Bladder urgency and Overactive Bladder syndrome (OAB)

Introduction

This leaflet will explain about bladder urgency and how to improve bladder function with retraining and other treatment methods.

Bladder urgency is having the sudden urge to hurry to pass urine, often with the fear of not getting to the toilet in time. People with bladder urgency often find they have to pass urine very often, both in the daytime and often at night. Sometimes bladder control can be lost and an embarrassing leak of urine might happen.

Studies have shown that bladder urgency is a common problem but, with the right assessment, treatment can work very well.

Causes of bladder urgency

There can be many different causes of bladder urgency. Sometimes the bladder can become very sensitive and begin to tell you that it is full, when really there is very little urine in it. The bladder sends the brain a false signal of bladder fullness, which feels like an urgent need to pass urine, before the bladder is properly filled.

Feeling stressed can make the problem worse.

The bladder can also become overactive (OAB). This means that instead of the bladder being relaxed as it fills up, it starts squeezing (contracting) without any warning during filling, causing the sudden urge to pass urine. This is called urinary urgency. This need to pass urine can be so strong that it can lead to a urine leakage called urgency urinary incontinence.

This may be caused by a problem with the nerves controlling the bladder, people with neurological disease are at risk of OAB but very often no cause can be identified.

What can I do to help the problem?

Whatever the cause, there are certain steps to follow to help control and improve your symptoms.
- Do not reduce the amount that you drink as this will cause your urine to become more concentrated, making the bladder irritable. It may also cause constipation and make the problem much worse
- Try to avoid drinks containing caffeine, which is found in tea, coffee, chocolate and cola as caffeine can make the bladder more sensitive
- Fizzy (carbonated) drinks containing aspartame (artificial sweetener) and alcohol may make your symptoms worse
- Avoid passing urine ‘just in case’. Try to increase the amount of time between daytime visits to the toilet
- Do not try to hold on at night, as this will only keep you awake
- Do not try to hold on if you think you have a urinary infection
- Practising holding on in the daytime will slowly help any night time problem
- If you have been given water tablets (diuretics), you must continue to take them. Discuss your bladder urgency with your GP or nurse to see if any changes to your medication can be made
- If you are overweight, try to lose a few pounds as this will help your symptoms by reducing the weight on your pelvic floor muscle
- Too much or too little fibre is not good for you, so try altering your diet to see what works best for you. Please ask a member of staff for leaflet GHPI1412 ‘Improving bowel function and control’.

Advice on how much fluid you should drink can be found in the information leaflet GHPI0533 ‘Fluid and caffeine intake for bladder and bowel health’. Please ask a member of staff for a copy.

Learn how to do pelvic floor exercises (your specialist nurse can advise you). When these exercises are done correctly they will build up and strengthen the muscles that help you hold urine. Please ask a member of staff for a copy of our Pelvic floor exercise leaflet.
How will you be assessed?

The doctor or specialist nurse will ask you questions about your bladder problem(s) and your general health. An examination may be needed; this may be an internal examination for female patients.

A urine test will be carried out to check for infection and you will be asked to complete a 3 day frequency/volume chart to record the time of passing urine and the amount you pass.

You may also have a flow rate test where you will be asked to pass urine into a special machine to measure the strength of your urine flow and to check whether you empty your bladder completely.

If your symptoms do not respond to basic medical treatment and self-help you have been advised to try before, you may need to have an invasive urodynamic test. This test will measure the pressure inside your bladder. For more information about urodynamic tests please ask for a copy of leaflet GHPI0622 Urodynamic investigation.

What is bladder retraining?

Bladder retraining should help you to take control of your bladder urgency. Instead of rushing to the toilet as soon as you get the urge to pass urine, it is important to try to hold on. If you have difficulty doing this, try to distract yourself by doing something else such as sitting on your feet, crossing your legs or sitting on a rolled up towel.

Bladder retraining this way will gradually increase the time between your visits to the toilet, so that slowly the bladder will be able to hold on to a larger amount of urine more comfortably.

Bladder retraining is of no help to people who go frequently or urgently because of an infection (such as cystitis). If you have an infection you may experience a burning sensation when you pass urine and your urine may be smelly. Bladder retraining will make this worse, so it is important to get treatment for the infection from your GP.

Start by keeping a record of:

- The number of times you pass urine and the amount of urine you pass each time
- The number of times you have any leakage
• The amount of fluid you drink

Keep this record for 3 days.

This record will give you an idea of how much your bladder can hold and how long you can hold on between toilet visits.

There are 2 ways of retraining your bladder. Both ways have the same result of ‘stretching’ your bladder and making it hold a greater amount of urine more comfortably. Doing regular pelvic floor exercises will help by strengthening the muscles which you use to ‘hold on’. Please ask a member of staff for a copy of the pelvic floor exercise leaflet as stated previously.

