

## Overactive Bladder Referral

Dear Doctor,

Thank you for referring this patient with symptoms of overactive bladder (OAB) syndrome. We have also sent a copy of this letter to your patient and we would be much obliged if they can bring the filled in details to any further Urology appointments.

OAB is characterized by urinary urgency, frequency and nocturia, with or without urgency urinary incontinence. ***These symptoms should initially be managed in the primary care setting and should be considered for referral and assessment by the Community Continence Clinic in the first instance before referral to secondary care.***

Please ensure that there is no persistent dipstick haematuria in patients over the age of 50 and that any urinary tract infections have been treated. To ensure no red flags are missed, please ensure none of criteria below are relevant and re-refer as appropriate.

Scottish Referral Guidelines for Suspected Cancer (bladder and kidney) advise **urgent** referral when:

- Aged 45 and over with:
  - **unexplained** visible haematuria without urinary tract infection, or
  - visible haematuria that persists or recurs after successful treatment of urinary tract infection
- Age 50 and over with unexplained non-visible haematuria and either dysuria or a raised white cell count on a blood test
- Abdominal mass identified clinically or on imaging that is thought to arise from the urinary tract
- Routine referrals should be made for:
  - Asymptomatic persistent non-visible haematuria without obvious cause
  - Unexplained visible haematuria < 45 years of age
  - Patients over 40 who present with recurrent UTI associated with any haematuria

In simple cases of OAB, we would first suggest conservative management as follows:

- Reducing caffeine/alcohol intake, switching to decaffeinated drinks (strong evidence from European Association of Urology (EAU) guidelines)
- Avoiding artificial sweeteners and fizzy drinks.
- Encourage overweight and obese adults with OAB to lose weight and maintain weight loss (strong evidence from EUA guidelines).
- Pelvic floor exercises and bladder training (separate information leaflet will be sent to patient) – NICE guidelines suggest a minimum of 6 weeks.
- Patients who also suffer from constipation should be given advice about bowel management (strong evidence)
- Review any new medication associated with the development or worsening of OAB (weak evidence).
- Treat any associated comorbid conditions (e.g diabetes, cardiac failure, chronic renal failure, neurological disease including strokes) which could exacerbate or cause OAB.

If the above measures fail please start medical therapy

- Start the patient on an anticholinergic of your choice if there are no contraindications (strong evidence)
- Consider extended release formulations of antimuscarinics drugs, whenever possible (strong evidence)
- If an antimuscarinic treatment proves ineffective, consider dose escalation or offering an alternative antimuscarinic formulation, or Mirabegron, or a combination (strong evidence)
- Offer long-term vaginal oestrogen therapy to post-menopausal women with OAB and symptoms of vulvo-vaginal atrophy (strong evidence)

- If medical management fails to control the patients' symptoms and they are happy to consider more invasive secondary care interventions and therapies such as urodynamics, kindly refer them back to the urology department.

