

A Comprehensive Guide to

OVERACTIVE BLADDER

*What you need to know to improve your
quality of life*

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Chapter 01

What is an Overactive Bladder?

Demystifying the term: OAB

If you're taking time to read this brief guide, users or someone you care about probably have bladder control issues. There are many different types of bladder disorders; this e-book will cover the Overactive Bladder, also known as "OAB."

It's a chronic condition that can really impact your quality of life. The great news is that you can manage the symptoms and get your life back with some effort.

Four OAB Symptoms

You may have:

- 1 **Urge incontinence**: Urine leakage that occurs due to a sudden strong desire to go to the bathroom.
2. **Frequency**: Urinating more than eight times per day. (The average is 4 - 6 times per day or every 3 to 5 hours.)
3. **Urgency**: An unexpected and overwhelming need to urinate right away. (Those who do not have OAB can suppress their urges and postpone urination when necessary.)
4. **Nocturia**: the need to urinate two or more times during the night. (The majority of people can sleep for 6 to 8 hours without needing to urinate.)

Chapter 01

What is an Overactive Bladder?

You Are Not Alone!

Most people have had unexpected urges (with or without leakage) at some point in their lives. However, when uncontrollable urgency, frequency, or leakage become troubling patterns, it is essential to contact your doctor or practitioner.

You might be surprised to learn that overactive bladder affects approximately 33 million Americans. In the United States, up to 30% of men and 40% of women suffer from OAB symptoms.

OAB affects both men and women and, while it is more common in older adults, it affects people of all ages. Nevertheless, OAB is not a normal condition at any age.

OAB can completely turn a person's life upside down. Moreover, as your doctor (and this book) will explain, you can learn numerous treatment options and techniques to help you manage your condition.

This book is not intended to replace your doctor. They are the only ones who can give you a diagnosis and collaborate with you to develop the best treatment plan.

The information on this e-book, on the other hand, will help you better understand OAB and your treatment options, as well as make you feel more at ease discussing the subject with your doctors, family, and friends.

Chapter 01

What is an Overactive Bladder?

OAB Triggers

Activities that can cause urgency and leakage include:

- Stressful situations or when anxiety strikes
- As soon as you see a bathroom
- Putting your feet on the floor when getting out of bed
- Putting your key in the door when getting back home
- Touching or hearing running water
- Cold exposure (for example, getting yourself in an air-conditioned room on a warm day).

How can OAB impact your life?

OAB can impact your lifestyle, including your home routines and relationships, physical and psychological health, social and sexual life, and occupation. Without a diagnosis, symptoms may begin as minor annoyances. Still, they can progress to a significant bother and detrimental impact on your day-to-day life.

Complications and Limitations

People with OAB frequently restrict their lives. When trying to plan around OAB symptoms, daily activities can become complicated ordeals.

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What is an Overactive Bladder?

Complications and Limitations

Leaving home to run errands or workouts may feel too dangerous if there is a likelihood of getting caught in long checkouts or when washrooms are not readily available. Because of your symptoms, you may have had to quit activities or hobbies that you enjoyed in the past, such as going to the movies, religious services, or sporting events. Even for short distances from home, you may be hesitant to drive or take public transportation. And travel may be out of the question—constantly looking for restrooms in strange places is far from relaxing!

People who suffer from OAB may also experience difficulties at work. Productivity may suffer as a result of frequent interruptions for bathroom breaks. Absenteeism may rise (fear of incontinence keeps some people at home, while others miss work due to health issues related to their OAB). To deal with your condition, you may well have embraced undesirable or unhealthy coping mechanisms, such as "bathroom mapping" (frequently looking for washrooms so you'll be primed when an unexpected urge strikes) or restricting water intake to reduce urgency.

If you've had bladder accidents, you've presumably had to deal with some additional annoyances. Even in the summer, you may want to limit your wardrobe to dark colors to conceal signs of urine leakage or the visibility of incontinence products. Maybe you never go outside without a change of clothes. OAB may appear to have taken control of your life.

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What is an Overactive Bladder?

Physical Health Risks

Several other health problems have been linked to OAB:

- Falls and resulting fractures are common while rushing to the bathroom in the middle of the night, particularly among the seniors. (Your chances of injury increase if you get up frequently, are off-balance, and rush through dark rooms.)
- Frequent urination (or leakage) is not only unpleasant, but it also adds moisture to the skin and alters the natural protective barrier, allowing bacterial growth.
- Rashes, skin breakdown, skin infection, and irritating symptoms can result as a result of this.

Physical Health Risks

Incontinence is a prime reason for nursing home admissions. So, don't put off seeking treatment for your condition or discussing your concerns with a family member if you suspect he or she is suffering from OAB symptoms.

The Emotional Price

OAB can have severe psychological consequences. Individuals with OAB may experience anxiousness, embarrassment, stress, low self-esteem, and isolation. You might find yourself making excuse after excuse or avoiding socializing, or even stepping away completely from family and friends.

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The Emotional Price

Some people seem to believe they no longer have the ability to socialize or interact normally. Fear of urinary leakage during intimacy can result in uncomfortable sexual performance or avoidance of intimacy altogether. Frequent nighttime wakings can make you grumpy during the day and lead to loss of energy or mood disturbances.

When to see a doctor?

Unfortunately, the overwhelming majority of OAB patients go undiagnosed, unaddressed, and unfortunately untreated. Those who seek medical attention wait an average of two to three years before doing so, seeking assistance only when their condition becomes unbearable. Why do people suffer in silence for so long?

- In the past, people were often hesitant to discuss medical issues involving the urinary system. Although the media has helped to dispel this stigma, some people still feel embarrassed about their bladder control issues.
- People may fail to recognize the true impact of OAB symptoms on their lives when bladder problems develop slowly.
- Many people are unaware that they have symptoms of a medical condition, or they mistakenly believe there is no treatment. OAB is frequently misunderstood by the general public as an unavoidable part of aging.

Chapter 01

What is an Overactive Bladder?

Do you have one of these symptoms?

Fill out the questionnaire below, then show this [journal] section to your urologist or practitioner at your scheduled appointment.

I feel strong, sudden urges to urinate\so regardless of how recently I went to the bathroom.

- Even after only a small amount of liquid has been consumed.
- But sometimes it's only a small amount when I go.
- and occasionally worry that I won't be able to use the restroom in time.

