

BLADDER HEALTH

Loss of Bladder Control

OVERACTIVE BLADDER

AUA
FOUNDATION
OFFICIAL FOUNDATION OF THE
AMERICAN UROLOGICAL ASSOCIATION



Don't Let Overactive Bladder Keep You from Enjoying Life.

What Is Overactive Bladder?

More than 33 million people in the United States have overactive bladder. It affects both men and women of all ages, often starting in their 30s or 40s. Overactive bladder, also known as OAB, is when someone has a sudden, uncomfortable need to **urinate***. It can happen with or without urine leakage. People with OAB usually feel the need to urinate often during the day and at night.

ABOUT THE BLADDER: The bladder is a hollow, balloon-like organ made of mostly muscle. The bladder stores urine before it leaves the body through the urethra. OAB occurs when the **detrusor muscle** of the bladder squeezes or contracts more often than normal. It can happen at inappropriate times.

What Causes OAB?

In most cases, the cause of OAB is not known. Drug side effects, nerve damage or neurological disease (e.g., multiple sclerosis, Parkinson's disease, etc.) or stroke may cause OAB-like symptoms. There are also conditions that may lead to urgency and frequency. These include bladder **cancer**, **urinary tract infections** (UTI) and benign prostatic hyperplasia (BPH). Some people with depression, anxiety or attention deficit disorder may experience symptoms of OAB more often than the general population. Fibromyalgia and irritable bowel syndrome are conditions seen more often in patients with OAB than the general population.



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What Are the Symptoms of OAB?

PEOPLE WITH OAB:

- Sometimes have strong, sudden urges to urinate, known as urgency.
- May worry that they won't make it to the bathroom in time, sometimes causing wetting accidents. This is also known as urge urinary incontinence.
- Go to the bathroom more than 8 times in 24 hours, which may include waking up at night to go, sometimes referred to as frequency.

How Is OAB Diagnosed?

One of the first steps toward diagnosing OAB is to keep a urination or bladder "diary." When you write down your symptoms including when you feel the urgency to urinate you help your health care provider make the proper diagnosis. Write down when and how often you experience OAB symptoms.

Your health care provider may recommend tests such as urinalysis, which is a test of your urine sample that can show problems of the urinary system. Your health care provider will also look for glucose (sugar), blood, white cells or problems with your urine. He or she may check for residual urine after you empty your bladder, using an

ultrasound or **catheter**. Some patients need a urine **cytology** or **endoscopy**. An endoscopy uses a special instrument to look inside the bladder. It is sometimes useful to perform bladder pressure testing using **cystometry**, which documents bladder over-activity as it fills. This helps to make sure there is nothing blocking the urinary tract.

How Is OAB Treated?

DRUGS: There are a number of drugs that relax the bladder muscle to prevent a bladder contraction. These medications can help improve OAB and urge urinary incontinence. Ask your doctor which medications may work for you.

BEHAVIORAL THERAPIES: Behavioral treatments may reduce incontinence and urinary frequency. These range from simple activities such as timed or prompted urination and fluid management to biofeedback. Pelvic muscle exercises (see the information on Kegel exercises at the end of this brochure) may improve urge urinary incontinence. You can do these exercises alone or in combination with drug treatments. Also, people with OAB may want to change their diets (e.g., decreasing caffeine or alcohol intake), lose weight and stop smoking.

NEUROMODULATION: When drugs and behavioral therapies do not improve symptoms, neuromodulation can be used. In this case, special devices supply mild electrical stimulation to control OAB.

*Bold words are defined in the Glossary.

SURGERY: Surgery to enlarge the bladder - called augmentation cystoplasty - can be considered when the bladder is extremely small or generates a lot of pressure. This is major surgery with potential complications.

Some women with OAB and urinary incontinence may also have vaginal prolapse and stress urinary incontinence. Surgery to correct these conditions can improve overactive bladder. Talk to your health care provider about your OAB signs and symptoms. Ask which treatment is best for you.

What Can You Do to Help Your OAB?

Things you do every day can affect OAB symptoms. Try these tips for making small changes in your everyday habits.