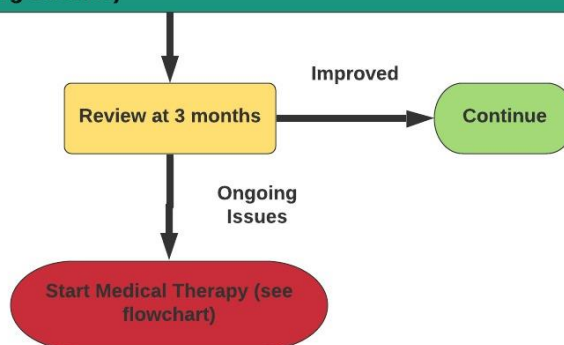
Urology Consultants, NHS Lanarkshire

## Overactive Bladder Clinical Guideline

Jeenesh Mokool | April 25, 2020

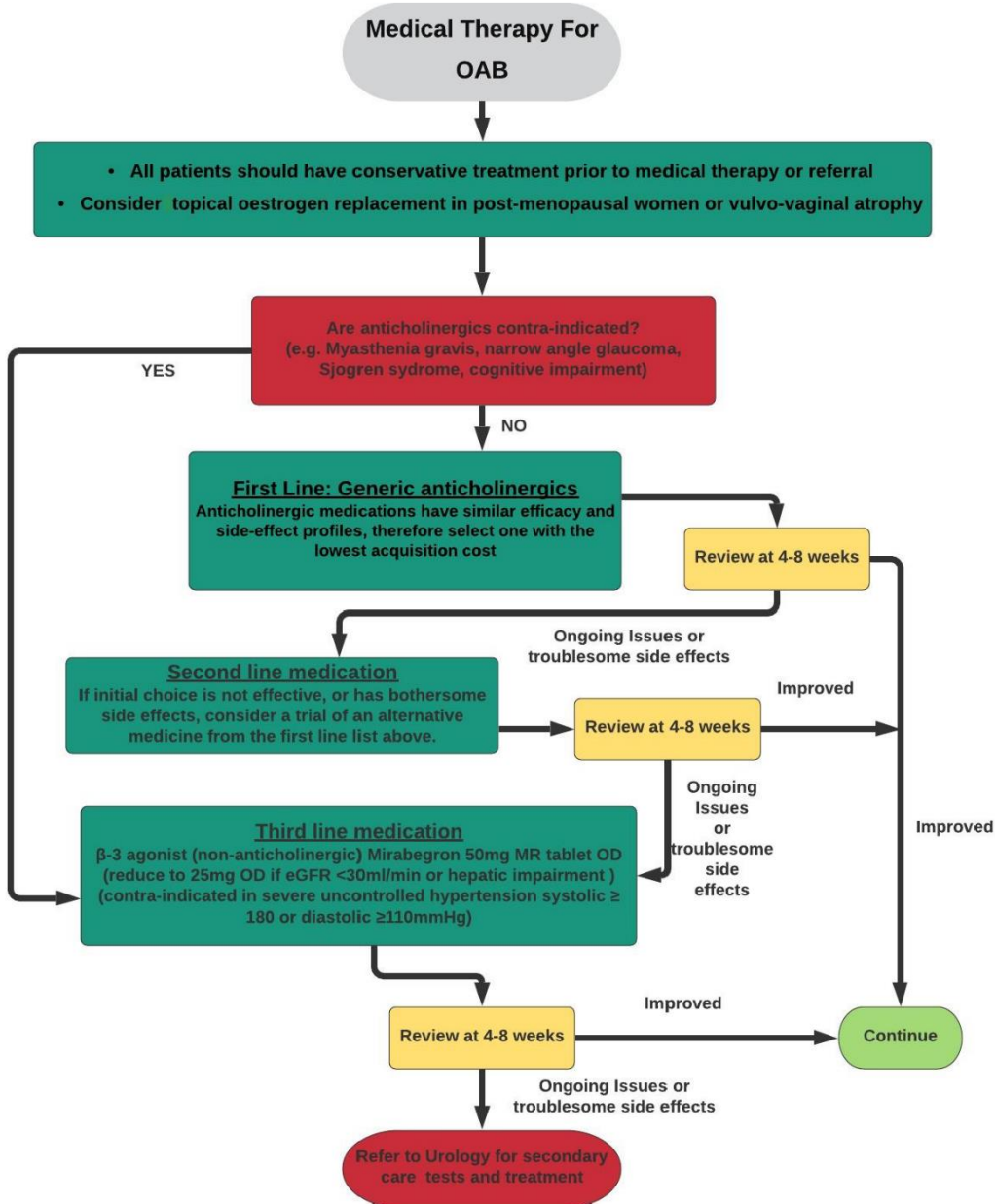
### Conservative management of OAB

- All patients should have conservative treatment prior to commencement of medical therapy or referral to secondary care
- Ensure no dipstick haematuria in patients over the age of 50 (Frank haematuria should be referred urgently to Urology)
- Treat any UTI
- Refer to District Nurse Continence Clinic or Continence Advisory Service for assessment and conservative treatment if possible
- Lifestyle modification including reducing caffeine and alcohol, exercise and weight loss
- Pelvic floor exercises and bladder training - NICE guidelines suggest a minimum of 6 weeks
- Treat constipation
- Review medication
- Treat comorbid conditions (e.g diabetes, cardiac failure, chronic renal failure, neurological disease including strokes)



# Overactive Bladder Clinical Guideline

Ieenesh Mokool | April 25, 2020



# Bladder diary

On the next page of this leaflet, you will find a bladder diary. Keeping a bladder diary helps us to make an assessment of how your bladder is working and gives us an idea of the amount you drink, the amount of urine your bladder can hold, and how often you pass urine.