It appears that

- I am constantly going to the restroom.
- Fluids go right through me.
- My bladder symptoms have been causing havoc in my life.

I avoid certain activities or places

- I'd be embarrassed about if I leaked.
- I am not sure if there is a washroom nearby

I always go whenever I'm near a restroom

- Just in case I don't have one near me when I need one.
- Or if a wetting incident took place

Chapter 02

Bladder 101

The Urinary Tract & How It Works

The urinary tract is a system in your body that eliminates waste (urine). Muscles and nerves must cooperate for the system to function properly.

The brain, spinal cord, and nerves all work together to coordinate various urinary functions. Messages about bladder fullness and sensations are transmitted between the bladder and the brain via the nerve pathways and the spinal cord which tell the bladder muscle when to contract or relax and the sphincter muscle to relax or squeeze depending on how full your bladder is.

Kidneys: these organs filter your blood, expelling waste products and extra fluid. Your two kidneys process approximately 40 gallons of blood per day and produce approximately 1.5 urine liters (i.e. 95 percent water and 5 percent waste).

- Bladder
- Detrusor Muscle: a strong muscle located within the bladder wall. During urination, it contracts to force urine out from the bladder.
- Urethra: the tube that allows urine to exit the bladder and the body.
- Pelvic Floor Muscles: an interconnected network of muscles that supports and holds the bladder, urethra, rectum, and vagina in place.
- Sphincter: a section of the pelvic floor muscles that encloses the urethra and regulates urine flow. To hold urine in, the sphincter is squeezed, and to urinate, you relax it.

Chapter 02

Bladder 101

Urination: What's Normal?

01. The bladder gradually fills with urine over the course of a few hours. The bladder can expand because the detrusor muscle is relaxed. The sphincter remains tightly closed, keeping urine in the bladder.

02. When the volume of the bladder reaches 8 - 10 ounces of urine, nerves along the bladder send a message to the brain indicating that the bladder is filling up. The first urge to urinate is triggered as a result of this. (This happens automatically.)

03. The bladder can continue to fill and stretch because it has not yet reached its maximum capacity (usually 12 to 16 ounces).

04. People can postpone urination if going to the bathroom is inconvenient for them. They deliberately tighten their sphincter. For a short time, the urge to urinate subsides.

05. When an individual is ready to urinate, he or she deliberately relaxes the sphincter. This causes the detrusor muscle to contract, causing urine to exit the bladder.

Chapter 03

What causes OAB symptoms?

An overactive bladder works overtime, contracting more frequently and at inconvenient times.

The Symptoms that lead to OAB

Contractions that are uncontrollable

People with OAB have a detrusor muscle that suddenly contracts (without warning)

- Erroneously (whether or not the bladder is full)
- Unintentionally (is difficult to control or stop)
- More frequently than usual (causing frequent urges before the bladder is full)

What is causing the bladder to contract?

If you have OAB, you don't get gradual warnings that your bladder needs to empty soon. Instead, your brain sends incorrect signals to your detrusor muscle, causing it to contract immediately even if your bladder is not full. When your bladder contracts, you feel a strong sense of urgency. You leak urine if you are unable to stop the urge or stop the contractions before reaching a bathroom.

What causes OAB?

OAB symptoms can occur when a person has a medical condition that affects the nerves or urinary tract muscles.

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What causes OAB symptoms?

What causes OAB?

Proper communication between both the brain and bladder is interrupted due to nervous system disease or dysfunction; or pelvic floor muscles are weak, damaged, or abnormal and do not function properly, or if you have a blocked urinary tube due to an enlarged prostate or previous surgery. But, more often than not we don't know what exactly causes OAB.

The Factors Putting YOU at Risk

Factors that aggravate OAB symptoms have been identified by experts. Medical issues (such as bacterial infections) can occasionally cause temporary bladder symptoms. (Symptoms improve when these issues are addressed.) Ongoing OAB symptoms are more likely to be caused by permanent factors (such as advancing age).

- **Childbirth and Pregnancy** - During pregnancy, women frequently report temporary symptoms of OAB. Because of the extra blood circulating through the mother's body, pregnant women usually need to empty their bladders more frequently, both during the day and at night. Leakage is also common, especially during the last trimester, when the added weight of the uterus pushes on the bladder and pelvic floor. Pelvic trauma can be caused by vaginal delivery, which compresses the nerves, blood vessels, bladder, and other pelvic organs. Episiotomies, stretching, and muscle tearing can all deteriorate the pelvic floor and sphincter, as well as change the positions of the pelvic organs which can put women at risk of developing ongoing urinary symptoms.

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What causes OAB symptoms?

The Factors Putting YOU at Risk

- **Advancing Age** - More than half of those suffering from OAB are over the age of 65. Here are some of the reasons why OAB symptoms become more common as one gets older:
 - **Neurological changes** occur in the brain and spine as the body ages, as well as as a result of certain illnesses that are common in the elderly. These changes may impair your ability to coordinate bladder and sphincter contractions during urination or to detect the need to empty your bladder.
 - **Gravity**'s pull may cause pelvic floor organs to drop or shift over time (pelvic organ prolapse) and, in some cases, with multiple childbirths. This can cause bladder irritation or obstructed urine flow and OAB symptoms.
 - **UTI** - Because of their weakened immune systems and lack of estrogen in women, the elderly are more prone to urinary tract infections. The resulting inflammation and irritation may reduce the capacity of your bladder, causing bladder spasms.
- **Urinary Tract Infection (UTI)** - this infection is caused by bacteria found in urine. This can irritate the bladder lining, causing the detrusor muscle to contract when it should not. The urinary frequency may also be caused by the discomfort of a UTI. Recurrent infections can cause the tone of the sphincter to drop, resulting in incontinence. Typically after antibiotic treatment, your OAB-like symptoms may disappear.

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What causes OAB symptoms?

