


Overactive Bladder Syndrome (OAB)





What is OAB?

An overactive bladder or OAB is where a person regularly gets a sudden and compelling need or desire to pass urine. This sensation is difficult to put off (defer) and this can happen at any time during the day or night, often without any warning.

This leaflet describes the symptoms of an overactive bladder and identifies possible treatment options.

How do I know if I have got it?

Urinary urgency and urgency incontinence

If your bladder squeezes (contracts) without any warning it can give you an urgent need to pass urine, that is 'when you have to go, you have to go'. This gives you a little or no time to get to the toilet. This is called urinary urgency. If the need to pass urine is so intense that you cannot hold on to it, it can lead to involuntary leakage of urine which is called urgency urinary incontinence.

Urinary frequency

If you have urinary urgency, this means that you need to pass urine often and more frequently than usual and in small volumes. The number of times people normally have to pass urine each day is very varied but most people pass urine 6-8 times per day. However, 4-10 times per day can also be normal if you are happy and healthy with the number of times you visit the toilet. Normal urine frequency depends on how much you drink in a day and the types of fluid you drink. You may also pass urine more frequently if you are taking certain medications such as diuretics. People with overactive bladders tend to pass urine more often than they would expect during the daytime.

Nocturia

Overactive bladder can also cause you to get up more than twice per night to pass urine. During your sleep time you should have 6-8 hours of interrupted sleep and sometimes disturbed nights can be the main problem. Urinary tract problems other than OAB can also cause nocturia (passing urine at night), so this symptom may persist even if other OAB problems respond to treatment.



What is the cause of OAB?

OAB is common and can affect people of all ages, including children and the elderly. About 12% of the total adult population suffer from OAB. Usually the cause is unknown.

Anxiety can make the problem worse. The type of fluid you drink can also influence your symptoms. People with neurological disease are at particular risk of OAB.

How am I going to be assessed?

The doctor or nurse will ask you questions about your problem and your general health. He/she may examine you and perform an internal examination. A urine test to check for infection will be done. You will be asked to complete a 3-day Bladder Diary to record the times of voiding (passing urine) and volumes of urine you pass. You may also have a flow test and post-flow ultrasound test, which involves passing urine in a special machine to measure the strength of your flow and to check whether you empty your bladder completely.

How is OAB treated?

Changing drinking habit

There are number of drinks that may irritate the bladder such as tea or coffee (whether decaffeinated or not), carbonated drinks, drinks containing aspartame (artificial sweetener found in diet drinks), hot chocolate, green tea, alcohol, blackcurrant juice and citrus fruit juice. Drinks which are believed not to irritate the bladder are: water, herbal and fruit tea, milk and diluted fruit squash. Some foods also irritate the bladder such as tomatoes and spicy food.

People with OAB are advised to think carefully about their fluid intake. Aim to drink about 1-1.5 litres a day. You can adjust the amount you drink according to your need. Being thirsty is a guide that your body needs water. So if you are exercising, or in a hot climate, then you will be sweating and losing water and therefore you will need to compensate for that. Remember that your food contains water, particularly fruits and vegetables; this can be up to half a litre each day. It is recommended that if you have OAB, you should reduce your fluid input by 25%, as long as you drink more than one litre of fluid a day.

If you are getting up at night to pass urine, then try to reduce your fluid intake in the evening, four hours before going to bed. Avoid caffeine and alcohol before



going to bed. If you feel thirsty or need to take medications, then you can have small sips of water.

Bladder training

The purpose of bladder training is to help you to regain control of your overactive bladder by suppressing its contractions.

Instead of rushing to the toilet as soon as you get the urge (strong desire) to pass urine, it is important to try to hold on. If you have difficulty doing this, try to distract yourself by doing something else such as sitting on your feet, crossing your legs or sitting on a rolled up towel. You should aim gradually to increase the capacity of your bladder and the time interval between passing urine.

Start by passing urine every hour on the hour whether you need to go or not from when you get up in the morning until you go to bed at night. Try hard not to pass urine outside your set times.

Practice this for 3-4 days. When you feel you have mastered this, gradually increase the time between passing urine.

For example:

- 1 & 1/4 hours for 1 week or until mastered
- 1 & 1/2 hours for 1 week or until mastered
- 1 & 3/4 hours for 1 week or until mastered
- 2 hours for 1 week or until mastered
- 2 & 1/4 hours for 1 week or until mastered
- 2 & 1/2 hours for 1 week or until mastered
- 2 & 3/4 hours for 1 week or until mastered
- 3 hours for 1 week then may be longer if you feel able

It is helpful to carry out pelvic floor exercises to help you suppress your urgency feeling, for example when getting up from a sitting position, when hearing running water or putting the key in the door.

It is important to note that bladder training takes time and needs your full commitment as it can take up to 3 months to show any benefit.

Medicines that help

There are various overactive bladder medications that you can try. The medicines are called anticholinergics or Beta 3 agonists. They work by blocking certain nerve impulses to the bladder which stops it contracting when it should not contract, and therefore improve symptoms in some cases, but not all. The amount of improvement varies from person to person. You may have fewer toilet trips, fewer urine leaks, and less urgency. However, it is uncommon for symptoms to go completely with medication alone.

A common plan is to try a course of medication for six weeks. If it is helpful, you may be advised to continue for up to six months or so and then stop the medication to see how symptoms are without the medication. Symptoms may return after you finish a course of medication. However, if you combine a course of medication with bladder training, the long-term outlook may be better and symptoms may be less likely to return when you stop the medication. So, it is best if the medication is used in combination with the bladder training.