- Drink the right amount. Try to spread your fluid intake throughout the day. Try not to drink much within 2 or 3 hours of bedtime. Your doctor can tell you what is right for you.
- Be aware that some foods and drinks may bother your bladder. These may include:
 - Coffee
 - Tea
 - Cola
 - Alcohol
 - Carbonated or “fizzy” drinks such as soda
 - Spicy foods

- Citrus fruits and juices, such as grapefruit and orange juice
- Chocolate
- Tomato-based foods such as spaghetti sauce

- Watch your weight. If you are overweight, weight loss can improve OAB symptoms.
- **Constipation** can make OAB symptoms worse. Ask your doctor how to avoid constipation.
- Quit smoking. Smoking irritates the bladder.

Retrain your bladder. If you have been living with OAB for a while, you may have gotten into the habit of going to the bathroom quite often. It may take time to see that your symptoms have improved. Practice using your pelvic floor muscles to control the urge. Strengthen your pelvic floor muscles by doing Kegel exercises every day.

Pelvic Floor Muscle “Kegel” Exercises

The pelvic floor muscles around the urethra should be tight. Exercises that make your pelvic floor muscles stronger can help hold urine inside the bladder and prevent leakage. These are known as “Kegel” exercises, named after the doctor who developed them. Your doctor may show you how to find your pelvic floor muscles while performing a physical exam. A physical exam may include a rectal or a vaginal exam.

What Should Kegel Exercises Feel Like?

Imagine you are in a crowded room and felt as if you are going to pass gas or “wind.” Most of us will try to squeeze the muscles of our anus to prevent the passing of gas. The muscles you squeeze are the pelvic floor muscles. Women will feel a slight pulling in the **rectum** and **vagina**. Men will feel a pulling of the anus and movement of the penis.

You may not find your pelvic floor muscles immediately. It may take some practice.

When doing the exercises, relax your body as much as possible and concentrate on your pelvic floor muscles. To avoid using your stomach muscles, rest your hand lightly on your belly as you squeeze your pelvic floor muscles. Do you feel your belly tighten? If you do, relax and try again.

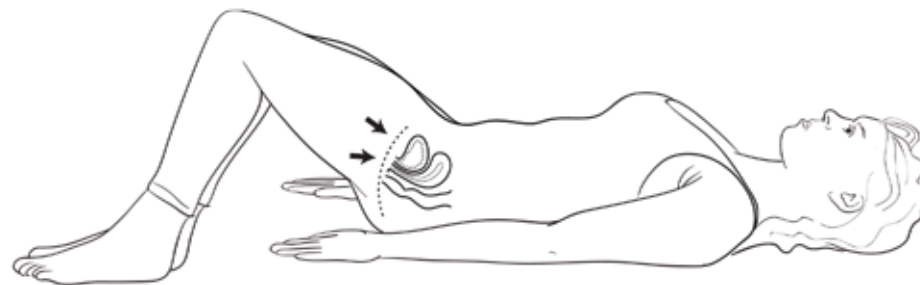
Be sure that you do not feel any movement of your stomach.

If you hold your breath then you are probably using your chest muscles. First, relax completely and notice how you are breathing for a few moments. Then, squeeze your pelvic floor muscles while you continue to breathe normally. You are not using your chest muscles because they are usually relaxed when you breathe.

The other “wrong muscles” are the muscles of the buttocks or your thighs. To test whether you are also tightening the wrong muscles by mistake, squeeze your pelvic floor muscles while sitting in front of a mirror. If you see that your body is moving up and down slightly, you are also using your buttocks or thigh muscles. When done properly, no one should be able to tell that you are squeezing your pelvic floor muscles—except for you.

STRENGTHEN YOUR PELVIC FLOOR MUSCLES: Once you locate your pelvic floor muscles you are ready to begin your pelvic floor exercise.

You can gain control over these muscles so that they will be strong enough to prevent urine leakage.



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Then you can use them quickly to prevent urine loss or to decrease the urge feeling.

The exercise involves squeezing then relaxing your pelvic floor muscles. Squeeze the muscles for five seconds and then relax the muscles for five seconds. Many people do not take the time to relax between squeezes. You must allow the muscles to relax between squeezes so that your muscles can rest before squeezing again. Each “squeeze and relax” counts as one repetition.

