



**A WOMAN'S  
UROLOGIST**  
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## Overactive Bladder

### **What is it?**

Overactive bladder (OAB) is a common problem affecting both women and men. It results in a number of symptoms including urinary frequency, urgency and incontinence. The key feature of overactive bladder (OAB) is bladder urgency. It is a condition that is more common with increasing age and can have a considerable impact on quality of life.

### **What are the causes?**

The fundamental cause of an overactive bladder is thought to be an abnormality of the messages in the nerves that supply the bladder. There can be multiple conditions that cause this but very commonly no underlying condition is found and the problem may be one of an “idiopathic” (unknown cause) overactive bladder. Part of the clinical assessment by your doctor is to determine if there are any underlying causes. These include neurological diseases such as stroke and multiple sclerosis, bladder abnormalities such as bladder tumours or stones, urinary tract infections and factors that affect bladder outflow such as constipation or previous operations for incontinence.

### **What are the risk factors?**

Increasing age, obesity, chronic constipation, vaginal birth delivery, neurological conditions that can affect the bladder for example, strokes, spinal cord injuries, multiple sclerosis, Parkinson's disease.

### **What are the symptoms?**

An overactive bladder may cause you to feel a sudden urge to urinate, which may be difficult to control (urgency) – ie. “when I have to go, I really have to go.”. Additionally, you may feel the need to urinate frequently, usually 8 or more times in a day. About 1/3 of people with an overactive bladder also experience incontinence (an involuntary loss of urine) with leakage occurring with minimal warning or on the way to the toilet (urge urinary incontinence). Some people may find they need to wake multiple times overnight to urinate (nocturia).

### **Clinical Examination**

When you visit the doctor with the above symptoms, they will likely conduct a physical examination of your abdomen and pelvic areas, in addition to a neurological assessment.

### **What are the investigations?**

To see if there may be another cause for your symptoms, such as an infection, your doctor may ask you to have some blood and urine tests done. Additionally, they may ask you to complete a voiding chart – documenting the amount and frequency you urinate each day. Other tests commonly performed are a kidney ultrasound and bladder ultrasound to assess bladder emptying (post void residual).

Only some patients will require more complicated tests such as a urodynamic study (which is a computerised test of bladder function) and a cystoscopy (a look in your bladder with a telescope).

## What are the treatment options?

The symptoms of overactive bladder can be effectively managed, usually by implementing some lifestyle changes. Your doctor may recommend diet changes to maintain a healthy body weight, as well as reducing alcohol and caffeine consumption. Strengthening the muscles responsible for urination often reduces the incidence of overactive bladder, and you can do this by performing pelvic floor exercises. Your doctor may also help you to develop a bladder retraining program to reduce the frequency of urination.

You may also consider medication. Examples of medication include anticholinergics medications such as Ditropan™, Oxytrol™ patches, Vesicare™ and Enablex™. These may cause side effects such as a dry mouth and constipation. Betmiga™ is a different type of medication that does not have these side effects but may increase your blood pressure.

If these measures fail, you will most likely need to be referred to a specialist like a Woman's Urologist for further evaluation and treatments.

Botox can be injected into your bladder muscles with a cystoscope. This is temporary (may last between 6 to 12 months) but is very effective for overactive bladder and can be repeated.

Sacral neuromodulation can also offer control of overactive bladder symptoms through electrical stimulation of the nerves that regulate the bladder. Two available forms of neuromodulation are sacral neuromodulation using the InterStim™ device which is like a pacemaker device for the bladder or Percutaneous Tibial Nerve Stimulation (PTNS) which does not involve an implantable device.

Finally in very rare cases that have not responded, surgery can be considered to increase the capacity of the bladder (bladder augmentation) or bypass the bladder (urinary diversion). This is a bigger operation that involves using a segment of bowel and may be used if the capacity of the bladder is very small and the symptoms are having a severe impact on your quality of life.



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