



Southport and  
Ormskirk Hospital  
NHS Trust

# PATIENT INFORMATION

# Overactive Bladder

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 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 able to hold on. Once you have decided to empty your bladder (ie 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 OVERACTIVE BLADDER (OAB)?**

OAB is the name given to the following collection of bladder symptoms:-

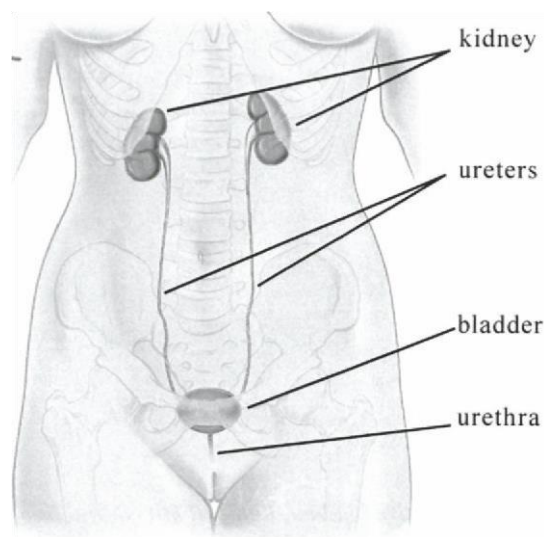
**Urgency** – a sudden and intense need to pass urine that cannot be put off. This can happen even when your bladder is not full.

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 7).

**Nocturia** – waking up more than once at night to go to the toilet.

OAB affects women (and men) of all ages, and is not simply a result of getting older.



*The Urinary Tract*

## **WHAT CAUSES OAB?**

OAB 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 OAB symptoms. You may have other tests to look for bladder stones and growths as well. OAB 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 OAB. The amount and type of liquids that you drink may also contribute to your symptoms. For example, caffeinated drinks are thought to significantly worsen OAB symptoms.

## **HOW WILL I 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 and how much your bladder is able to hold.

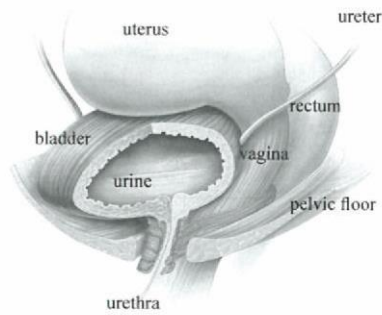
Some of the tests that you may be asked to have are listed here:-

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

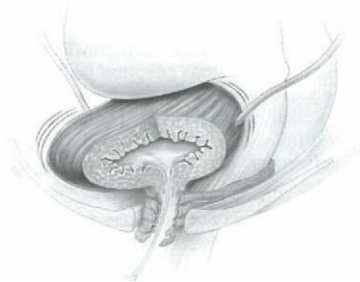
**Residual urine** – using an ultrasound machine (or sometimes inserting a small catheter) to check whether you are emptying your bladder properly.

**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.

*Normal bladder, half full and relaxed*



*Overactive bladder, half full but contracting, causing urinary leakage*



## **WHAT TREATMENTS ARE AVAILABLE?**

There are many different treatments available for OAB. 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 OAB 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 OAB 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 and 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 100-200 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 your 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 just 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 (see above).

## **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 during the day and 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 OAB. 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 OAB. 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.

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 to manage your symptoms so that 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 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.

## **ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:**

## **CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION AFTER YOU HAVE LEFT HOSPITAL**

Karen Shaw – Urogynaecology Nurse Specialist based at Ormskirk District General Hospital.  
Telephone 01695 656953

## **OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:**

NHS 111

Stop Smoking Helpline (Sefton) - 0300 100 1000

Stop Smoking Helpline (West Lancashire) - 0800 328 6297

The Bladder and Bowel Foundation (formerly Incontact and the Continence Foundation) Nurse Helpline 0845 345 0165

[www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)

## **REFERENCES**

Nice Clinical Guideline; Urinary Incontinence. October 2006

IUGA – [www.iuga.org](http://www.iuga.org)

**Please call 01704 704714 if you need  
this leaflet in an alternative format**

**Southport and Ormskirk Hospital NHS Trust**

Ormskirk & District General Hospital  
Wigan Road, Ormskirk, L39 2AZ  
Tel: (01695) 577111

Southport & Formby District General Hospital  
Town Lane, Kew, Southport, PR8 6PN  
Tel: (01704) 547471

**FOR APPOINTMENTS**

Telephone (01695) 656680  
Email [soh-tr.appointments@nhs.net](mailto:soh-tr.appointments@nhs.net)

Please remember to complete the **attached** *Friends and Family Test*.

Alternatively, you can complete the *Friends and Family Test* on-line by going to: [southportandormskirk.nhs.uk/FFT](https://southportandormskirk.nhs.uk/FFT)

**Thank you**

Author/owner: Karen Shaw

Ref: 10/32

Version: 4

Reviewed: November 2021

Next Review: November 2024