WHAT IS OVERACTIVE BLADDER?

Overactive Active Bladder (OAB) is defined as sudden urinary urges, often accompanied by leaking while on the way to the bathroom. With OAB, you feel the need to pee even when your bladder is not full.

OAB affects about 33 million American men and women. Age increases the risk of OAB.

Symptoms include:
- A feeling of needing to pee that comes on suddenly or urgently
- Incontinence, or leakage of urine
- Peeing often during the day and at night

The kidneys filter urine through the ureters and into the bladder. The bladder is a balloon-like vessel that stores urine. When the body is ready, the detrusor muscle in the bladder contracts down and the urethra (the duct attached to the bladder) opens/relaxes and allows urine to empty.

In patients with OAB, the bladder muscle is overactive and squeezes too often. These bladder spasms create a feeling of urinary urgency even when there isn’t much urine in the bladder.

HOW DO I KNOW IF I HAVE OAB?

To evaluate your condition, you can see a urologist or urogynecologist, doctors who specialize in incontinence. They will ask about your symptoms and perform a physical exam to evaluate your condition and screen for other conditions such as bladder prolapse. You may also be asked to fill out a bladder diary at home to track your urinary output and leakage. The following chart lists additional tests that may be performed to assess your condition.

<table>
<thead>
<tr>
<th>Test</th>
<th>Description</th>
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<tbody>
<tr>
<td>Bladder diary</td>
<td>A record of when you urinate, when you leak, as well as your fluid intake throughout the day</td>
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<tr>
<td>Bladder scan</td>
<td>Evaluates proper emptying of the bladder after urination</td>
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<tr>
<td>Cystoscopy</td>
<td>Uses a narrow tube with a tiny camera is used to assess for urinary tract problems</td>
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<tr>
<td>Urine analysis</td>
<td>Assesses for bacteria, blood and other irregularities in the urine</td>
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<tr>
<td>Urodynamic study</td>
<td>Tests the function of the bladder, sphincters and urethra</td>
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GOTTA GO!

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OVERACTIVE BLADDER

HOW IS OAB TREATED?

**Dietary changes**
Avoiding bladder irritants through fluid and diet modifications can help decrease your symptoms. Foods and fluids to eliminate from your diet include:

- Caffeine (coffee/tea)
- Carbonation (soda/seltzer)
- Artificial sweeteners
- Spicy foods

**Bladder training**
Re-training your bladder involves timed peeing, initially at shorter intervals and then extending the intervals over the course of weeks. It also includes various techniques to help you meet the timed voids. As you use these techniques, your bladder muscle adjusts and you make fewer trips to the bathroom.

**Pelvic floor physical therapy**
Working with a physical therapist who specializes in pelvic health can help decrease your symptoms. The physical therapist will give you individual exercises to help decrease urinary urgency and leaking. Exercises can take up to three to six weeks to have effect.

**Medication**
There are many medication options to help you hold urine for longer periods of time and decrease your urine leakage. Potential side effects include dry mouth and constipation.

**Nerve stimulation**
There are various nerves involved in bladder function. Nerve stimulation can help control these nerve impulses, reducing urinary urgency.

- **Tibial nerve stimulation** involves inserting a small needle on the inside of the ankle, connected to an external device that stimulates the nerve and reduces bladder activity. Treatment includes a series of sessions in office.

- **Sacral nerve stimulation** calls for a small device to be inserted on one side of the spine. The device sends nerve signals to the bladder that cause it to relax. You will undergo a trial to determine its success before the device is implanted.

TERMINOLOGY:

**Urinary urgency:** A sudden need to urinate that is difficult to ignore.

**Frequency:** Urinating more than eight times in a 24-hour period.

**Nocturia:** Urinating more than one or two times per night.

**Overactive bladder:** Urgency, frequency and nocturia, sometimes with urinary urgency incontinence.