The Factors Putting YOU at Risk

- **Bladder Cancer** - If you have bladder cancer or have been treated for it, the tissues in your bladder may be irritated. This can result in OAB-like symptoms.
- **Overweight** - Carrying extra weight, even if it's only a few pounds, puts pressure on your bladder. Obesity can also cause a decrease in blood flow and damage to nerve connections to the bladder. Even an 8% weight loss (often less than 10 pounds) can relieve enough pressure on the bladder to improve your symptoms.
- **Prior Pelvic Surgery** - Damaged or weakened pelvic muscles, tissues, and/or nerves are an unfortunate side effect of pelvic surgery. OAB symptoms can develop following a prostatectomy, hysterectomy, bladder suspension, urethral sling (surgical bladder repositioning), or surgeries to treat pelvic cancers or fibroids.
- **Prior Pelvic Radiation** - Radiated tissue becomes much more brittle over time. As a result, if you've had radiation treatment in the pelvic area, you're more likely to develop medical issues that cause overactive symptoms. Urinary tract infection, pelvic organ injury from falls, sexual contact, and even pressure from "over holding" (constantly delaying urination for 15 - 20 minutes after such an initial urge).

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What causes OAB symptoms?

The Factors Putting YOU at Risk

- **Benign Prostatic Hyperplasia (BPH)** is a condition in which a man's prostate naturally grows larger with age. This noncancerous (benign) enlargement can block the urethra and makes it difficult to pass urine. To empty the bladder, the detrusor muscle must work harder. This can result in overactivity.
- **Specific Occupations** - Working in certain occupations can put you at higher risk for OAB. People who are unable to take bathroom breaks may hold their urine, can overstretch their bladders, and overtime cause damage to their bladder muscles. Teachers, nurses, hairdressers, police officers, and truck drivers are some examples of professionals who tend to not have easy access to bathrooms and might be at higher risk.
- **Decreasing Estrogen** Following menopause, women experiences a significant decrease in estrogen levels (when their menstruation permanently stops). When estrogen levels are low, the tissues of the bladder, urethra, and pelvic muscles atrophy, becoming thinner and drier. This may weaken them and make them more prone to irritation, leading to urgency and frequency.

Chapter 04

How to improve your OAB symptoms

You've had enough of the complications and limitations of OAB. It's time to take back control of your symptoms. This is where the first step starts!

A written record of your urinating patterns will provide information to your doctor about your OAB, including how it affects your life (routines, social interactions, and personal hygiene) and how to best treat your condition.

When you pay attention to your urination, what you drink, and when you have bothersome symptoms, you may notice certain habits that contribute to your OAB. Changing these behaviors can assist you in reducing your symptoms.

Lifestyle Interventions

Lifestyle interventions, bladder training, and pelvic floor muscle exercises are first-line treatments. If those don't improve your symptoms, the next line of therapy is medications including anticholinergic or beta-3 agonists. Third-line therapies include botox injections, sacral neuromodulation, a bladder pacemaker, or percutaneous tibial nerve stimulation.

Let's begin with bladder irritants first. A bladder irritant is any food, drink, or medication that irritates the bladder. Irritation can end up causing frequency (the need to urinate more frequently than usual), urgency (the feeling that you need to urinate), bladder spasms, and even bladder pain. Bladder irritants can alter your bladder sensation and make you feel like you "need to go" more than usual. There are several bladder irritants, and these bladder irritants can be extremely strong and bothersome for some people but not everyone reacts the same to them

Chapter 04

How to improve your OAB symptoms

Medical Therapy

1. **Carbonated beverages** contain preservatives such as citric acid and ascorbic acid, which increase your bladder's ability to contract, so some people may be sensitive to carbonated beverages due to these preservatives. Furthermore, many carbonated beverages contain caffeine, which can aggravate these symptoms.
 - 2.
 3. **Artificial sweeteners** such as aspartame and saccharin are also bladder irritants and can cause the bladder to contract more. Pay attention to how bladder irritants affect your bladder and try to limit their intake. You could try eliminating one irritant at a time to see if that helps. If it doesn't work, reintroduce it into your diet. If you're still having problems after trying all of these bladder irritants, make an appointment with your doctor or a local urologist.
-
1. **Alcohol** - When you drink alcohol, it is metabolised in your body to a metabolite called acetaldehyde, which is a bladder irritant. It enters our bloodstream and urine, and it can increase our bladder's ability to contract. Alcohol is a diuretic, meaning it causes you to produce more urine than you actually do. So, you might notice that people use the restroom more frequently when they're at the brewery or having a glass of wine with dinner. Alcohol is also a bladder irritant, which causes your bladder to contract more strongly, increasing the urge to go, which is worse for some people than others.

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How to improve your OAB symptoms

Lifestyle Changes -

Changing one's daily habits is usually recommended as the first-line therapy. You may need to change your eating and drinking habits, lose weight, manage your constipation or quit smoking. For some, it may be useful to elevate your legs before bedtime, avoid drinking 2 hours before bedtime, or change the timing of certain diuretic ("water-pills") medications.

- **The Relationship Between What You Drink and Your Health** - Many people with OAB mistakenly restrict their fluid intake in the hope of alleviating their symptoms. However, this can also lead to bladder problems. If you don't drink enough fluids, your urine will become concentrated (dark yellow in color) which can irritate your bladder lining and cause urgency and frequency.

When and How to Drink:

- Drink whatever you like at breakfast, lunch, and dinner, and sip a 12-ounce bottle of water throughout the day.
- Avoid drinking in large quantities at once.
- Cut out all caffeine-containing foods and drinks from your meal in the evening. And try to avoid drinking large quantities of caffeine or alcohol
- To reduce nocturia (night-time urination), drink a large percentage of your fluids during the first half of the day and limit them in the evening

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How to improve your OAB symptoms

Lifestyle Changes -

- **Dietary Changes** – Avoid foods and beverages that may contain bladder irritants. Caffeine is the most common irritant, and it can be found in coffee, tea, soft drinks, chocolate-flavored products, and over 1,000 over-the-counter medications. Caffeine is a diuretic, meaning it causes an increase in urine production.
- **Avoid bladder irritants** (discussed earlier in detail)
- **Avoid constipation** – Anatomically, the rectum is right behind the bladder. They are all in the same little house. So when the rectum gets full of stool, the bladder has less room to expand, and then it becomes more sensitive and more contractile. It makes you feel like you have to go more often., if you get rid of all that stool and have a regular bowel movement, your bladder will empty better, and you will not have to go so often.
- **Stop Smoking** – Smoking is a bladder irritant, and it also causes bladder cancer, lung cancer, COPD, and a whole bunch of medical problems, so just please quit right now. Discuss it with your doctor because we have tons of resources to help you if you want to quit smoking.
- **Lose weight** – Studies have shown that losing 8 percent of your body weight will reduce the incidence of urinary frequency and urgency incidence of urinary frequency and urgency.

