

Understanding Overactive Bladder

A PATIENT'S GUIDE



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GOTTA GO... AGAIN?

Do you find yourself running to the bathroom with an overwhelming need to urinate immediately?

Do you experience the urge to urinate frequently?

Are you embarrassed by accidental urine leakage?

If you answered yes to any or all of these questions, you may have an overactive bladder (OAB).

OVERACTIVE BLADDER IS COMMON

More than 30 million Americans have overactive bladder. While OAB is more common as you age, it is not a normal condition at any age.

You don't have to suffer in silence. Our continence specialists can help.

About 9 out of 10 doctor-patient conversations about OAB start because the patient brings it up. If you think you might have the condition, don't wait for your doctor to ask about it.

WHAT IS AN OVERACTIVE BLADDER (OAB)?

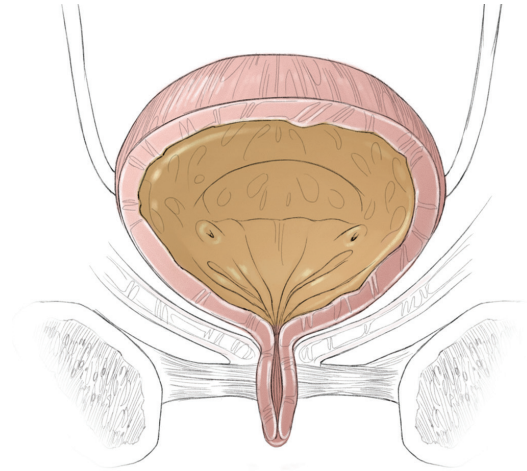
Overactive bladder is a combination of urinary symptoms that may include a sudden urge to urinate, urinating frequently, and/or leaking urine if you do not make it to the bathroom in time.

OAB is typically characterized by five main symptoms, which may occur daily or may come and go unpredictably. You do not have to experience all of the described symptoms to be diagnosed with OAB.

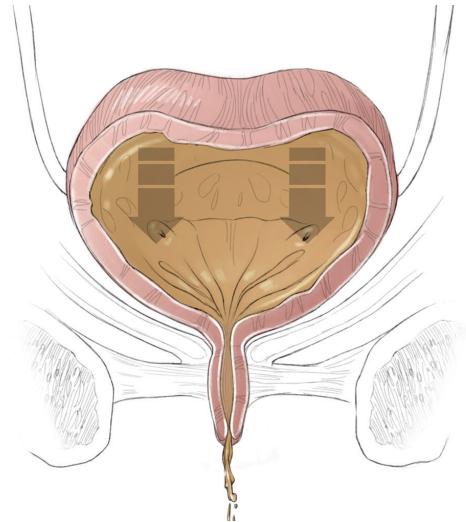
- Frequency. Most people normally urinate 4-7 times during the day, and at least one time at night (although this is age-dependent). People with OAB usually urinate eight (8) or more times during waking hours.
- Urgency. Feeling a sudden or unexpected urge to urinate that is difficult to control. Also described as a “gotta go right now” sensation.
- Urge Incontinence. This involves involuntary leakage after an urgent need to urinate.
- Nocturia. Waking up two or more times a night to urinate.
- Incomplete bladder emptying. The sensation of not feeling completely empty after urination.

Overactive bladder affects 40 to 50 million men and women in the U.S. It is a chronic disease state, which means the symptoms can be managed, but not cured.

Normal bladder



Overactive bladder



WHAT CAUSES OAB SYMPTOMS?

In individuals with OAB, the bladder muscle is overactive and squeezes too often. These bladder spasms make it feel like you need to urinate often and quickly, even if there isn't much urine in your bladder.

RISK FACTORS FOR DEVELOPING OAB

- Aging
- Neurological conditions that affect the brain or spine, including multiple sclerosis, Parkinson's disease, stroke, cerebral palsy, and spinal cord injury
- Diabetes
- Gastrointestinal conditions such as irritable bowel syndrome (IBS) are more commonly associated with OAB
- In women, pregnancy and childbirth, menopause, endometriosis, and abdominal surgeries can be risk factors
- Medications such as diuretics, sedatives, and antidepressants can interfere with the nerves that trigger bladder contractions
- Certain foods such as caffeine, alcohol, and spicy foods can irritate the bladder and make OAB symptoms worse
- Obesity

HOW IS OAB DIAGNOSED?

Your provider will order diagnostic tests to accurately evaluate your overactive bladder symptoms to create a personalized course of treatment to manage your symptoms over time.

