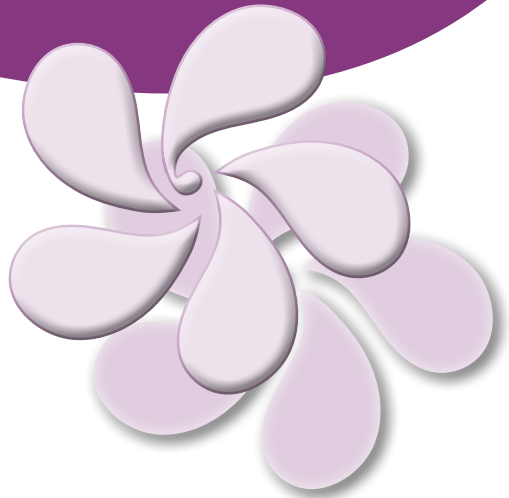


Overactive bladder (OAB) and bladder training

Information for patients



Normally, the bladder muscle is relaxed as the bladder gradually fills. As the bladder is gradually stretched, we get a feeling of wanting to pass urine when the bladder is about half full. Most people can hold on quite easily for some time after this initial feeling until a convenient time to go to the toilet.

Your bladder has to store enough urine (between 250 and 500ml) to allow you to carry out daily activities and have enough sleep. At night it is normal to pass urine once, this usually increases over the age of 60 years.

What is an overactive bladder?

In people with an overactive bladder, the bladder muscle seems to give wrong messages to the brain. The bladder may feel fuller than it actually is, contracting too early when it is not very full, and when you do not want it to.

If you have an overactive bladder you may experience some of these symptoms:

- A sudden desperate desire to go to the toilet (urgency)
- Leaking before you reach the toilet or failing to get your clothes off in time (urge incontinence)
- Getting up more than once at night to pass urine (nocturia)
- Passing urine more frequently during the day (frequency)
- Leaking urine when you are asleep (nocturnal enuresis)

What causes an overactive bladder?

The exact cause of overactive bladder in many patients is unknown.

However, there are risk factors for having an overactive bladder including:

- Lifestyle
- Menopause
- Age
- Anxiety
- Diabetes
- Abdominal surgery
- Neurological conditions such as a stroke, multiple sclerosis or back surgery

What is the treatment for an overactive bladder?

Advice on drinks:

- Drink at least six drinks each day (1½ - 2 litres)
- Avoid drinks which can irritate the bladder such as:
 - ◆ Those containing caffeine (coffee, tea or cola/fizzy drinks, green tea) or aspartame (artificial sweetener found in diet drinks)
 - ◆ Alcohol
 - ◆ Citrus drinks
- If the urge to go wakes you more than once in the night, try having your last drink at least two hours before going to bed.

- Space your fluid intake out during the day. If you drink a lot at once, you can expect to need to go to the toilet urgently not too long afterwards
- For your kidneys to work well do not restrict your drinks. This can make the problem worse as the urine becomes concentrated which can irritate the bladder further.

Bladder training

Instead of your bladder controlling you, you must learn how to control your bladder. Bladder training helps to reduce the number of times you have to go to the toilet and to pass larger volumes. It also helps you to stop urine leaking from your bladder when you have a sudden urge (strong desire) to go to the toilet.

Instead of rushing to the toilet as soon as you get the urge to pass urine, it is important to try to hold on. When you first feel the urge to pass urine try to hold on for 5-15 minutes before going to the toilet. If you can do this for a week, you will find that it will delay the urge to pass urine.

Over the following weeks continue trying to hold on, increasing the periods of time. You will find that your bladder will stretch and be able to comfortably hold larger amounts of urine without discomfort. As your bladder gets used to holding more urine, it will need to be emptied less often.

Aim to empty your bladder no more than about seven times during the day and once at night.

There are different techniques to help control the urge:

- Gently tightening and holding your pelvic floor muscles
- Going up and down on your toes
- Crossing your legs
- Sitting on something firm - hard seat or a rolled up towel between your legs
- Distracting yourself, for example doing a crossword
- Press against the opening of your bladder

Avoid going to the toilet *'just in case'*. This can make the problem worse as the bladder becomes used to holding less urine. The bladder then becomes more sensitive even when there is very little urine in it.

Sit properly on the toilet; don't hover as this does not allow the bladder to empty fully.

When you first start trying to retrain your bladder you may experience more urinary 'accidents'. Bladder training takes time and needs your full commitment. The nurse or physiotherapist will give you advice and support as it is not always easy.

Bladder diary

You will be asked to complete a three day bladder diary. This will show how often you pass urine, how much urine the bladder holds and how much fluid you have drunk. This information is valuable in the management of the problem.

Pelvic floor muscle exercises

These muscles help to support the contents of the abdomen and control the bladder and bowel. You will be taught how to exercise these muscles. See the '*Pelvic floor muscle exercises and bladder advice*' leaflet.

Weight

Being overweight puts pressure on the bladder. If you are overweight, weight loss can help alleviate the symptoms.

Relationships and overactive bladder

Having an overactive bladder can often affect women's sexual health. Visiting the toilet before sex may help prevent leakages. If you do sometimes leak urine during intercourse, you may want to try experimenting with different positions that put less pressure on your bladder.

Constipation

Constipation can put pressure on the bladder and have an effect on bladder function. By keeping healthy bowel habits, you may be able to avoid constipation and help to reduce bladder symptoms. In general, your diet should be balanced and contain whole grains, fruit and vegetables.

Smoking

Your urine contains waste products and chemicals not required by your body. Some can be toxic, such as nicotine (from smoking), which may affect bladder health in the long term (e.g. increased risk of bladder cancer).

Medicine that may help

If the conservative methods already mentioned are not effective overactive bladder may be managed by combining them with drug therapy. These drugs help to reduce bladder spasm and increase how much the bladder holds. Most people start to see an improvement after two weeks but others may need to wait longer.

Botox

For patients who have tried conservative methods and various medications which have not been successful or tolerated then Botox may be recommended. Botox works by temporarily blocking nerve impulses to the injected bladder muscle. This is a day case procedure carried out under either local or general anaesthetic. See Botox leaflet.

Sacral neuromodulation

This involves permanent surgical implantation of a battery powered electrical stimulator connected to the bladder nerves in the lower part of the spinal cord. This procedure is carried out under general anaesthetic.

Further information and support

Bladder and Bowel Foundation

www.bladderandbowelfoundation.org

Cystitis and Overactive Bladder Foundation

www.cobfoundation.org



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