## How to complete your bladder diary

Fill in the bladder diary as carefully as possible for two days in the week.

- For each day record what and how much you drink (in mls or cups), and when you drink it.
- Use a jug to measure the amount of urine you pass. Record the amount on the chart.
- If you leak urine, tick the column marked 'wet'.

Every time you pass urine, please put a letter on the chart from the list below that describes how urgently you had to get to the toilet:

- A. I felt no need to empty my bladder, but did so for other reasons.
- B. I could postpone voiding (emptying my bladder) as long as necessary without fear of wetting myself.
- C. I could postpone voiding for a short while, without fear of wetting myself.
- D. I could not postpone voiding, but had to rush to the toilet in order not to wet myself.
- E. I leaked before arriving to the toilet.

Below is an example of how to complete the bladder diary:

Time	In	Out	Wet	Urgency
07.00		300mls		D
08.00	Tea 1 cup			
09.00				
10.00		200mls		B
11.00	Water 1 cup			
12.00		50mls	✓	E
13.00				

Day 1				
Time	In	Out	Wet	Urgency
07.00				
08.00				
09.00				
10.00				
11.00				
12.00				
13.00				
14.00				
15.00				
16.00				
17.00				
18.00				
19.00				
20.00				
21.00				
22.00				
23.00				
00.00				
01.00				
02.00				
03.00				
04.00				
05.00				
06.00				

Day 2				
Time	In	Out	Wet	Urgency
07.00				
08.00				
09.00				
10.00				
11.00				
12.00				
13.00				
14.00				
15.00				
16.00				
17.00				
18.00				
19.00				
20.00				
21.00				
22.00				
23.00				
00.00				
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02.00				
03.00				
04.00				
05.00				
06.00				

# Bladder training



## WHY DO I NEED BLADDER TRAINING?

Bladder training is part of a conservative approach to overactive bladder and painful bladder syndrome, alongside fluid advice and medication. Overactive bladder is a condition characterised by a frequent and/or urgent need to pass urine with or without urge incontinence (that is, leakage on the way to the toilet). Painful bladder syndrome is a condition characterised by pain before going to pass urine, usually in association with some or all overactive bladder symptoms.

## HOW DO I DO BLADDER TRAINING?

To start bladder training you should believe you can regain control of your bladder. Your aim is to go to the toilet to pass urine when you want to go, rather than when you get the urge to go. The urge can be suppressed and you must aim to get this to work. A bladder muscle contraction is like a spasm that will pass. You need to learn how to stop yourself from going to the toilet using distraction techniques until this spasm passes which is normally within 9-12 seconds.

## WHAT ARE THE DISTRACTION TECHNIQUES?

When you get the urge to go to the toilet, tighten your pelvic floor muscles as firmly as you can. You may find it helps to sit down, though this may affect your activity. Try to distract your mind, for example, count down from 50 or 100, recite the alphabet, finish a job, read to the end of the page or wait for the next break on television. It is likely that the urge will have passed before you finish these distractions.

## ARE THERE ANY OTHER TECHNIQUES THAT CAN HELP?

Some people may get the urge when doing particular activities, like before going out, getting out of the car, putting the key in the door, returning home, undressing in the toilet to pass urine or running the tap.

It is important to break the link between these events and getting the urge. You can do this by determined effort to stop yourself from passing urine, squeezing your pelvic floor muscles and taking more time to get out of the car or get back into the house.