These evaluations may include one or more of the following tests:

- Urinalysis - A sample of urine collected to check for abnormalities in the urine.
- Uroflow - You may be asked to urinate into a device that will measure the volume and speed of urination.
- Post-Void Residual - After urinating, a quick ultrasound scan is performed to see the amount of urine that is left in the bladder.
- Ultrasound - A test that uses sound waves to visualize the bladder and other parts of the urinary tract.
- Urodynamics Study (UDS) - Tests the ability of your bladder to store and empty urine.
- Cystoscopy - A diagnostic procedure with local anesthesia (lidocaine gel) that uses a tiny camera to look at the urethra and bladder.
- Urocuff (patients with prostates only) - A small cuff on the penis that can be utilized to non-invasively and painlessly measure urine flow rate and bladder pressure, as well as aid in the diagnosis of voiding disorders.

HOW IS OAB MANAGED AND TREATED?

Treatment for OAB is focused on managing your symptoms. OAB is a chronic condition that cannot be “cured,” but can be effectively managed with the right therapies that range from behavioral changes and oral medications to more advanced treatment such as minimally invasive surgical procedures. Your provider will work with you to create an OAB management plan that is right for you.

Behavioral Modifications

- Fluid Modifications - Having an increased fluid or bladder irritant intake will make the kidneys produce more urine and/or fill the bladder more quickly leading to sensations of urgency. Bladder irritants include alcohol, carbonated beverages, artificial sweeteners, spicy foods, and caffeine. Drinking fluid in normal quantities and moderating intake of bladder irritants should lessen OAB symptoms.



Pelvic Floor Physical Therapy (PFPT)

- Pelvic floor therapy exercises called Kegels help to strengthen the pelvic floor muscles that support your bladder, helping to reduce urine leakage.
- Quick-flick muscle contractions are also good exercises that can temporarily stop the feeling of needing to urgently urinate.
- Bladder training or delayed voiding involves controlling the urge to urinate by waiting a few extra minutes after you feel the urge at first and then gradually increasing the time between bathroom visits.
- Timed Voiding is when you go to the bathroom at scheduled times.

Weight Loss

Weight loss can significantly improve OAB symptoms. Losing weight will ease the stress on your bladder.

ORAL MEDICATIONS

Two types of drug classes can help with OAB symptoms:

1. Anticholinergics help to decrease involuntary bladder muscle contractions.
2. Beta-3 agonists promote bladder storage of urine.

These medications may help relieve symptoms of OAB and some may cause side effects. Medications can improve symptoms in some patients, but not in all. Not all patients are candidates for medications and coverage varies based on insurance policy.

ADVANCED TREATMENT OPTIONS

Botox®

Botox® is a prescription medication that is injected into the bladder muscle and is approved to treat overactive bladder symptoms in adults 18 years and older after they have failed behavioral modifications and medication(s).

How Does Botox Treatment Work?

Botox treatment works by calming the nerves that trigger the overactive bladder. In your body, chemicals travel from nerve cells to muscle cells to make your bladder contract so that you can urinate. With OAB, these muscles contract uncontrollably.

Botox is injected into the bladder muscle and works on the nerve to help block the signals that trigger OAB.

Botox is not a daily treatment. Its duration may last 3 to 12 months for patients based on indication and dosage used. For most patients with OAB Botox typically lasts about 6 months.

How is Botox Inserted Into the Bladder?

- The Botox procedure is typically performed in your provider's office or an Ambulatory Surgery Center (ASC).
- Your bladder will be filled with a numbing solution such as lidocaine to help ensure your comfort during the injection of Botox. This numbing solution will sit in your bladder for approximately 15-30 minutes.
- Once your bladder is numb, your provider will gently place a cystoscope through the urethra and into your bladder.
- Botox is delivered through the cystoscope. Several quick injections are delivered into the bladder muscle.

What are the Side Effects of Botox Treatment?

While not common, side effects from Botox therapy can include:

- Urinary tract infection (UTI)
- Inability to fully empty your bladder

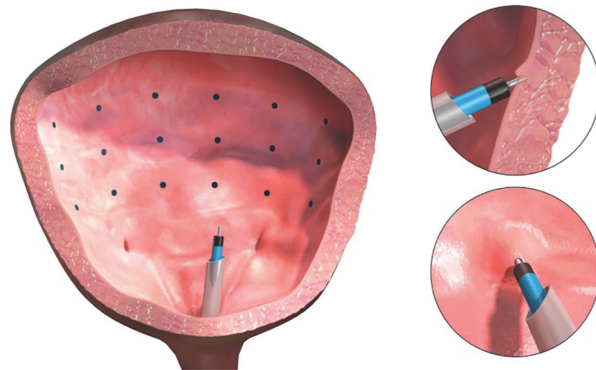


IMAGE COURTESY OF BOTOX® THERAPEUTIC

OAB is not a normal part of aging or being a woman. It's also not a problem with the prostate. There are treatment options that can help you manage the symptoms so you can take back control of your life. Talk to your urologist today about getting help for OAB.

