

Overactive Bladder

FACT SHEET

What is overactive bladder?

People with overactive bladder (OAB) or “urge incontinence” may have a sudden, uncomfortable need to urinate. This may happen with or without urine leakage. They may have to urinate often during the day and at nighttime. When smooth muscle of the bladder squeezes or contracts more often than normal, OAB occurs. This can happen at any time. More than 33 million men and women in the United States have OAB.

What causes OAB?

In most cases, the cause of OAB is unknown. However, drug side effects, nerve damage or neurological disease (such as Multiple Sclerosis, Parkinsons disease, etc.) or stroke can cause symptoms like OAB. Other conditions, including bladder cancer, urinary tract infections and enlarged prostate can change the urgency and how often you have to void. A medical exam may help find the cause of the OAB symptoms.

Signs of OAB

Tell your doctor or nurse if you:

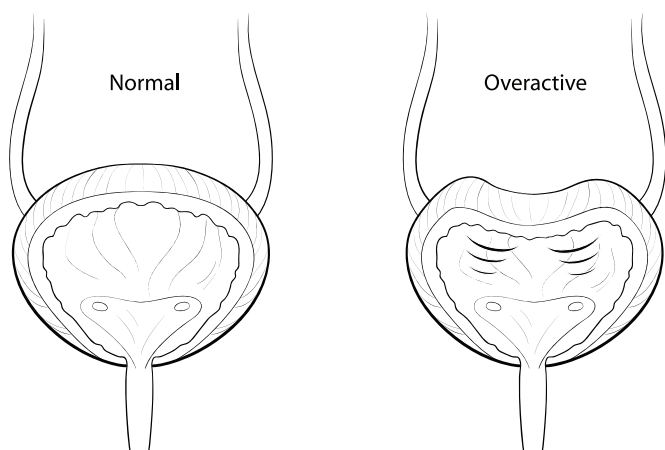
- sometimes have strong, sudden urges to urinate
- sometimes worry that you won’t make it to the bathroom in time (wetting accidents)
- go to the bathroom more than eight times in 24 hours (which may include waking up at night to go)

If you think you have overactive bladder, making an appointment with your doctor is the first step in helping to control your bladder problems.

How is OAB diagnosed?

One of the first steps toward diagnosing OAB is to keep a urination or bladder diary. Writing down your symptoms, including urgency, can help your doctor make the proper diagnosis.

Your doctor may do a urinalysis. This test will look for signs of infection, glucose (sugar), blood, white cells or difficulty concentrating the urine. After you empty your bladder, the doctor may check for any remaining urine using an ultrasound or catheterization. Some patients may have a urine cytology or endoscopy (cystoscopy) of the bladder. It is sometimes useful to perform bladder pressure testing to see bladder over activity during filling, and to be sure there is nothing blocking the passage of urine out of the bladder.



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How is OAB treated?

Drugs

There are drugs that relax the bladder muscle or prevent a bladder contraction that can help OAB and urge incontinence. Ask your doctor if medication will work for you.

Behavioral Therapies

There are things you can do to reduce the signs of OAB. These include timed or prompted urination and watching what you eat and drink, and even biofeedback. Pelvic muscle exercises (Kegel exercises) may improve urge incontinence. This can be done alone or with medication. Your doctor may suggest changing your diet (such as decreasing caffeine or alcohol intake), losing weight and that you stop smoking.

What else is done to treat OAB?

For some people, electrical stimulation of nerves or regions of the skin, vagina or rectum is called neuromodulation. This can reduce OAB and urge incontinence. Ask your doctor if this treatment is right for you.

Surgery

Surgical options may include the implantation of a bladder pacemaker. This method helps decrease bladder over activity which leads to the symptoms of urinary frequency and incontinence. Surgery to enlarge the bladder may help those with a bladder that is very small or generates high pressure. This is major surgery and can have complications. Many people have relief of OAB symptoms with the other treatments. In some women with OAB and urinary incontinence who also have vaginal prolapse and stress urinary incontinence, surgery to correct these conditions can improve the overactive bladder.

It can take time to notice that your overactive bladder symptoms are better. Keeping a record of your symptoms and your bladder activity can help you and your doctor know if your treatment is working. A bladder diary is helpful to keep track of this information.

For more information about OAB and other urologic conditions, go to **www.UrologyHealth.org** or call 800-828-7866.

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For more information call the National
Urology Health Line at 1-800-828-7866
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This product made possible with funding
from Pfizer.