You should notice some change or improvement in your toilet visits within a month of starting the retraining program. Permanent improvement, however, may not be seen for 3 to 4 months or even longer, so do continue with the retraining.

**Bladder retraining methods**

1. **Delay after urge**

   This involves waiting for the urge to pass urine, then holding on/waiting before going to the toilet and gradually increasing the time you wait.

   First of all, decide on the amount of time you will delay going to the toilet for. If you know you are able to hold on for 1 minute before passing urine, do this for 1 week every time the urge comes.

   When you are more confident, increase the time delay for 3 to 5 minutes each time and practise this for another week. As you get more confident, the time delay can be increased and you should be able to overcome the first urge and hold on for 30 minutes to 1 hour. It would be helpful if you record your progress for the first 1 or 2 months.

   When you feel the urge to go, remember to focus your attention away from your bladder by reading a book, sitting down, recite a poem or write out a shopping list. When you are holding on, it may be helpful to do your pelvic floor exercises which may help in controlling the urge. Do not worry about your night time retraining until you are in more control of your bladder function during the day.

2. **Pre-set toilet times**
This involves setting fixed times to visit the toilet and not giving in to the urges that come before that time. First set a realistic target time for passing urine.

Decide on practical time intervals based on your 3 day record. Keep motivated. You will need to be determined to succeed.

Gradually increase the length of time between toilet visits and aim for a 3 to 4 hourly pattern.

**Points to remember**

- It is important for you to drink 8 to 10 cups of fluid per day that do not contain caffeine. Drinking less than this will make things worse
- Avoid constipation and being overweight by keeping to a healthy, high fibre diet
- Practise pelvic floor exercises regularly
- Keep yourself busy when trying to overcome the urge to pass urine
- Record your progress and review your pattern after 3 to 4 months.

**Medicines that may be prescribed**

There are various medicines that can be prescribed if progress is not made called antimuscarinics or anticholinergics. These medicines work by blocking certain nerve impulses to the bladder which stop it squeezing (contracting) and allows the bladder to fill. Improvement varies from person to person.

A plan often used is to try a course of medication for a month or so. If the medication is helpful you may be advised to carry on taking it for up to 6 to 12 months, then stop the medication to see how your symptoms are without it. Your symptoms may return but if you combine a course of medication with bladder retraining they may be less likely to return when you stop the medication.

**Side effects**

There are different antimuscarinic agents (medication) and you may need to be prescribed different types to find the one that works best for you.
Side--effects of antimuscarinic medication are quite common but are often minor. Please read the information sheet which comes with your medicine for a full list of possible side effects. The most common are:

- Dry mouth
- Dry eyes
- Constipation
- Blurred vision

Ask your doctor, nurse or pharmacist for more information.

Regular follow up visits with your health care professional will help you to reach your aim of regaining bladder control.

**What next if bladder retraining and medication has not worked?**

If the above treatments do not work for you, surgery is sometimes suggested to treat OAB. This will be discussed with you by your consultant after you have a specialist test called urodynamics to try and prove bladder over activity.

**Other procedures**

**Sacral nerve stimulation**

An overactive bladder can be treated by sacral nerve stimulation. This is a small device which is put under the skin of your bottom and sends a burst of electrical signals to the nerves that control the bladder.

**Botox**

This treatment involves injecting botulinum toxin (botox) into the inside of your bladder using a small telescope. Botox has the effect of reducing the squeezing (contractions) of the bladder but it can reduce the normal contractions so that your bladder is not able to empty fully. Up to 20 in 100 patients may need to insert a catheter (a small tube) into their bladder to empty it.

Botox has been licensed (approved) in the United Kingdom for the treatment of OAB for neurological cases. Please discuss this procedure with your doctor so that you understand all of the risks and benefits of botox before you go ahead with the treatment.
Augmentation cystoplasty
In this procedure, a small piece of bowel from the small or large intestine is added to the wall of the bladder to increase its size. Not all people can pass urine normally after this operation. You may need to insert a catheter (a small tube) into your bladder to empty it.

Urinary diversion
In this procedure, the ureters (tubes from the kidneys to the bladder) are joined to a pouch made from a piece of the small intestine that opens to the outside of your body. The urine is collected into a bag.

This procedure is only done if all other options have failed to treat your overactive bladder.

Contact information
If you have any questions or concerns, please contact:

Gloucestershire Continence Service
Cheltenham General Hospital
St Paul’s Wing
Sandford Road
Cheltenham
GL53 7AN

Tel: 0300 422 5305
Monday to Friday, 9:00am to 3:00pm
E-mail: gloucestershire.continenceservice@glos.nhs.uk

Further information
The following website will give you additional information, help and advice.

Bristol Urological Institute
Website: www.bui.ac.uk

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