There are different types of overactive bladder medications on the market and your consultant may tell you to try different types in a stepwise manner to find one that works best for you. Most of them are tablets but one of them comes as a patch which you stick onto the skin. Follow the instructions carefully if you are prescribed the patch, to minimise the risk of skin reactions.

Side-effects are quite common with these medicines, but are often minor and tolerable. Read the information sheet which comes with your medicine for a full list of possible side-effects. The most common is a dry mouth, and simply having frequent sips of water may counter this. You can also get preparations from your pharmacy to help keep your mouth feeling moist.

Other common side-effects include dry eyes, constipation and blurred vision. However, the medicines have differences, and you may find that if one medicine causes troublesome side-effects, a switch to a different one may suit you better. Ask your doctor, nurse or pharmacist, for more information on the medicines if you wish.

New medicines for OAB are always being researched and may be launched at various times. It is best to ask your doctor if there is anything new on the market, if the above treatments do not help.



If your symptoms fail to improve – Urodynamics test

If your symptoms fail to respond to conservative (e.g. drinking habits and bladder training) and medical treatment, you may have an invasive urodynamic test, which is a special test to measure pressures inside the bladder. This is to diagnose an overactive bladder or to find out whether another problem is the cause of your waterwork symptoms.

The test is performed by a female specialist nurse or the urology consultant with a female health care assistant. It is a very relaxed atmosphere with the door locked. The Nurse Specialist will explain the test to you and ask you some questions about the symptoms that you have been experiencing.

You will be asked to pass urine into a flow meter. This measures how fast the urine flows from you, it acts as a bench mark for the test

You will be asked at the beginning of the test if you are happy to proceed (verbal consent), and at any point during the test, at your request the test can be stopped. You will then be asked to lie down on a couch and a very fine tube is inserted into your rectum (back passage). Then another two fine tubes are inserted simultaneously into your bladder (one for filling and one for measuring pressure). This should not be painful but some people find it uncomfortable.

These tubes allow us to take bladder pressure measurements. Your bladder will be slowly filled with a sterile fluid, until you feel full. Once full, the filling catheter is easily removed and you will then be asked to do some provocation tests (squatting, jumping, coughing etc.) to diagnose your problem. Then you will be allowed to pass urine.

At the end of the test the remaining two tubes are removed and you will be given the opportunity to freshen up and get dressed

The Nurse will answer your questions and tell you the results of your test. Following this test you will be referred to the relevant consultant for follow up.

After the Test

A report will be sent to your Consultant.

You may find that it stings slightly the first few times you pass urine. This is common and nothing to worry about. Drinking plenty of fluids after the test will help this. Occasionally some people see some blood in their urine after the test.



What are the risks?

About 3 people in every 100 who have the test develop a urinary tract infection afterwards. This causes burning and stinging when you pass urine and your urine may smell or look cloudy. This needs to be treated urgently and you should see your GP for a prescription of antibiotics.

Surgery

If the above treatments are not successful, surgery is sometimes suggested to treat OAB. These will be discussed with you by your consultant. They would only be done after you have had a urodynamics test to prove detrusor (bladder) overactivity. Procedures that may be used include:

Botulinum toxin A.

The treatment involves injecting botulinum toxin A (Botox) into the inside of your bladder via a small telescope. This treatment has an effect of damping down the abnormal contractions of the bladder. However, it may also damp down the normal contractions so that your bladder is not able to empty fully. To address this side effect, about 10 – 20% of people who have the Botox procedure will need to insert a catheter (a small tube) into their bladder in order to empty it, (this is called intermittent self catheterization).

Botox has been licensed (approved) for the treatment of overactive bladder syndrome/detrusor overactivity in the UK in patients where medication has failed. Make sure that you discuss this procedure fully with your doctor and understand all of its risks and benefits before you go ahead with it. This treatment is not routinely funded by the NHS and needs an exceptional funding by the PCT.

Sacral nerve stimulation

An overactive bladder can be treated by sacral nerve stimulation. A small device is implanted under the skin of the buttock to send a burst of electrical signals to the nerves that control the bladder. It works like a pacemaker to the bladder. This treatment is not carried out in the RUH and we would need to refer you to North Bristol Trust to have this carried out. This treatment is not routinely funded by the National Health Service (NHS) and needs exceptional funding from your primary care trust (PCT).

Augmentation cystoplasty

In this operation, a small piece of bowel from the small or large intestine is added to the wall of the bladder to increase the size of the bladder. However, not all people can pass urine normally after this operation. You may need to insert a catheter (a small tube) into your bladder in order to empty it (intermittent self catheterization). The aim is to increase the capacity of the bladder. This operation is offered at the RUH.

Urinary diversion

In this operation, the ureters (the tubes from the kidneys to the bladder) are routed directly to a pouch made from a piece of a small intestine that opens to the outside of your body. The urine is collected into a bag. This procedure is only done if all other options have failed to treat your overactive bladder syndrome. This operation is offered at the RUH.

Further Information

The following websites are useful patients' resources for additional information, help and advice.

Bladder and Bowel UK - www.bladderandboweluk.co.uk

Bristol Urological Institute - <http://www.bui.ac.uk>

Continence Foundation - <http://www.continence-foundation.org.uk/>

Contact

If you need further information or have any questions, please contact:

Monday to Friday 9am to 5pm:

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Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital. Telephone 01225 825656 or Email ruh-tr.PatientAdviceandLiaisonService@nhs.net