Chapter 04

How to improve your OAB symptoms

Bladder Training

- The primary objective of bladder training is to urinate on a schedule to break the cycle of urgency and frequency. To do this, you should look at how often you urinate. If it's every hour for the first three days try to urinate every hour on the clock. If you have urgency before the one hour mark then do quick kegel exercises and distract yourself until the urge goes away. Once it does walk calmly to the bathroom once it's time to urinate. After three days increase your time between urination by 15 minutes. Do this until you can hold your urine for 2-3 hours. (The graphical figure bell curve is presented below)

Retraining your Bladder -

Bladder retraining is another treatment option for OAB (gradually conditioning the bladder to hold urine for longer periods). These pages will also teach you some techniques for dealing with strong urinary urges.

Chapter 04

How to improve your OAB symptoms

How to Respond to an Urgent Message?

When you have the urge to urinate, your brain has received a signal from your nerves that your bladder needs to be empty. But keep in mind that if you have OAB, that message could be incorrect—your bladder might not be full. In reality, your bladder may only contain a small amount of urine. As a result, try to think of your urges as early warning signs rather than commands to act immediately.

It may appear that the only way to relieve the discomfort of an urge is to urinate. And your natural reaction may be to dash to the restroom the moment one appears. Hurried movements, on the other hand, may exacerbate the sense of urgency. Rushing can even cause a bladder contraction and leakage.

The key is to remember that normal urinary urges have a predictable pattern: they increase, peak, subside, and eventually stop. The intense urgency of OAB cannot be controlled solely by willpower, but bladder retraining will help you "ride out" your urges until they subside.

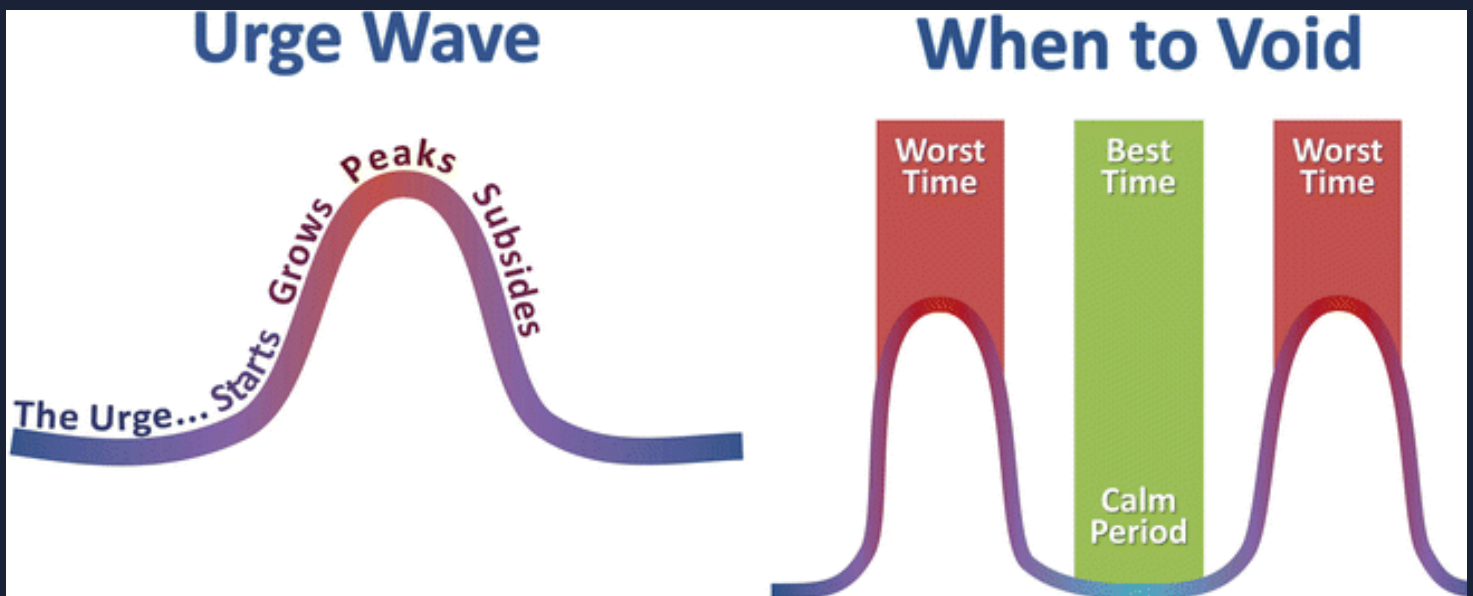
When you understand that normal urinary urges can be suppressed, you will gain confidence that, with practice, you will be able to suppress your urges once more.

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How to improve your OAB symptoms

How to Respond to an Urgent Message?

This bell curve illustrates what happens when an urge strikes:



When the Urge Strikes...

- Stop and stay still. Sit down if you can.
- Squeeze your pelvic floor muscles quickly 3 to 5 times and repeat as needed – Don't relax muscles in between.
- Relax the rest of your body by taking several slow, deep breaths.
- Concentrate on suppressing the urgency and once it calms down, squeeze again as you stand up.
- Walk to the bathroom at a normal pace, do not rush or hurry.
- If the urge returns on the way to the bathroom, stop and squeeze away the urge again.

Figure 1 Bell Curve - Newman, D.K., Burgio, K.L., Markland, A.D. and Goode, P.S., 2014. Urinary incontinence: Nonsurgical treatments. In Geriatric urology (pp. 141-168). Springer, New York, NY.

Chapter 04

How to improve your OAB symptoms

How to Respond to an Urgent Message?

Do the following when urgency strikes:

1. When the urge strikes, stop and stay as still as possible, if possible.
 2. Squeeze your pelvic floor muscles 3-5 times quickly and repeat as needed – don't relax the muscles in between.
 3. Take several slow, deep breaths to relax the rest of your body.
 4. Squeeze again as you stand up, concentrating on suppressing the sense of urgency.
 5. Do not rush or hurry to the bathroom; instead, walk at a normal pace.
 6. Stop and squeeze away the urge if it comes back on your way to the bathroom.
- **Follow the Clock** – You may have developed a habit of urinating frequently in an attempt to avoid urgency and wetting accidents. A urination schedule can assist you in breaking this habit by training your bladder to wait longer and hold more urine. Your doctor will tell you to urinate at regular intervals, such as once an hour, whether or not you feel the need. As your bladder can tolerate holding more without contracting, the time between urinations is gradually increased until you can hold urine for 2 or 3 hours, which is a more normal pattern.

