

Overactive Bladder



UrologyAustin

Patient Education

Treatment Options
Advanced Therapies
Nurse Navigation

Overactive Bladder

also referred to as OAB, is a common urologic condition that affects over 30 million Americans.

Urination is controlled by the bladder's detrusor muscle. When the detrusor muscle is relaxed, the bladder stores urine. When the muscle contracts, the bladder voids urine. Overactive bladder is characterized by sudden, involuntary contractions of the detrusor muscle which results in urinary urgency, frequency, urinary leakage and wetting accidents. Fortunately, there are several effective options to treat overactive bladder.



Having an overactive bladder prevents you from controlling when and how much you urinate. You may experience unexpected small or large leaks or use the bathroom very frequently. Following are four symptoms of OAB, which may occur on a daily basis or may come and go unpredictably:

Urgency – a sudden and over whelming urge to urinate

Frequency – urinating more than 8 times a day (normal frequency is 4 to 6 times per day or every 3 to 5 hours)

Urge incontinence – wetting accident that follows a sudden urge

Nocturia – waking up 2 or more time during the night to urinate (most people can sleep for 6 to 8 hours without having to urinate)

It is possible to have more than one type of urinary incontinence. Other types of incontinence include:

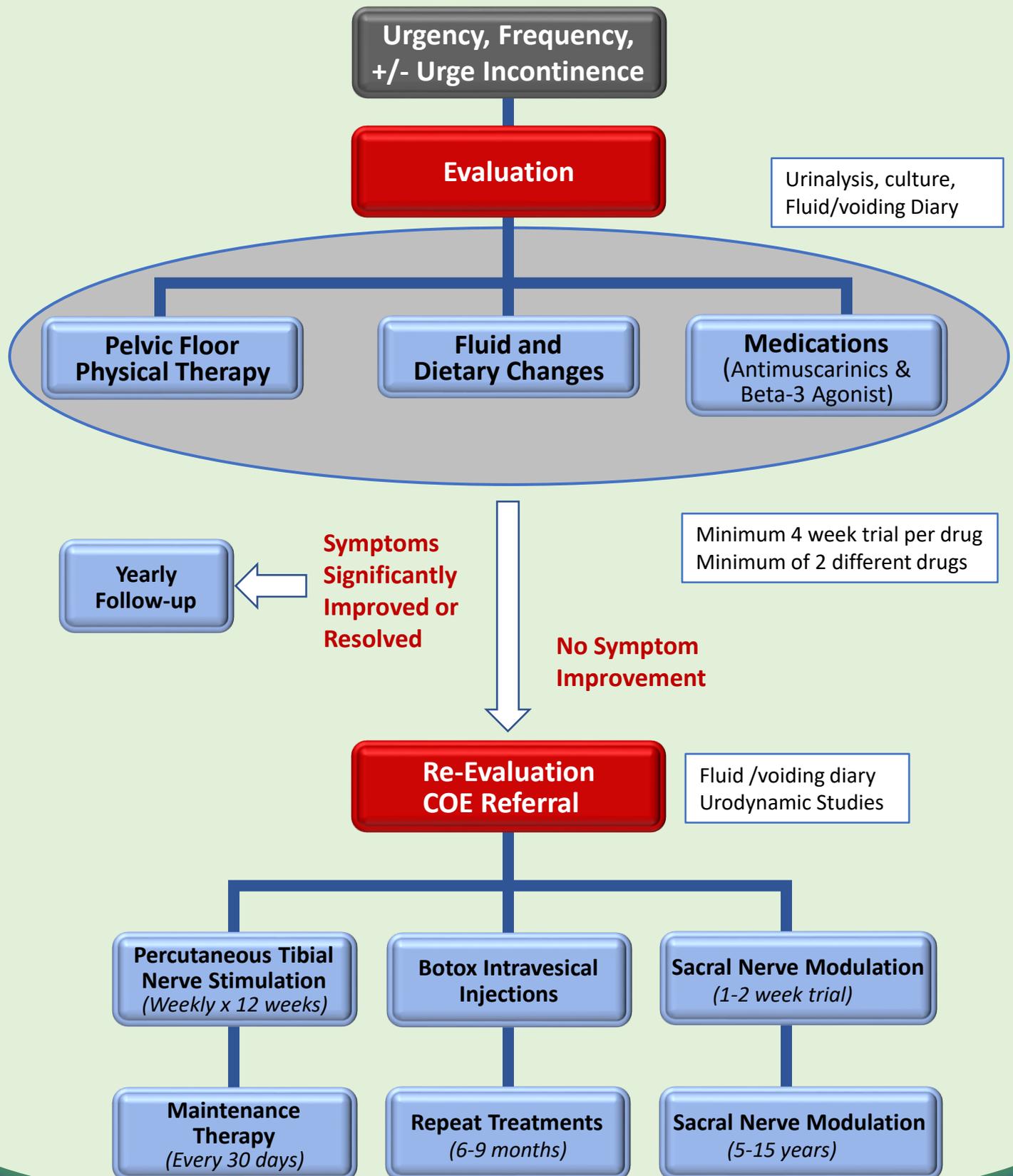
Stress incontinence: Incontinence that is triggered by a 'stressor'. Common stressors include laughing, coughing, sneezing, and lifting.

