



Patient Educational Material

Managing Overactive Bladder

The bladder's job is pretty simple: hold urine until full, then empty when we get to a restroom. When you have an overactive bladder, the bladder & brain are out of sync. Your bladder starts to feel full before it really is, & it does not hold as much urine as it should. This causes you to have urgency & try to empty more often. If the bladder is not full enough it does not empty well. Many of us use the bathroom more frequently at home because we know the bathroom is close at hand. Emptying too often makes the problem worse as the bladder gets used to holding less & less.

Once your bladder starts to have a spasm it is very difficult to make it to the bathroom. The bladder is a strong muscle, & when it contracts the opening of the bladder, or *urethra*, is not strong enough to hold the urine in. One of the worst symptoms for many patients with overactive bladder is getting up overnight to empty. Fluid may collect in our legs during the day due to circulation issues. When we go to bed this fluid gets mobilized & goes straight to our bladder. Even if you do not drink many fluids before bed your bladder will fill overnight. Some patients with overactive bladder get up several times to try to empty, making it hard to get a good night's sleep. The bladder is at its fullest when we awake in the morning. This often causes what we call "the morning rush hour" with severe urgency upon arising & often not making it to the bathroom. Without treatment, overactive bladder usually gets worse. As it worsens some women have to go every 10-15 minutes during the day, several times overnight, & have leakage to the point where they wear pads but are still constantly wet. This can cause severe vulvar skin irritation & present hygiene problems to the point where individuals may avoid socializing or travelling. Bladder spasms usually get much worse if you have a bladder infection.

A good website for issues related to overactive bladder is www.OABcentral.org. They have created a simple checklist of questions which may help you determine if your symptoms could be due to an overactive bladder.



1. Do you wake up from sleeping to urinate? If so, how often?
2. How often do you urinate during the day?
3. Do you ever feel like you have to urinate and when you arrive at the toilet you don't have to go anymore?
4. Do you find yourself mapping out routes to the closest toilet when you are out?
5. Do you ever experience leakage or involuntary urination?

Treatment of Overactive Bladder

Behavioral Modifications

You are more likely to improve your bladder problem by trying a combination of therapies. Our first line of treatment involves **Timed Voiding**, also known as **Bladder Training**. As your condition has worsened, your bladder has learned to hold less urine. Fortunately it can learn to hold more urine again. Instead of voiding whenever you get the urge, you will use a watch & void on a regular schedule as often as possible during the day. Most women can start with an interval of 1 1/2 hours. After a week or so of success, you will increase the interval by 15-30 minutes. Gradually, over a few months, you will be able to go up to 3 hours or more without urgency or leakage. As a major bonus, you will get up less overnight as your bladder learns to hold more. It's a lot of work for you, but it's worth it. Other behavioral interventions include avoiding substances which irritate the bladder, & barriers to getting to the toilet in time such as buttons or zippers which are hard to open.

Behavioral Modifications for Overactive Bladder

1. Timed voiding
2. Avoid too much fluids
3. Avoid/reduce caffeine, soda pop, alcohol, spicy food, citrus, tobacco
4. Easy access clothing
5. Put legs up for an hour before bed
6. Bedside commode
7. Set alarm to void once overnight

Timed Voiding (Bladder Training)

1. Empty every 1 1/2 hours during the day.
2. Do not go any sooner (if you can help it).
3. Try to empty even if you do not have the urge.
4. After a week or so, increase the interval by 15-30 minutes.
5. Keep increasing the interval every week or so.

Medications

We also may encourage you to try a medication to increase the chance of your success. The medication helps the bladder hold more urine & decrease urgency. After a few months, many women can stop the medication or just use it as needed when they travel or go out for extended periods of time.

Medications for overactive bladder work by binding receptors on the bladder muscle & partially relaxing the bladder. This reduces urgency & helps the bladder to hold more urine. Most of the older medications often cause dry mouth, dry eyes, & constipation. In 2013 the FDA approved a new medication which works through different bladder receptors & does not cause those side effects. We usually start at a low dose & call to check on your progress in 4 weeks. It may take that long to see an improvement. If you do not see an improvement we can increase the dose. Bladder medications are expensive; but we hope they are a means to an end to help your symptoms to the point you can stop taking them after a few months. Some women have bladder spasms severe enough that they have to stay on the medications, but there are no long term health concerns taking them.

Pelvic Muscle Exercises

Many studies have shown that making the pelvic muscles stronger doing “Kegel” exercises can improve overactive bladder symptoms. It is hard to know if you are contracting the muscles effectively or using the right muscles. The most effective way to strengthen the pelvic muscles is to work with a nurse or physical therapist using biofeedback in which you learn to use the right muscles. This usually involves a few visits with the goal for you to be able to learn to do them on your own. Squeezing your muscles effectively when you get an urge can often make the urge go away or at least give you time to make it to the bathroom. Common triggers which cause a strong urge & bladder spasm include getting out of bed or standing, hearing running water, putting your hands in warm water, starting to undress & sit on the toilet, & arriving home or putting the key in the front door (“latch-key leakage”). Taking a second & contracting your pelvic muscles can make all the difference.

Goals for Treating Overactive Bladder

- No leakage (no pads!)
- Able to go 3 or so hours without urgency
- Bladder empties better
- Get up once or less overnight
- Reduce or eliminate bladder medications

Most studies show that 60-80% of women improve with medications & the above therapies. In women who do not meet their treatment goals, we offer two other treatments in appropriate patients, which the FDA approved for this condition in 2013.

Sacral Neuromodulation

“Interstim” is an implantable device which works as a kind of pacemaker for the bladder. It involves placing an electrode near the nerves which transmit signals between the bladder center in the brain & pelvic floor. Normally, the bladder sends signals to the brain as it fills, & when it is full the brain gives it the OK to empty when you are in the bathroom. With overactive bladder this communication has gone awry, & the bladder is telling the brain it is full when it isn’t, & contracting & emptying when it shouldn’t. Interstim reestablishes normal communication, & many patients get relief for several years. We would see you in the office to perform a test treatment to see if Interstim might help you.

Botox

The most recent addition to our treatments for overactive bladder is injecting Botox into the bladder. Botox works by partially paralyzing the bladder to help it hold more. We do the procedure in the office using local anesthesia & a cystoscope, like we did at your bladder testing. Botox usually lasts a few or several months.

We would see you back in the office to discuss these treatments in more detail before recommending them. Both have been used for several years with an excellent safety record in patients who have severe bladder spasms, such as after spinal cord injury. Studies show success in about 80% of patients, & both become cost effective compared to medications after 2 years.

Other described therapies for overactive bladder include acupuncture & herbal medications, but there are few studies confirming their long term benefit.

<u>Treatment Plan for Overactive Bladder</u>		
<u>1st Line</u>	<u>2nd Line</u>	<u>3rd line</u>
Bladder training	Pelvic muscle	Bladder Botox
Dietary modification	biofeedback	
Behavioral change	Medications	Sacral neuromodulation

Follow-Up

Please call us at 828.670.5663 (extension 313 for Dr Howden's assistant or 315 for Dr Theo's) with any problems related to your treatment. We will call you in 4 weeks to check on your progress. Depending on how you are doing, we may change your medication, suggest another treatment, or have you come back in for a visit.

We wish you great success with your treatment!

Here are a few websites which you may find helpful:

www.oabcentral.org

www.voicesforpfd.org

www.mypelvichealth.org