Chapter 04

How to improve your OAB symptoms

How to Respond to an Urgent Message?

- **Suppressing an urge** –_What if you have a strong urge to urinate before your scheduled urination time? Sit, stand, or lie down (whichever is most comfortable for you) and use the techniques listed below to help you wait for the sensation to pass. Because not all of the techniques will work every time, experiment with different combinations. And practice them at home before attempting them elsewhere (you'll be under less pressure, so success is more likely, and a change of clothes will be nearby if necessary).
 - **Relaxation:** Don't be alarmed; tension heightens the sense of urgency. Instead, concentrate on relaxing the muscles outside of the pelvic floor, such as the abdominals.
 - **Concentration:** Pay attention to other bodily sensations, such as breathing. Take 5 to 10 deep, slow breaths. Pay attention to your lungs filling and emptying, as well as your chest expanding and contracting. This exercise may interfere with the false messages of urgency sent by your brain.
 - **Quick contractions:** 5 to 10 times in a row, squeeze your pelvic floor muscles quickly and vigorously. Quick contractions tell the bladder to relax, and the urge usually goes away.

Chapter 04

How to improve your OAB symptoms

How to Respond to an Urgent Message?

- **Distraction:** Engage in mental games to disrupt the brain's erroneous messages of urgency. Try reciting the months in alphabetical order, spelling friends' names backward, or adding large numbers together.
- **Self-Affirmations:** Belief in your ability to succeed. Reassure yourself with phrases like "I'm taking control" and "My body is strong. I'm willing to wait!" As you've discovered, your mind is a potent tool at your disposal.
- **Maintain Your Pace:** Once your urge has subsided, walk calmly—do not run—to the bathroom.
- **Mind Over Bladder** – Bladder retraining can take up to 6 weeks. Success is frequently determined by a patient's effort and determination. Setbacks are inevitable, especially during times of stress, so try to maintain a positive attitude. Continue to tell yourself that you will succeed—a positive attitude is more likely to result in a positive outcome.

Pelvic Floor Muscles Exercises

These exercises, often known as "Kegels" (after the gynecologist who created them), strengthen the pelvic floor muscles and allow you to hold pee for extended periods of time. OAB may be caused by weak pelvic floor muscles. By interrupting the brain's messages that tell the bladder to contract, doing multiple fast squeezes of these muscles can help reduce urine urges and leaks.

Chapter 04

How to improve your OAB symptoms

Pelvic Floor Muscles Exercises

- **A Beneficial Workout** - In the learning stage, kegel exercises may demand more concentration than you think. However, the more you perform them, the less difficult they will become. Most people see an improvement in their OAB symptoms within a month, but you won't get the full benefits of stronger pelvic floor muscles for several months. A kegel exercise is a motion of trying to stop your urine flow midstream, or pulling your vagina up and in or trying to lift your penis off the ground without touching it. when urinating to find your pelvic floor muscles.
- **Stopping and starting your urine flow midstream** while urinating can help you find your pelvic floor muscles. You'll be working out the muscle that controls this action, your urinary sphincter. (However, doing Kegel exercises while urinating on a regular basis can lead to problems so once you figure out how to do them don't do them while urinating. These exercises should be done at least twice a day, every day. Kegels can be done at any time, but in the beginning, I recommend doing them lying down so you can focus only on your pelvic floor muscles. As you get better you can do them sitting up and eventually standing. Try to couple them with normal activities you do every day like brushing your teeth, watching TV, waiting at a red light or in a store line, reading in bed, or going for a walk. **Squeeze** for five seconds and then relax for five seconds. Repeat this 10-15 times. If you get tired, take a short break and then resume. Try to get about three sets of ten-fifteen squeezes in during each session.

Chapter 04

How to improve your OAB symptoms

Simply Do It (Right)!

When learning Kegel exercises, the most common mistake is contracting the wrong muscle. All other muscles should be relaxed if done correctly. Here are some pointers to help you choose the right ones.

1. Avoid tightening your abdominal muscles at the same time. Place your hand on your belly while squeezing your pelvic floor muscles to see if it tightens.
2. Avoid squeezing your thighs. Watch and make sure your upper legs don't move while exercising.
3. You may be tightening your chest muscles, If you find yourself holding your breath while doing Kegels.

If you are having trouble or simply not sure if you're doing it right get an appointment with a certified pelvic floor physical therapist who can work with you and make sure you're getting the most out of your exercises.

Other Management Options for your Bladder

There is no such thing as an overnight fix. You may find some relief using the management strategies described here until your medication and behavioral techniques have had a chance to work.