Mixed incontinence: Having more than one type incontinence at a time – typically both stress and urge incontinence.

Overflow incontinence: When urine is added to a bladder that is at its capacity, the excess urine will spill out causing urinary leakage or a wetting accident.

Reflex incontinence: The unexpected loss of urine due to a spasm of the bladder's detrusor muscle.

When patients are treated for Overactive Bladder at Urology Austin, our providers follow an algorithm of care as shown by this chart.



Bladder Care Pathway

Guidelines recommended by the American Urological Association

**Evaluation for OAB
Urinary Incontinence
Frequency
Urgency**



1

Conservative Therapy

- Fluid management
- Pelvic floor physical therapy
- Bladder control strategies
- Re-evaluation by your provider

2

Medications

(4-8 weeks)

- Re-evaluation by your provider
- Urodynamics and cystoscopy (if indicated)

3

Advanced therapies

- Botox
- Percutaneous Tibial Nerve Stimulation (PTNS)
- Sacral Nerve Modulation (SNM)

OAB Nurse Navigation

- Coordinate communication between patient and provider
- Monitor symptoms; guide through next steps; answer questions
- Facilitate scheduling for follow-up

4

Conservative Therapy

OAB improvement can start with simple behavioral and lifestyle changes. These include fluid management, bladder control strategies, removing known bladder irritants from your diet, losing weight, exercise and having regular bowel movements to avoid constipation. Additionally, pelvic floor physical therapy is a conservative and beneficial approach to improving overactive bladder symptoms.

Things that help:

- Drink when thirsty – avoid dehydration
- Lose weight
- Regular bowel movements
- Urinate every 2 to 4 hours
- Walk 30 minutes per day
- Stop smoking

Things to avoid:

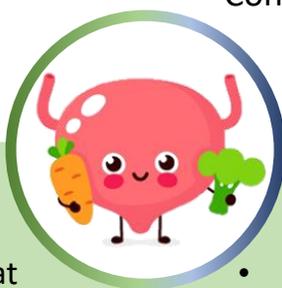
- Chronic coughing
- Ignoring the natural urge to urinate
- Sedentary lifestyle
- Constipation or diarrhea

Overactive bladder diet

The following are dietary suggestions that can help, and those that should be avoided because they can irritate the bladder.