You should do these exercises in three different positions: ten repetitions lying down, ten sitting and ten standing. Do one set of thirty repetitions in the morning when you get up and one set of thirty at night. The exact time of day does not matter. What is important is that you develop the habit of doing the exercises every day. As your pelvic muscles get stronger, you can squeeze for 10 seconds.

In the beginning, you will need to set aside time to concentrate while you do the exercises. Each time should be associated with a cue that will remind you to practice. For example, you may want to exercise just after you get up in the morning and before you fall asleep at night.

CONTROL THE URGE TO URINATE: Many people think that the only way to relieve the uncomfortable sudden feeling

of urgency is to empty the bladder but this is not so. With OAB, the urges are often false messages that “you need to go now.” These urges can come and go without you emptying the bladder. They are simply messages telling you that eventually you will need to urinate. They should be an early warning system, getting you ready to find a place to urinate—after you have relaxed and calmed the urge.

Use Your Pelvic Floor Muscles to Control the Urge to Urinate.

To do this, squeeze and relax the pelvic floor muscle as rapidly as possible when you get the urge feeling. Do not relax fully between squeezes. Squeezing your pelvic floor muscles in this way sends a message to your bladder to stop contracting. As your bladder stops contracting and starts relaxing, the urge feeling fades. Once the urge to urinate has gone, you have a safe period when the bladder is calm. This “calm period” is the best time to go the bathroom.

Do your exercises often enough to make them a habit. Pelvic floor muscle support usually improves within six weeks after starting the exercises. You should notice changes with your OAB by the third month.

BLADDER DIARY: Because symptoms improve slowly, a bladder diary can help you and your doctor keep track of how your symptoms change.

In your bladder diary, write down:

- How OAB affects you week to week.
- How your symptoms have improved.
- How adding pelvic floor muscle exercises or changing your diet or behavior may be helping.
- Whether you have changed the amount or type of fluid you drink.

Glossary

BPH: Also known as benign prostatic hyperplasia. An enlarged prostate not caused by cancer. BPH can cause problems with urination because the prostate squeezes the urethra at the opening of the bladder.

CANCER: An abnormal growth that can invade nearby structures and spread to other parts of the body. May be a threat to life.

CATHETER: A thin tube that is inserted through the urethra into the bladder to allow urine to drain, or for the performance of a procedure or test, such as insertion of a substance during a bladder X-ray.

CONSTIPATION: A condition in which a person has difficulty eliminating solid waste from the body and the feces are hard and dry.

CYTOLOGY: The examination of cells obtained from the body tissue or fluids, especially to establish if they are cancerous.

CYSTOMETRY: A bladder function test to help diagnose problems with urination, including incontinence, urinary retention and recurrent urinary tract infections.

DETRUSOR MUSCLE: Contracting muscle in the bladder that helps to expel urine.

ENDOSCOPY: The examination and inspection of the interior of body organs, joints or cavities through an endoscope.

RECTUM: The lower part of the large intestine, ending in the anal opening.

ULTRASOUND: Also referred to as a sonogram. A technique that bounces painless sound waves off organs to create an image of their structure to detect abnormalities.

URINARY TRACT INFECTION: Also referred to as UTI. An illness caused by harmful bacteria, viruses or yeast growing in the urinary tract.

URINATE: To release urine from the bladder to the outside. Also referred to as void.

VAGINA: The tube in a woman’s body that runs beside the urethra and connects the uterus (womb) to the outside of the body. Sometimes called the birth canal. Sexual intercourse, the outflow of blood during menstruation, and the birth of a baby all take place through the vagina.

Where Can You Go for More Information about OAB?

For more information about overactive bladder and other urologic conditions, please visit the AUA Foundation's website, www.UrologyHealth.org or call the Urology Health Line at 1-800-828-7866 for assistance in English and Spanish.

ABOUT THE AUA FOUNDATION:

The AUA Foundation is the world's leading non-profit urologic health organization and the Official Foundation of the American Urological Association. Our mission is to promote health, provide hope and promise a future free from urologic diseases, including cancer.

UROLOGY HEALTH SERIES: Information based on current medical and scientific knowledge. This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please see your urologist or other healthcare provider regarding any health concerns and always consult a healthcare professional before you start or stop any treatments, including medications.

Additional resources may be available.

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