Chapter 04

How to improve your OAB symptoms

Prescription drugs

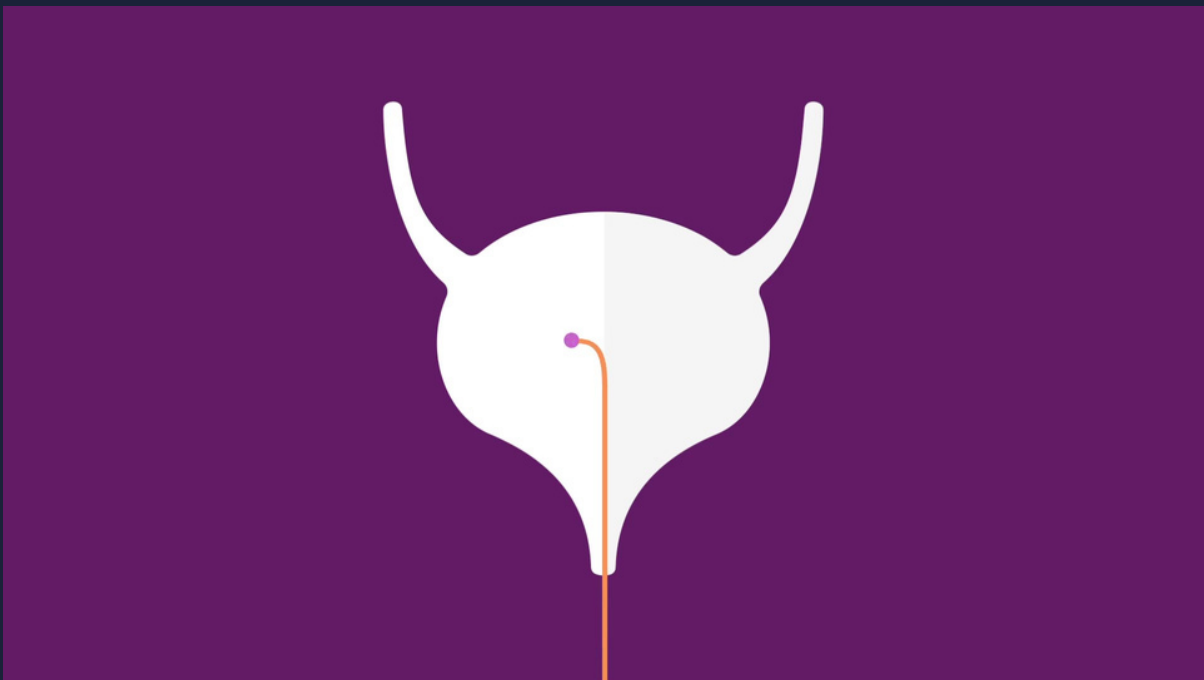
1. There are two classes of medications for OAB.
 - **Anticholinergics**; (oxybutynin, trospium, tolterodine, solifenacin, and darifenacin) Anticholinergic drugs inhibit the action of acetylcholine, a chemical messenger that sends signals to your brain and causes abnormal bladder contractions associated with an overactive bladder. These bladder contractions can cause you to feel the need to urinate even if your bladder is empty. Side effects include dry eyes, dry mouth, constipation and changes in cognitive function (i.e. confusion).
 - **Beta-3 agonists** (mirabegron, vibegron) These cause the bladder to relax. This medication works by decreasing the sensation that feels “you gotta go gotta go”. It also increases the bladder capacity, i.e. it makes it bigger and allows it to hold more. Unfortunately, just like above, it has side effects, but comparatively very few. For mirabegron some patients can experience an increase in blood pressure. Please check with your doctor if you are on any medications that you might need to adjust with this medication. Other side effects can include a stuffy nose or headaches.

Chapter 04

How to improve your OAB symptoms

Botox

- **How it works:** To treat urge incontinence or overactive bladder, a urologist can inject Botox into your bladder. This relaxes the muscles, giving you more time to get to the bathroom when you need to urinate, reducing the amount of urgency you feel, waking up less often at night and having fewer accidents in 80% of people.
- **The efficacy:** Approximately 70-75 percent of patients report significant improvement in their symptoms and quality of life.



Chapter 04

How to improve your OAB symptoms

Botox

PROS	CONS
<ul style="list-style-type: none">• Reduction or elimination of episodes of urinary incontinence• Reduction or elimination of severe urgency and of the number of times you urinate during the day and night• Improved quality of life. It is also minimally invasive, doesn't require anaesthesia and can be done in the office	<ul style="list-style-type: none">• Requires repeated procedures usually twice a year• Can increase the amount of urine remaining in the bladder after urinating and may require you to learn how to insert a catheter into the pee tube to drain urine (only in 5% of people)• Risk of urinary tract infection

Chapter 04

How to improve your OAB symptoms

Sacral Neuromodulation

- **How it works:** Sacral neuromodulation (SNM) works by altering the function of the sacral nerves (which originate in the tailbone area). These nerves transmit messages from the spinal cord to the bladder to help normalize bladder function.
- **The efficacy:** According to research, SNM has a success rate of nearly 80%

PROS	CONS
<ul style="list-style-type: none">• Reduction or elimination of episodes of urinary incontinence, and severe urgency• Reduction or elimination of the number of times you urinate during the day and night• Sacral neuromodulation begins with a nerve evaluation so you can feel how it feels and see if it will help reduce your symptoms before proceeding with an implant.• One procedure can last up to 20 years.	<ul style="list-style-type: none">• Risk of surgery: Bruising, bleeding or infection• Device issues• Unpleasant stimulation (reversible)• Requires a trip to the operating room

Chapter 04

How to improve your OAB symptoms

Sacral Neuromodulation



Chapter 04

How to improve your OAB symptoms

Percutaneous tibial nerve stimulation (PTNS)

- **How it works:** Another treatment for overactive bladder is PTNS (percutaneous tibial nerve stimulation). This treatment is similar to acupuncture and is administered via a thin needle inserted into the ankle near the tibial nerve and stimulated for 30 minutes. When the tibial nerve is stimulated, impulses travel to the nerve roots in the spine, blocking abnormal bladder signals and preventing bladder spasms.
- **The efficacy:** The goal of PTNS is to reduce symptoms such as urgency, frequency, and urge incontinence episodes. Some studies have found that up to 70% of patients respond, with clinically significant improvements in frequency of urination (both day and night), leakage episodes, and quality of life. Or in other words, its effective in 60-70% of patients and is extremely low risk.



Chapter 04

How to improve your OAB symptoms

Percutaneous tibial nerve stimulation (PTNS)

- **The efficacy:** If you're pregnant, trying to conceive or have a cardiac defibrillator you cannot receive this treatment. It requires a treatment every week in the office for 12 weeks and then monthly after that. You start seeing improvements in symptoms after a few weeks.

PROS	CONS
<ul style="list-style-type: none">• PTNS is a minimally invasive procedure that is extremely well tolerated and has no medication-related side effects.• It is a simple form of neuromodulation that does not require a device to be permanently implanted.	<ul style="list-style-type: none">• Require weekly-monthly trips to the doctor's office

Chapter 04

How to improve your OAB symptoms

eCoin

- **How it works:** This is a small, nickel-sized device that works by electrically stimulating the tibial nerve and can be implanted in the office under local anaesthesia. After implantation, the device works as a stimulator and a battery. For the first 18 weeks of therapy, your device will automatically turn on every 3 days for 30-minutes. After 18 weeks, your 30-minute stimulation session will occur once every 4 days
- **The efficacy:** About 70% of patients who received this have an improvement in their urinary symptoms. The battery can last for 3-5 years and then must be replaced.