Helpful suggestions:

- Blueberries, bananas, watermelon, pears, papaya, and apricots are generally “safe” fruits that should not irritate the bladder
- Vitamin A
- Magnesium, Zinc
- Water – drink when thirsty but restrict fluids closer to bedtime
- Pumpkin seed extract (i.e., AZO bladder control)
- D-Mannose
- Uva Ursi
- Desert Harvest Aloe Vera



Avoid these when possible

- Drinks: all alcoholic beverages, coffee, carbonated beverages (even carbonated water), lemon juice, tea, apple juice
- Caffeine, chocolate
- Apples, avocados, cranberries, cantaloupes, canned figs, citrus fruits, oranges, grapes, guava, lemons, limes, nectarines, peaches, pineapple, plums, prunes, raisins, strawberries and tomatoes
- Things that trigger food allergies
- Spicy foods, chili, ascorbic acid
- Sugar, sugar substitutes, saccharin
- Brewer’s yeast, Marmite (spread made from a yeast extract)
- Cheeses, nuts, onions, rye bread
- Chicken livers, corned beef, pickled herring
- Fava beans, lima beans
- Mayonnaise, sour cream, soy sauce, vinegar
- Vitamins B & C
- Yogurt



Pelvic Floor Physical Therapy

Pelvic floor physical therapy involves the assessment and treatment of the pelvic floor muscles, fascia, nerves and bones. Assessment involves questioning bowel, bladder and sexual function because the physiology of these functions is tightly integrated. When the muscles of the pelvic floor are too tight or when the bones do not move properly or when the nerves of the pelvic floor are being irritated then it is possible to have symptoms of frequent urination, strong urges to urinate and difficulty emptying completely.

Physical therapy at Urology Austin offers education into lifestyle habits that can contribute to overactive bladder. After patients have been educated on changes that they can make at home, most of the appointments are manual therapy based. This means that patients receive hands on work internally and externally in order to normalize the function of the pelvic floor. Most patients will appreciate a significant change in symptoms by three visits.

At Urology Austin, all of our pelvic floor physical therapists are highly trained and hold Doctorate degrees in Physical Therapy. Learn more at www.urologyaustin.com/physical-therapy

Medications

Along with conservative therapies, there are proven pharmacological solutions for Overactive Bladder. Medications are prescribed to decrease the frequency and intensity of bladder contractions and to relax the smooth muscles of the bladder.

Antimuscarinics have been a mainstay for treating OAB, however, physicians also prescribe Beta Agonists. After a period of time, your provider will evaluate the effectiveness of medication and may suggest trying a different prescription.

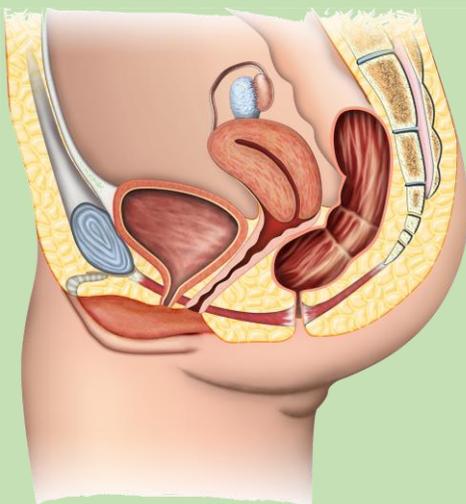
Well-known Antimuscarinic's include:

- Ditropan XL (Oxybutynin)
- Detrol LA (Tolterodine)
- Sanctura (Trospium Chloride)
- Enablex (Darifenacin)
- Vesicare (Solifenacin)
- Toviaz (Fesoterodine)
- Gelnique (Oxybutynin)

Myrbetriq (Mirabegron) and Gemtesa are Beta Agonists that relax the detrusor smooth muscle during the storage phase (relaxation phase) of the urinary bladder fill-void cycle by activation of the beta-3 adrenergic receptor.

Over-the-counter alternatives

Urologists also commonly recommend non-prescription solutions such as AZO bladder control (pumpkin seed extract) and D-Mannose.



