OVERACTIVE BLADDER (OAB)

OVERVIEW

Overactive bladder, or OAB, is a condition in which the patient experiences frequent and sudden urges to urinate. Patients will often struggle to control these urges, feeling the need to urinate many times both during daytime and nighttime. The condition can also result in unintentional urination or incontinence.

The condition has many adverse effects on patients. It can negatively affect social life and emotional wellbeing. It will often carry feelings of embarrassment that can lead to prolonged social isolation to avoid embarrassment.

There can be many underlying causes of overactive bladder with varying treatments depending on the source. In many cases, behavioral changes are the most effective means for dealing with an overactive bladder.

Through careful control of fluid intake and urination habits, patients can regain some control over their lives. In other cases where the overactive bladder is a symptom of an infection or other condition, additional treatments may be available.

OVERVIEW | SYMPTOMS | DIAGNOSIS | TREATMENT | PROCEDURE | FAQ'S

SYMPTOMS

Patients with an overactive bladder can experience a variety of symptoms, including:

- Sudden urges to urinate
- Sudden incontinence when these urges occur
- Frequent urination, upwards of eight times per 24 hour period
- Waking up two or more times to urinate throughout the night

DIAGNOSIS

Diagnosis of OAB is typically based on a detailed medical history. This will include your urinary symptoms along with other health issues and medications. You will also be asked about your diet and fluid intake. This may be paired with a pelvic exam to rule out other causes for your urinary issues.

You may be asked to keep a bladder diary to help aid in the diagnosis and rate the severity of your symptoms. Bladder diaries may also be used to track the efficacy of certain treatments. The bladder diary helps you track:

- When and how much fluid you drink
- When and how much you urinate
- How often you have an urgency feeling
- When and how much urine you leak

Other testing may include a urine test to check for an infection as well as a bladder ultrasound to measure the volume of urine left in the bladder after you use the bathroom. More invasive testing may done in certain cases and may include:

- Cystoscopy: A tiny camera inside a long thin tube is inserted through the urethra to inspect the lining of the bladder.
- Urodynamic testing: Using catheters and sensors your doctor will test how well the bladder, sphincters, and urethra hold and release urine

TREATMENT

A doctor can prescribe several different treatments, or a combination thereof, depending on the extent, severity, and cause of the overactive bladder. Options can include behavioral changes, pelvic floor muscle exercises, medication, bladder injections, and nerve stimulation.

LIFESTYLE CHANGES/BEHAVIORAL THERAPY

These are typically first line therapies and can be used in conjunction with other therapies. This includes pelvic floor therapy, timed urination, decreasing fluid intake in the evening and dietary changes with avoiding know bladder irritants including:

- Citrus fruits
- Tomatoes
- Chocolate
- Caffeine
- Alcoholic beverages
- Spicy foods
- Carbonated beverages

MEDICATIONS

Several types of medication can relieve symptoms of overactive bladder. In postmenopausal women, estrogen therapy can improve the overactive bladder. Some medicines can relax the bladder to enable more effective voiding during urination.

SURGERY

In most cases, doctors will perform surgery when symptoms are severe and other treatments have failed to produce results. Some of these procedures can be done in the office.

BOTOX

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Botox is an FDA approved treatment for overactive bladder (OAB), a condition affecting an estimated 33 million men and women. It improves typical OAB symptoms including urinary frequency, urinary urgency and urinary incontinence due to urgency. It is used as an advanced therapy for patients who do not respond to standard medical therapy.

Botox is injected into the bladder through a cystoscope in a short outpatient procedure. It is effective at treating OAB symptoms 70-80% of the time. It is important to know that it may take up to 2 weeks to see improvement in your symptoms. Also botox will wear off in 6-9 months and you will require periodic injections to maintain its benefits.

It is important to tell your urologist about any blood thinners you take, if you have any muscle or nerve disease or if you have a history of urinry tract infections. Risks include bleeding, urinary tract infection, urinary retention which may require a temporary catheter or systemic absorption leading to muscle weakness or difficulty speaking or swallowing.

FOR MORE INFORMATION VISIT:

https://www.botoxforoab.com/

SACRONEUROMODULATION

SACRAL NEUROMODULATION

Sacral Neuromodulation (SNM) is an FDA approved treatment to restore bladder function by stimulating the sacral nerves. The sacral nerve is responsible for delivering signals between the brain and the bladder. SNM helps control these signals, so that the bladder can function normally.

A neurostimulator generates mild electrical pulses, which stimulate the sacral nerve, and normalizes the communication between the bladder and the brain, helping to control symptoms. Unlike oral medications that target the muscular component of bladder control, SNM controls the symptoms through direct modulation of the nerve activity.

If your doctor thinks you may be a good candidate for SNM, he or she will begin an evaluation phase, which lasts around 3-4 days and is designed to see if SNM will be a successful option for you. During this time, a thin, temporary wire will be inserted in your lower back, near the sacral nerves which control the bladder, and will be connected to, and controlled by a device, which delivers electric stimulation to the sacral nerve. Your doctor will monitor your symptoms over the course of this evaluation period, and, if successful, the temporary wire will be removed and a more permanent device, similar to a pacemaker, will be implanted just under the skin.

FOR MORE INFORMATION VISIT:

Medtronic.com/bladder

What Can Patients Do to Manage Symptoms of Overactive Bladder?

One of the changes that will make the most significant results is maintaining a healthy weight. Being overweight increases the chance of overactive bladder and incontinence, and losing weight can improve symptoms. Avoiding specific irritants like caffeine, alcohol, and carbonated drinks can also produce results.

How Do People Live with Overactive Bladder?

In cases where treatment is not proving effective, people often implement other measures to improve their quality of life while living with an overactive bladder. In many cases, people will wear absorbent undergarments or pads that avoid the worst of accidental urination. Combined with behavioral changes, this can restore significant independence in their lives.

What Are the Risk Factors for Overactive Bladder?

Aging is the most prominent risk factor for an overactive bladder. As people age, many experience some form of urinary issue. Many conditions that correlate with age can also lead to an overactive bladder, including diabetes and prostate enlargement. Cognitive decline is another leading cause of incontinence, such as a stroke or Alzheimer's disease.

Can Nerve Stimulation Therapy Help With Overactive Bladder?

Nerve stimulation therapy is a procedure in which nerves are stimulated with electrical impulses. This therapy is applied to either the sacral nerves that carry impulses to the bladder near the tailbone or the percutaneous tibial nerve near the ankle and will relay the signal to the spine.