PROS

- One procedure in the office without anaesthesia
- Stimulation occurs on its own with minimal input from the patient

CONS

- Risk of the procedure: Bruising, bleeding or infection
- Battery will need replacement every 3-5 years

Chapter 04

How to improve your OAB symptoms

Other Management Options for your Bladder

- **Absorbent Products** - Urine is absorbed by incontinence products. They protect your clothing, furniture, and bedsheets from spills. Absorbent products have both advantages and disadvantages: they help keep skin drier than it would otherwise be, but they may still cause skin irritation, especially if wet products are not changed regularly. Incontinence products assist you in returning to a more normal lifestyle. You can find both disposable and reusable products depending on your degree of leakage.
- **Portable Toilets** - If you have trouble walking or getting to the bathroom in the middle of the night, keep a portable commode or hand-held urinal near your bed or within easy reach during the day. This will reduce the number of accidents.

Products that might help

1. Because Market Incontinence Products Get your first box FREE: <http://becausemarket.sjv.io/yRrLEy>
2. Baby Butt Cream with 40% Zinc Oxide to manage skin irritation due to leakage
3. Ondrwear Reusable Underwear https://ondrwear.com/?ref=IRWHUEZXQD_pFe Use coupon code RENA15 for 15% off!

Chapter 05

Keep track of your bladder

My Bladder Diary (a)

Time	Drinks	Trips to the washroom	Accidental Leaks	Strong urge yes/no?	What were you doing at the time?

(a) Urology Care Foundation.

Chapter 05

Keep track of your bladder

Instructions

How to complete the diary:

- Take note of how much urine you make during the day. If your healthcare professional asks you to keep a Bladder Diary, you will probably get a special collection device to use. It sits under your toilet seat. It is marked with measurements to let you know how much urine you make. Take note of how much urine you make during the day. If your healthcare professional asks you to keep a Bladder Diary, you will probably get a special collection device to use. During the day, write down how much liquid you drink. If you do not know exactly how much liquid you are drinking, it's important to take a good guess about the number of ounces every time. Most containers will list the number of ounces they contain. Use these listings to help you make an estimate—for example, an 8 oz. cup of juice, 12 oz. can of soda or 20 oz. bottle of water.
- It sits under your toilet seat. It is marked with measurements to let you know how much urine you make. If you are keeping the diary on your own before visiting a healthcare professional, you may want to collect your urine in a paper cup. Choose a cup that you know holds a certain amount of liquid, such as 8 oz. You can rinse the collection device from your healthcare professional or your paper cup in the tub or sink after you use it. Keep the cup or device close to your toilet until you've finished your diary.

Chapter 05

Keep track of your bladder

Instructions

How to complete the diary:

- It's best to keep a diary for at least three days. A one-day diary may not give a true picture of your bladder condition. The three days you keep your diary don't have to follow one after another. Any three days you choose is fine. Copy as many pages of the Bladder Diary you need to complete the three days or visit UrologyHealth.org/OAB to print out more.
- Don't forget to bring your completed diary with you to your first office visit.

Chapter 05

Overactive Bladder Assessment

Symptom Questions	Not at all	Occasionally	About once a day	About three times a day	About half the time	Almost always	SCORE
1. Urgency - How often do you have a strong, sudden urge to urinate that makes you fear you will leak urine if you can't get to a bathroom immediately?	0*	1	2	3	4	5	
2. Urgency Incontinence - How often do you leak urine after feeling an urge to go? (whether you wear pads/protection or not)	0	1	2	3	4	5	
	None	Drops	1 Teaspoon	1 Tablespoon	¼ cup	Entire bladder	
3. Incontinence - How much urine do you think usually leaks? (whether you wear pads/protection or not)	0	1	2	3	4	5	
	1-6 times	7-8 times	9-10 times	11-12 times	13-14 times	15 or more times	
4. Frequency - How often do you urinate during the day?	0	1	2	3	4	5	
	None	1 time	2 times	3 times	4 times	5 times or more	
5. Wake to urinate - How many times do you usually get up each night to urinate, from when you went to bed until you got up in the morning?	0	1	2	3	4	5	

Chapter 05

Overactive Bladder Assessment

How much does this bother you:	I am not bothered at all	1	2	3	4	I am bothered a great deal
1b. Urgency – a strong, sudden urge to urinate that makes you fear you will leak urine if you can't get to a bathroom immediately?	0	1	2	3	4	5
2b. Urgency Incontinence – leaking after feeling an urge to go?	0	1	2	3	4	5
3b. Frequency – urinating frequently	0	1	2	3	4	5
4b. Waking from sleep to urinate?	0	1	2	3	4	5
	I would not be bothered at all					I would be bothered a great deal
5b. Overall satisfaction – If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?	0	1	2	3	4	5
6b. How have your symptoms changed your life? Please let us know how your symptoms (urgency, frequency, urine leakage, and waking at night) have changed your life. Are your symptoms: (Please check all that apply) <input type="checkbox"/> Keeping you from getting a good night's sleep? <input type="checkbox"/> Causing you to stay home more than you would like? <input type="checkbox"/> Keeping you from social activities or entertainment (movies, concerts, etc.)? <input type="checkbox"/> Causing you to exercise (walking, sports, etc.) less or limit your physical activity? <input type="checkbox"/> Causing problems with friends or loved ones <input type="checkbox"/> Keeping you from traveling, taking trips, or using public transit? <input type="checkbox"/> Making you plan trips around your knowledge of public restrooms? <input type="checkbox"/> Causing problems at work? Other ways your symptoms have changed your life: _____ _____						
Score the "bother" questions (1b, 2b, 3b, 4b, 5b & 6b) separately. Do not add them together.						

Chapter 05

Overactive Bladder Assessment

Instructions - How do I use this Quiz?

Read this list of questions and answer them. Then bring your completed quiz to your next visit with your healthcare professional. This can be an easy way to start talking about your symptoms. The questions will help measure which Overactive Bladder (OAB) symptoms you have and how much your symptoms bother you. The better your healthcare professional knows the level and impact of your symptoms, the better he or she can help you manage them.

Scoring - What do my results mean?

For "Symptom Questions" (1 through 5): Add 1 + 2 + 3 + 4 + 5 to get a score from 0 (no symptoms) to 25 (most severe symptoms).