PERCUTANEOUS TIBIAL NERVE STIMULATION

What is Percutaneous Tibial Nerve Stimulation (PTNS)?

Percutaneous tibial nerve stimulation (PTNS) is a type of neuromodulation therapy used to treat the symptoms of overactive bladder (OAB).

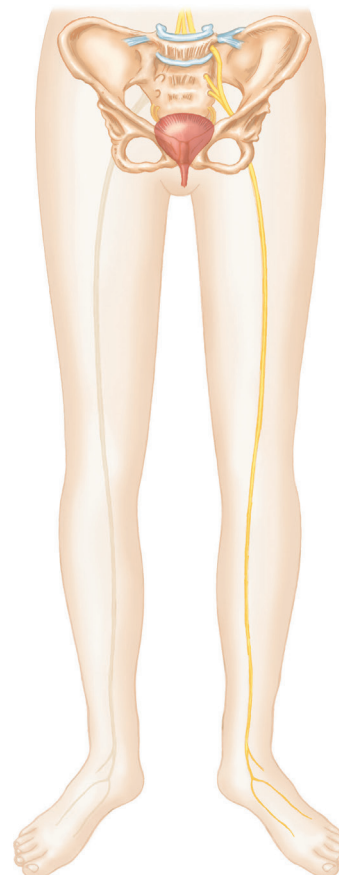


How does PTNS work?

PTNS involves using a thin acupuncture-like needle inserted through the skin above the ankle to stimulate the tibial nerve with gentle electrical impulses (neurostimulation).

The gentle electrical impulses directed through the acupuncture needle will target the tibial nerve which transmits that energy signal up the leg and toward the bladder nerves. The tibial nerve has connections to the sacral nerve plexus which provides innervation to the bladder and urethral sphincter. Multiple repetitions of this gentle stimulation to the tibial nerve will indirectly cause stimulation to the bladder nerves, and potentially improve bladder nerve function, therefore decreasing OAB symptoms.

- Your provider will prescribe a series of 12 weekly treatments.
- For each treatment, you will be seated comfortably in the office and a small, thin acupuncture neuroelectrode will be inserted in the skin near your ankle. The electrode is connected to a battery-powered stimulator that sends mild electrical impulses along the tibial nerve in your leg. This may feel like a fluttering or tingling sensation.
- Each treatment lasts 30 minutes.
- It may take up to 6 to 8 weeks to see positive changes in your urinary symptoms.
- If successful, monthly maintenance treatments will be necessary after the initial 12 treatments.



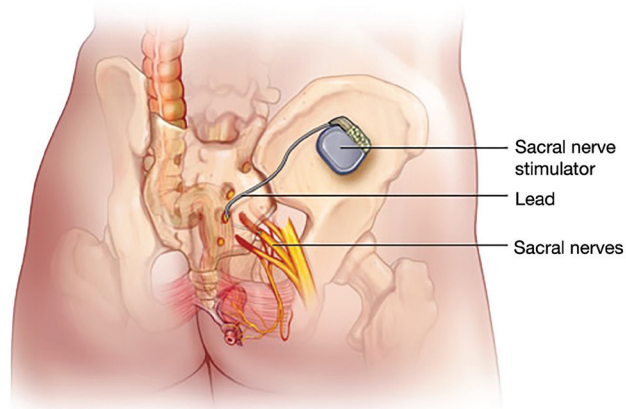
SACRAL NEUROMODULATION (SNM)

What is Sacral Neuromodulation Therapy?

Sacral neuromodulation (SNM) is a proven therapy that targets the communication problem between the brain and the nerves that control the bladder. If those nerves are not communicating correctly, you may have urgency and frequency, or leakage of urine associated with urgency.

Sacral neuromodulation stimulates the sacral nerves with mild electrical pulses to modulate the signals with the brain. This treatment is safe and effective and is a viable option for patients who have not had success with behavioral modifications and/or medications for OAB.

This therapy is also indicated for patients with non-obstructive urinary retention (NOUR) and fecal incontinence. More than 13 million adults have both bladder and bowel incontinence.



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How Does SNM Therapy Work?

- SNM uses a small neurotransmitter device that can be compared to a pacemaker. To make certain this therapy is right for you, your provider will start you with a basic nerve evaluation that does not require surgery. The evaluation typically lasts 5-7 days.
- The basic nerve evaluation involves the temporary placement of a thin, flexible wire through the skin overlying the sacrum that is then connected to a small external stimulator. The stimulator sends mild electrical impulses through the wire to the nerves that involve bladder function.
- Throughout the evaluation phase, your provider will ask you to keep a bladder diary to record your urinary symptoms and determine if you have experienced symptom improvement.

You and your provider will review the diary to see if your body responded to the therapy. If so, you may decide to have an internal device placed for long-term therapy during a same-day outpatient procedure.