

Overactive Bladder

“Overactive Bladder” is a very common problem that usually causes distressing and inconvenient symptoms. It is also often called an unstable bladder. It can cause you to rush to the toilet many times during the day and night, and can also cause you to leak some urine before you reach the toilet. The information in this leaflet will explain to you what an overactive bladder is and what causes it, as well as explaining what can be done to help you.

As urine is produced by your body and the bladder fills up, the walls stretch to accommodate the extra fluid. Urine is kept inside the bladder by a valve that stays closed until you feel the need to empty it and have reached a toilet. The valve mechanism is assisted by the muscles below the bladder, which tense up when you cough or sneeze and keep the urine in. As the bladder fills up, you become aware of the feeling that you need to pass urine, but are able to hold on. Once you have decided to empty your bladder (i.e. in a toilet, at a convenient time), your brain signals the muscle of the bladder to squeeze and empty out the urine. At the same time, the bladder valve and pelvic floor muscles relax to allow the urine to flow out. The bladder usually needs to be emptied about 4-7 times per day, and once at night.

What is Overactive Bladder (OAB)?

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 too many times during the day (usually more than 8).

Nocturia

Waking up more than once at night to go to the toilet.

What causes OAB?

OAB symptoms are caused by the bladder muscle squeezing to empty out urine at the wrong time. This often happens without warning, and when you do not want it to. Your doctor or nurse will test your urine to rule out an infection, which is a common cause of OAB symptoms. You may have other tests to look for bladder stones and growths as well. OAB can also be caused by conditions affecting the nervous system. If you have had a previous operation for stress incontinence, you may also be more likely to have OAB. The amount and type of liquids that you drink may also contribute to your symptoms; for example, caffeinated drinks are thought to significantly worsen OAB symptoms. For many women however, the exact cause of their OAB is never found. Despite this, there are many treatments which can help you to manage your symptoms.

How will I be investigated?

When you see your doctor, he /she will ask you questions about your bladder, fluid intake and overall health. You will then be examined to rule out any gynaecological problems that may be contributing to your problem. You may be asked to fill in a bladder diary, this involves recording how much you drink and the volume of urine that you pass each time you go the toilet. This provides useful information on how much you are drinking and how much your bladder is able to hold.

Urine testing

Testing a sample of your urine to find out if there is an infection or any blood in the urine.

Urine Residual

Using an ultrasound machine (or sometimes inserting a small catheter) to check whether you are emptying your bladder properly.

Urodynamics

This test is able to examine the activity of the bladder muscle as it is filled with fluid.

Urodynamics can tell us whether your bladder muscle squeezes inappropriately as we fill the bladder as well as whether the bladder valve is leaky and whether the bladder empties properly.

What treatments are available?

There are many different treatments available for OAB. There are also changes that you can make to your lifestyle which can significantly improve your symptoms. Drinks containing caffeine, for example, coffee, tea, and coke, can significantly worsen OAB symptoms. It may be very helpful therefore to reduce the number of these types of drinks to see if this helps. Fizzy drinks, concentrated fruit juices and alcohol can also cause OAB symptoms. You could try switching to water, rooibos tea and decaffeinated drinks. Although it is tempting, try not to cut down the amount you are drinking, aim to drink about 1.5 to 2 litres per day.

Bladder Retraining

You may have noticed that you are 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 is able to hold less and less urine. Bladder retraining aims to help you hold more urine in your bladder by going to the toilet less. 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 doctor or physical therapist can give you more information regarding this treatment.

Medications

There are a variety of 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 and retrain 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 on your OAB. Sometimes your bladder may improve after a few months' treatment, enabling you to come off the medication. However, many women do have to stay on the medication in the longer term, in order to control their symptoms.

Other Treatments

Changing fluid intake, bladder retraining, and medications work for the vast majority of women with OAB. However, a small number will have symptoms that persist despite these treatments. In this case, the following treatments may be offered:

Botulinum Toxin (Botox/Dysport)

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. Although we do not yet have long term results for Botulinum toxin, it is thought to be an effective treatment (up to 80% cure rate). The effect lasts for up to 9 months, after which you may need repeat injections. There is however a 20% risk of having difficulty emptying the bladder afterwards, which would require self catheterisation. Your doctor can give you more information about this. The other problem is that this is very expensive and you may not have access to this treatment.

Tibial Nerve Stimulation

This is designed to stimulate the nerves that control bladder function, via a nerve which passes around the ankle. It involves inserting a small needle near the ankle, which is connected to a device that stimulates the tibial nerve. This indirectly stimulates and retrains the nerves that control the bladder.

Sacral Nerve Stimulation

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. This is also very expensive and you may not have access this treatment

Your doctor 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 hopefully you can see from this leaflet, there are a number of treatments that will improve your quality of life.