Mersey and West Lancashire Teaching Hospitals
NHS Trust

Overactive Bladder

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إذا كنت بحاجة إلى هذه المعلومات بلغة مختلفة أو بصيغة مُيسَّرة، فيرجى التحدث إلى أحد العاملين والذي سيقوم بترتيب ذلك لك.

如果您需要其他語言或無障礙格式的資訊，請聯繫工作人員，他們將為您安排。

இந்தத் தகவலானது உங்களுக்கு வேறொரு மொழியிலோ அல்லது எளிதில் அணுகக்கூடிய வடிவத்திலோ தேவைப்பட்டால், அதனை உங்களுக்காக ஏற்பாடு செய்துதரக்கூடிய பணியாளர் ஒருவரிடம் தயவுசெய்து பேசவும்.

Dacă aveți nevoie de aceste informații într-o altă limbă sau într-un format accesibil, vă rugăm să vă adresați unui membru al personalului, care va face demersurile necesare pentru dumneavoastră.

اگر به این اطلاعات به زبانی دیگر یا در قالب دسترس‌پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Se necessitar desta informação numa língua diferente ou num formato acessível, por favor fale com um membro da equipa que poderá organizá-la para si

اگر آپ کو یہ معلومات کسی مختلف زبان یا قابل رسائی فارمیٹ میں چاہیے، تو مہربانی کرکے عملے کے کسی رکن سے بات کریں جو آپ کے لیے اس کا بندوبست کر سکتا ہو۔

Jeżeli niniejsze informacje mają być przekazane w innym języku lub dostępnym formacie, prosimy o kontakt z członkiem personelu, który może to dla Państwa przygotować

ئەگەر پێویستیت بەم زانیاریانە هەیە بە زمانێکی جیاواز یان شێوازێکی تر، تکایە لەگەڵ ئەندامێکی ستافەکە قسە بکە کە دەتوانێت بۆت ڕێکبخات

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Overactive bladder

An overactive bladder is a very common problem that often causes distressing and inconvenient symptoms. It can cause you to rush to the toilet many times during the day and night and can sometimes also cause you to leak some urine before you reach the toilet. This information leaflet aims to explain what an overactive bladder is and what causes it, as well as explaining what can be done to help.

How common is it?

An overactive bladder is surprisingly common in both women and in men too. It can affect between 1 in 3, to 1 in every 10 women.

It is more common in women who:

- Have gone through the menopause
- Are overweight or obese
- Smokers
- Have other nerve related conditions (Multiple Sclerosis, Parkinsons etc.)
- Past surgery for stress incontinence
- Have had problems with bedwetting as a child

Why does it happen?

There are many possible causes for an overactive bladder, and they vary with your age. Some things you can change and others unfortunately you cannot.

- Weight – an overactive bladder is much more common in women who are overweight and the more overweight you are, the more common and worse it can be.
- Caffeine – some people are sensitive to caffeine and switching to decaf drinks can be very helpful for them.
- Artificial sweeteners – these are very irritant for your bladder and should be avoided in all forms. They are mostly found in drinks labelled “diet” or “zero”.
- Lack of oestrogen – after the menopause, the skin in the vagina can become lacking in oestrogen and then become thin. As it sits next to the bladder, this can cause the bladder to become overactive and replacing the oestrogen with an hormone replacement therapy cream helps to reduce the symptoms.
- Genetics – some people are unfortunate to have this run in their family. They will often have relatives with similar symptoms and who also may have had issues themselves with bedwetting as a child or “giggle incontinence”.
- Neurological conditions – some illnesses such as Multiple Sclerosis (MS) or Parkinson’s disease, can affect the bladder function resulting in it being overactive. The treatment is the same as for other causes, but you may end up needing a combination of treatments or even to change treatments over time.
- Previous surgery – women who have had operations to treat stress incontinence in the past (tape operations or colposuspension) have a higher chance of getting an

overactive bladder than other women due to scarring and/or the presence of a mesh in the pelvis.

- No obvious cause – most of the time we are not sure as to why you have an overactive bladder, but we will exclude any cancers or other conditions. The treatment is the same and we make sure that you are on the best treatment for you.

How does a normal bladder work?

The bladder is similar to a balloon. As urine is produced and fills the bladder up, the walls stretch to accommodate the extra fluid.

Urine is kept inside the bladder by a valvelike mechanism (urethral sphincter) that stays shut until you feel the need to empty and have reached a toilet. The valve mechanism is assisted by the pelvic floor muscles below the bladder, which tense up when you cough or sneeze and keep the urine in.

As the bladder fills up, you start to be aware of the feeling that you need to pass urine but are not able to hold on. Once you have decided to empty your bladder (i.e. in a toilet, at a convenient time), your brain signals the muscle of the bladder to squeeze and empty out the urine.

At the same time, the bladder valve and pelvic floor muscles relax to allow the urine to flow out. The bladder usually needs to be emptied about 4-7 times per day, and once at night.

What is an overactive bladder

Urgency - a sudden and intense need to pass urine that cannot be put off. This can happen even when your bladder is not full. Sometimes you may not make it to the toilet in time and may leak. This is called urge incontinence.

