes described above. You may be in the habit of going to the toilet very often so that you are not left in a situation where you need to urinate and are not near a toilet. This can make OAB even worse, as your bladder becomes conditioned to hold less and less urine.

Bladder retraining aims to help you hold more urine in your bladder by going to the toilet less often. It involves gradually increasing the time between visits to the toilet and trying to hold on for a little longer if you experience the urge to empty your bladder.

Your nurse will go into more detail about this at your appointment and adjust the routine according to the information taken from your bladder diary (see bladder retraining leaflet).

Medication: If bladder retraining alone does not help your symptoms you may be offered medication. There are a variety of different medications that can help with an overactive bladder. Although these may be prescribed by your doctor, it is still important to control what you are drinking and to try to train your bladder.

The medications are designed to enable you to hold on for longer, reduce how often you need to go to the toilet (both during the day and night) and to reduce leaking.

The medications do cause side effects such as a dry mouth in some people. Sometimes you may need to try several different drugs before you find one that suits you.

Constipation can also be a problem and can be treated both by diet and medically, so you can still enjoy the good effects of the medication for your OAB.

Sometimes your bladder may improve after a few months' treatment, enabling you to come off the medication. However, many people do have to stay on the medication for a longer term in order to control their symptoms.

If these conservative treatments do not improve or cure your symptoms, then other options are available. **These will only be offered to you after all the conservative treatments have been exhausted.**

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. You may need to have top up treatments every few weeks following the 12-week course.

Botulinum toxin: Botulinum toxin can be injected into the bladder via a telescope, under local anaesthetic. It causes relaxation of the bladder muscle, helping with urgency and allowing the bladder to store more urine. There is a 60-90% chance of achieving significant improvement in urinary urgency and urge leakage following Botox injections and a reduction in urinary frequency. Most people require repeat doses of Botox while others find significant long-term improvement after a single dose. There is a 3-10% risk that you may need to self-catheterise temporarily to help empty your bladder following the procedure, but this will be discussed with you prior to the treatment.

Sacral nerve stimulation (SNS): Also known as Sacral Neuromodulation (SNM). This involves directly stimulating the nerves that control your bladder function. It involves implanting a nerve stimulator inside the body, so is a treatment only offered by some specialists to people with severe and persistent symptoms which have failed to improve with other treatments.

Your clinician will be able to give you full information about the most suitable treatments for you. It may be that you are never fully cured of your overactive bladder symptoms, but there are a great number of treatments that can help you to manage your symptoms so that your life is not controlled by your bladder.

If you require any further information or clarification, including clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.

CONTACT DETAILS



If you experience any problems/difficulties, please ring:

For appointment queries:

0161 701 4455 – (choose Option 3 “Urogynaecology”) – 08:30 – 16:00

Warrell Unit Nurses: (during office hours only)

(0161) 701 6150 or 701 6776



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