What your total "Symptom" score means:

The higher your score for questions 1-5 are, the more severe your OAB symptoms are. However, if your score for question 1 is 0, then you do not have the hallmark symptom of Overactive Bladder - strong sudden urges to urinate that you cannot ignore.

The answers to the "Symptom" questions can help you and your healthcare professional understand which of your OAB symptoms are most severe. For "Quality of Life" Questions (1b, 2b, 3b, 4b, 5b, & 6b): DO NOT add your "Quality of Life" scores together. Each "Quality of Life" question is scored separately.

Chapter 05

Overactive Bladder Assessment

Scoring - What do my results mean?

What your “Quality of Life” results mean:

Questions 1b, 2b, 3b, 4b, 5b, & 6b on this quiz help show how your symptoms impact your life. We hope this will help you start a discussion with your healthcare professional about your symptoms.

Seeing how much your symptoms have changed your life can help your healthcare professional decide what treatment choices to offer. Even if you have mild symptoms, if they bother you enough to change your life, you and your healthcare professional should discuss what treatment options are available to you.

What if I have other symptoms?

Please let your healthcare professional know about any other symptoms you may have. (For example, do you have urine leakage when sneezing or exercising? Do you have bladder pain? Do you have to strain to begin urinating?)

This will help your healthcare professional figure out if your symptoms could be caused by something other than OAB. It will also help them offer the treatment choices that are best for you.

Chapter 06

Special Notes on Caring for Others with OAB

How do you handle caring for someone with OAB?

Here are some solutions to some problems you may encounter. Here are some behaviors or signs to look for if you suspect someone in your care has urgency, frequency, or leakage:

- A sudden decrease in activity or socializing
- A reluctance to leave the house for more than an hour or two at a time
- Urine odor in the home or on clothes
- Rushing to the bathroom immediately upon arrival at a destination
- Wearing clothing that conceals possible accidents, such as loose-fitting pants, long sweaters, or wearing a coat indoors

Communicating Sensitive

It can be difficult to bring up OAB with someone you suspect is concealing symptoms. You may believe the subject is too personal or that it is none of your business. The person in your care may be embarrassed and avoid conversation. However, keep in mind that this person may not seek treatment unless you intervene, and OAB can have serious consequences for his or her physical and emotional health. The best way to help isis encouraging them or taking them to see a doctor. Here are a few emotional responses people may have when you bring up the subject, as well as suggestions for how to respond.

Chapter 06

Special Notes on Caring for Others with OAB

Communicating Sensitively

Humiliation or embarrassment: OAB patients may fear that others will perceive them as lacking in personal hygiene. Assure the individual that OAB is a medical condition with treatment options. You will set the tone by discussing the subject sensitively as a medical issue rather than something to be embarrassed about. You could also give them a copy of this book or portions of it that you find most useful.

Anger or resentment: The constant inconvenience, discomfort, and anxiety associated with OAB may cause people suffering from OAB to be irritable. OAB patients may believe they have lost control, that their bodies have failed them. Let them know you understand their dissatisfaction and concern. Give them the hope that therapy will significantly improve their symptoms.

Denial or resistance: Some people may make light of or downplay their OAB symptoms. (Women who are accustomed to wearing pads for menstruation may believe that wearing them for leakage is acceptable.) Others may suppress awareness of their condition in order to avoid a dreadful diagnosis. (Many men are concerned that their symptoms indicate prostate cancer.) Confronting someone who is in denial may lead to additional resistance. Share your concern in private, making sure the person feels respected rather than criticized.

Chapter 06

Special Notes on Caring for Others with OAB

Communicating Sensitive

Depression or fear: Some people worry that OAB means the end of their productive lives and the beginning of being dependent on (or a burden to) others for care. They may be concerned that their condition will worsen. Explain to them that OAB affects adults of all ages and that the emotions they are feeling are normal. OAB, on the other hand, is not a common condition, and doctors can recommend a variety of treatments other than surgery.

What can you do for them?

Making Toileting More Convenient – These tips will assist those you are caring for in helping themselves and maintaining their continence.

- Make certain that clothing can be easily removed. (Avoid clothing with waist zippers and buttons.)
- For nighttime bathroom trips, keep the path to the toilet clear of obstacles and well-lit. Consider lights with movement sensors so they don't have to look for a light switch.
- Consider getting a bedside commode, bedpan, or hand-held urinal if the bathroom is inconveniently located or if your family member has mobility or balance issues.
- Install bathroom equipment (such as grab bars and a raised toilet seat) to make it easier for the patient to lower and raise himself or herself.

Chapter 06

Special Notes on Caring for Others with OAB

The Glimmer of Hope

Caring for someone with OAB presents many challenges, but it also presents many opportunities. You and the person you are caring for may discover deeper relationships, new strengths, and self-knowledge as you offer your support.

Additional Notes

Here's where you can jot down any thoughts or questions you have for your doctor. Before Your Appointment Here is the symptoms I'm having:

- Frequency
- Nocturia
- Urge Incontinence
- Urgency

In my daily life, these symptoms cause the following issues:

What do you think I should do?

Chapter 06

Special Notes on Caring for Others with OAB

Additional Notes

What are the benefits and drawbacks of this treatment?

What do you think I should do?

What kind of outcomes can I anticipate from this treatment?

How long will it take for me to see the results?

Other Thoughts or Questions



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She is an online content editor for the Journal of Urology and Urology Practice journals and on the editorial board of the Urology Practice Journal. She serves on the communication committees for the Society of Urodynamics, Female Pelvic Medicine, and Urogenital Reconstruction, and the Association of Women Surgeons. In addition, she is involved in the Salary Pay Disparities committee for the Society of Women in Urology. She is actively involved in the AUA Mid-Atlantic Section Young Urologists & Social Media Chair and is the chair of the annual MA-AUA Residents' Day for 2022.

She served as the spokesperson for bladder health month for the AUA Radio Media tour in 2019 and has been on SiriusXM Doctor Radio Men's Health Show, and several podcasts including AUAUniversity, AUA Inside Tract, and Incision UK Podcasts. Dr. Malik is regularly featured by media outlets and has an active YouTube channel providing urologic education. She was awarded Top Doctor between 2019 and 2022 by Baltimore Magazine for Urology and Urogynecology. She has published over 50 peer-reviewed articles and book chapters. Her research interests include gender disparities, health literacy, medical misinformation in social media, and catheter-associated urinary tract infections.



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