Frequency - going to the toilet many times during the day, usually more than seven.

Nocturia - Waking up more than once at night to go to the toilet.

An overactive bladder affects women (and men) of all ages and is not simply a result of getting older.

What causes an overactive bladder?

Overactive bladder symptoms are caused by the bladder muscle. Squeezing to empty out urine inappropriately. This often happens without warning, and when you do not want it to.

Your doctor or nurse will test your urine to rule out an infection, which is a common cause of overactive bladder symptoms.

You may have other tests to look for bladder stones and growths as well. An overactive bladder can also be caused by conditions affecting the nervous system.

If you have had a previous operation for stress incontinence, you may also be more likely to have Oan overactive bladder. The amount and type of liquids that you drink may also contribute to your symptoms. For example, caffeinated drinks are thought to significantly worsen overactive bladder symptoms.

How will it be investigated?

When you see your doctor, he/she will ask you questions about your bladder, fluid intake and general health. You will then be examined to rule out any gynaecological problems that may be contributing to your problem.

You may be asked to fill in a bladder diary, which involves recording what and how much you drink and the volume of urine that you pass each time you go to the bathroom.

This provides useful information on how much you are drinking you are drinking and how much your bladder is able to hold.

Some of the tests that you may be asked to have are listed here.

Urinalysis - testing a sample of your urine to find out if there is an infection or any blood in the urine.

Residual urine - using an ultrasound machine (or sometimes inserting a small Catheter) to check whether you are emptying your bladder properly.

Urodynamics - this test is able to examine the activity of the bladder muscle as it is filled with fluid. Urodynamics can tell your doctor whether your bladder muscle squeezes inappropriately as the bladder is filled this is known as (“detrusor overactivity”) as well as whether the bladder valve is leaky (“stress incontinence”) and whether the bladder empties properly.

Cystoscopy - sometimes we will advise a short procedure to look into the bladder to see if there is any cause such as a stone or a tumour in the bladder. Usually this is done if you have not got better with lifestyle changes or tablets.

What treatments are available?

There are many different treatments available for an overactive bladder. There are also changes that you can make to your lifestyle which can significantly improve your symptoms.

Drinks containing caffeine, for example, coffee, tea and cola can significantly worsen overactive bladder symptoms. It may be very helpful therefore to reduce the number of these types of drinks to see if this helps. Fizzy drinks, fruit juices, and alcohol can also cause overactive bladder symptoms.

Try keeping a bladder diary to see if you can find out which drinks make your symptoms worse. You could try switching to water, herbal teas, and decaffeinated drinks.

Although it is tempting, try not to cut down the amount you are drinking; aim to drink about 1.5 to 2 litres per day (about half a gallon).

Bladder training

The aim is to slowly stretch the bladder so that it can hold larger volumes of urine. In time, the bladder muscle should become less overactive, and you should become more in control of your bladder. This means that more time can elapse between feeling the desire to pass urine and having to get to a toilet.

Leaks of urine are then less likely, a doctor, nurse, or continence advisor will explain how to do bladder training. The advice may be something like the following.

You will need to keep a diary. On the diary make a note of the times you pass urine and the amount (volume) that you pass each time. Also make a note of any times that you leak urine (are incontinent). Your doctor or nurse may have some pre-printed diary-charts for this purpose to give you.

Keep an old measuring jug by the toilet so that you can measure the amount of urine you pass each time you go to the toilet.

When you first start the diary, go to the toilet as usual for 2-3 days at first. This is to get a baseline idea of how often you go to the toilet and how much urine you normally pass each time.

If you have an overactive bladder, you may be going to the toilet every hour or so and only passing less than 100 to 200 ml each time. This will be recorded in the diary.

After the 2-3 days of finding your 'baseline', the aim is then to 'hold on' for as long as possible before you go to the toilet. This will seem difficult at first.

For example, if you normally go to the toilet every hour, it may seem quite a struggle to last one hour and five minutes between toilet trips. When trying to hold-on, try distracting yourself.

For example:

Sitting straight on a hard seat may help.

Try counting backwards from 50. Do 5 quick squeezes of your pelvic floor muscles, this sends a message to the bladder which helps to calm it down.

With time, it should become easier as the bladder becomes used to holding larger amounts of urine.

The idea is to gradually extend the time between toilet trips and to train your bladder to stretch more easily. It may take several weeks but the aim is to pass urine only 5-6 times in 24 hours (about every 3-4 hours).

Also, each time you pass urine you should pass much more than your baseline diary readings. On average, people without an overactive bladder normally pass 250-350 ml each time they go to the toilet.

After several months you may find that you get the normal feelings of needing the toilet which you can easily put off for a reasonable time until it is convenient to go.

Whilst doing bladder training, perhaps fill in the diary for a 24-hour period every week or so, this will record your progress over the months of the training period.

Bladder training can be difficult but becomes easier with time and perseverance. It works best if combined with advice and support from a continence advisor, nurse or doctor. Make sure you drink a normal amount of fluids when you do bladder training.