Estrogen Therapy

Vaginal estrogen is a well-documented treatment option for overactive bladder in women. Estrogen helps maintain the integrity of our muscular and connective tissue especially in tissues with higher numbers of estrogen receptors such as the vagina, urethra, and **bladder**. Estrogen therapy has been shown to improve the bothersome symptoms of urinary frequency and urgency.

Advanced Therapies

When conservative options and medications fail to relieve overactive bladder symptoms, your physician can suggest advanced therapies, also known as third-line therapies. These therapies include Botox bladder injections, InterStim sacral nerve stimulation and Percutaneous Tibial Nerve Stimulation (PTNS).



Botox injections

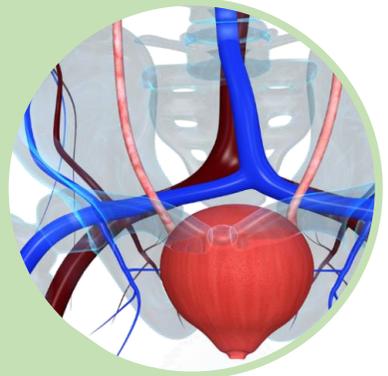
Most people associate the use of Botox as a therapy to smooth facial wrinkles. However, Botox, is a protein that is currently used in several medical applications including overactive bladder. Botox works by temporarily blocking signals between the nerves and muscles. This results in paralyzing bladder muscles for a short period of time so that they are unable to contract.

Learn more at: www.urologyaustin.com/female-urology/botox-for-overactive-bladder and [www. www.botoxforoab.com](http://www.botoxforoab.com)



Sacral Nerve Modulation (SNM)

Nerve stimulation involves the implantation of a small medical device to stimulate the sacral nerve. This device sends mild electrical pulses to the sacral nerves located just above the tail bone. These nerves activate or inhibit muscles and organs that contribute to urinary control. Electrical stimulation facilitates communication between the brain and the bladder in order to eliminate, or reduce, certain bladder control functions. **Learn more at:** www.urologyaustin.com/general-urology/interstim-or-sacral-nerve-stimulation and www.medtronic.com; www.urologyaustin.com/female-urology/axonics-sacral-neuromodulation and www.axonics.com



Percutaneous Tibial Nerve Stimulation (PTNS)

PTNS is a minimally invasive, drug-free option that modifies signals from the sacral nerves to help stabilize bladder function and allow patients to regain bladder control. The sacral nerves are connected to the bladder and extend down the leg to the tibial nerve near the ankle. This procedure involves placing a thin, needle electrode into this nerve. PTNS is given once a week for 12 consecutive weeks.

Learn more at: [www. https://urologyaustin.com/urology-specialties/percutaneous-tibial-nerve-stimulation-ptns](http://www.https://urologyaustin.com/urology-specialties/percutaneous-tibial-nerve-stimulation-ptns) and www.laborie.com



OAB Patient Navigation

At Urology Austin, we go a step beyond the routine standard of care by offering a complimentary Overactive Bladder Patient Navigation service. This service is offered to qualifying Urology Austin patients who have been diagnosed and treated for OAB.

What is overactive bladder patient navigation?

Overactive bladder management follows a specific algorithm of evaluation and care. Patient navigation adds a higher level of care by offering a personalized, one-on-one interaction between the patient navigator and individual patients. When a qualifying patient has been identified, an analysis will be made of their past care plan, treatments they were offered, how far they proceeded along the OAB care pathway, the effectiveness of treatments and the consistency of treatment. The role of the patient navigator is to help the OAB patient understand their diagnosis, initiate and coordinate communication between the patient and their provider, guide the patient through the appropriate care pathway, and help facilitate scheduling appointments. The navigator's objective is to guide patients through their personalized journey toward better bladder health and quality of life.



Your personal OAB Patient Navigators are
Holly Campbell and Erica Villanueva

Urology Austin Overactive Bladder patients who would like to learn more about our OAB Navigation program, please call **512-410-3760 Option 1**.