Medications

There are a variety of different medications that can help with an overactive bladder. Although these may be prescribed by your doctor it is still important to control what you are drinking and to try to train your bladder.

The medications are designed to enable you to hold on for longer, reduce how often you need to go to the toilet both in the day and the night and to reduce leaking.

The medications do cause side effects such as a dry mouth in some people. Sometimes you may need to try several different drugs before you find one that suits you.

Constipation can also be a problem and can be treated both by diet and medically, so you can still enjoy the good effects of the medication for your overactive bladder. Sometimes your bladder may improve after a few months' treatment, enabling you to come off the medication. However, many women do have to stay on the medication for a longer term in order to control their symptoms.

Other treatments

Changing fluid intake, bladder training, and medications work for the vast majority of women with an overactive bladder. However, a small number will have symptoms that persist despite these treatments.

In this case, the following treatments may be offered:

Botulinum toxin

Botulinum toxin can be injected into the bladder via a telescope, under local anaesthetic. It causes relaxation of the bladder muscle, helping with urgency and allowing the bladder to store more urine.

Although we do not yet have long term results for botulinum toxin, it is thought to be an effective treatment (up to 80% cure rate).

The effect lasts for up to 9 months, after which you may need repeat injections. There is however a 10-20% risk of having difficulty emptying the bladder afterwards which may require self-catheterisation. Your doctor can give you more information about this.

Tibial nerve stimulation

This is designed to stimulate the nerves that control bladder function via a nerve which passes around the ankle. It involves inserting a small needled near the ankle, which is connected to a device that stimulates the tibial nerve. This indirectly stimulates and retrains the nerves that control the bladder.

Sacral nerve stimulation

This involves directly stimulating the nerves that control your bladder function. It involves implanting a nerve stimulator inside the body so is a treatment only offered by some specialists, to people with severe and persistent symptoms which have failed to improve with other treatments.

Catheter (long term)

For some women, they do not want any intervention or surgery and would prefer to have a catheter into their bladder. This can be put in through the urethra (where you pass urine from) or across your tummy above the pubic bone. Either way, the catheter can drain your bladder constantly to reduce or avoid leakage. It can still allow some leakage though and does increase your risk of urine infections.

Larger bladder operations

These are carried out in specialist urology centres and reserved for women who have tried everything else and want to avoid a long-term catheter. Due to the size of the surgery, you need to be fit and healthy enough to recover from major surgery and be aware of the risk and benefits to the operation.

Your doctor will be able to give you full information about the most suitable treatments for you. It may be that you are never fully cured of your overactive bladder symptoms, but hopefully you can see from this leaflet, there are a great number of treatments that can help you manage your symptoms, so your life is not controlled by your bladder.

During your time in hospital, it is important to us that you are happy with your care and treatment. Please speak to a member of staff and/or the ward sister/charge nurse if you have any questions or concerns.

Matron

A matron is also available during the hours of 9am – 5 pm, Monday to Friday. During these periods, ward staff can contact the matron to arrange to meet with you.

Out of hours, a senior nurse can be contacted via the ward to deal with any concerns you may have.

Infection control request

Preventing infections is a crucial part of our patient's care. To ensure that our standards remain high, our staff have regular infection prevention and control training, and their practice is monitored in the workplace.

We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff

member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

Special instructions for after you have left hospital

If you have been prescribed medication for your bladder symptoms, you will get your repeat prescription from your own GP.

Contact information

For Ormskirk hospital

- Urogynaecology nurse specialist
  telephone 01695 656 953

For Whiston & St Helens hospitals

- Urogynaecology Clinical Co-Ordinator
  Monday to Friday (excl. BH) - 0151 676 5619

- Day Surgery Unit St Helens Hospital (Sanderson Suite)
  8am-9pm Monday to Friday – 01744 64 6089

- Pre-assessment Clinic - 01744 64 6395
  9am-5pm Monday to Friday

- Surgical Assessment Unit - 0151 430 1637
  after 9pm, weekends and bank holidays

- Outpatients Department Green zone, St Helens Hospital
  9am-5pm Monday to Friday – 01744 64631 / 6300

- Main Switchboard – 0151 426 1600

Further information

IUGA leaflets - https://www.yourpelvicfloor.org/leaflets/

BSUG Patient leaflets - https://bsug.org.uk/pages/for-patients/bsug-patient-information-leaflets/154

Bladder and Bowel organization UK - https://www.bbuk.org.uk/

Notes

There may be students and observers present during your consultation as part of their ongoing training. Please let the staff know if you do not wish any students to be present during your attendance

Please ask a member of staff if you would like a chaperone present during your procedure.

Whiston Hospital
Warrington Road
Prescot
Merseyside
L35 5DR

St Helens Hospital
Marshall Cross Road
St Helens
Merseyside
WA9 3DA

Newton Hospital
Bradlegh Road
Newton-le-Willows
WA12 8RB

Southport Hospital
Town Lane Kew
Southport
Merseyside
PR8 6PN

Ormskirk Hospital
Dicconson Way
Wigan Road
Ormskirk
L39 2AZ

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All instances of abuse, violence or aggression, no matter how big or small, will be investigated and action taken if necessary.