## HOW DO I KNOW THAT IT IS WORKING FOR ME?

Use a bladder diary to monitor your progress. Set yourself a realistic target to increase the interval before going to the toilet to pass urine. For example, if you go to the toilet every hour, aim to go every hour and quarter and gradually increase the time between going to the toilet. You can also watch the clock and see how long it takes before you need to go to the toilet to pass urine again. Increase the duration gradually until you can reach three or four hours. This can take time. Be prepared for setbacks and restarts, which are not uncommon. You will be given a follow-up clinic appointment to check your progress in around four to six weeks as it can take some time to change your bladder habit.

It is easy to use the wrong muscles instead of the pelvic floor muscles.

- ❖ Don't clench your buttocks
- ❖ Don't squeeze your legs together
- ❖ Don't hold your breath

You may feel some tightening around your lower stomach (**bikini line**) - this is normal.

**There are a few ways you can check you are doing the exercises properly.**

While sitting or lying you can gently insert your thumb or index finger into your vagina. Tighten your pelvic floor muscles. You should feel the muscles move/tighten around your thumb/finger.

If you are having sex, try to exercise your pelvic floor; your partner should be able to feel the muscles tightening.

**Do NOT do these exercises whilst passing urine.**

It is very important to make sure you are using the right muscles, otherwise there may not be any improvement. You could even cause more damage. Ask for help if you are not sure that you are using the right muscles. Your physiotherapist can help you.

## **YOUR EXERCISE PROGRAMME**

### **Endurance**

- ❖ Tighten your pelvic floor muscles and hold them for up to a maximum of 10 seconds
- ❖ Relax fully for 4 seconds
- ❖ Now tighten again for 10 seconds
- ❖ Relax fully for 4 seconds
- ❖ Repeat this until the muscle gets tired

How many seconds can you hold it for? ..... Seconds

How many times can you repeat it? ..... Times

**Eventually aim for a 10 second hold repeated 10 times.**

### **Co-ordination**

- ❖ Quickly tighten up your pelvic floor muscles
- ❖ Hold for 1 second and then relax fully
- ❖ Repeat this until the muscles get tired

**Eventually aim for 10 times.**

To strengthen the muscles it is necessary to repeat the slow and fast exercises 4 to 6 times each day. As you get stronger, build up to doing 10 slow exercises and 10 fast exercises 4 to 6 times each day.

You could do your exercises:

- ❖ After going to the toilet.
- ❖ While watching T V.
- ❖ Whilst sitting feeding your baby (if you are a new mum)
- ❖ At meal times.

To help prevent leakage of urine you should tighten your pelvic floor muscles before coughing, sneezing, lifting or with any other activity which causes leakage.

This is also very important if you have symptoms of prolapse. Once your pelvic floor muscles are strong it is important to maintain them. Continue your exercises for the rest of your life. If you do not, then your muscles could become weak again.

## **ADDITIONAL INFORMATION**

Some questions answered which will help you to achieve your goal.

### **Does my weight have anything to do with my problem?**

Getting down to your ideal weight will reduce the amount of strain placed on your pelvic floor muscles and can lead to a considerable improvement in your symptoms.

### **Does drinking a lot of caffeine affect my symptoms?**

Caffeine can act as a stimulant to your bladder and is therefore best avoided or reduced. Caffeine is present in coffee, tea, cola, Irn bru, chocolate and some medication (**your physiotherapist will discuss this with you**).

### **I tend to be constipated on occasions and then my symptoms seem to be worse. Why?**

Straining to open the bowels stretches the pelvic floor muscles, which can weaken them. Check your diet to avoid this problem, or see your GP for advice. Ensuring an adequate fluid intake can help.

### **Are there any exercises I should avoid?**

Straight leg sit ups and double leg lifts put severe pressure on the pelvic floor (**and the back**) and should be avoided. Also avoid high impact activity, for example, any activity involving both feet off the ground at the same time - running, jumping and so on. More suitable exercise would be pilates, tai chi or yoga.



## Remember:

**Liquid intake:** You should drink roughly 3 to 4 pints (**1.5 to 2 litres**) of liquid per day. Drinking less than this will not reduce your symptoms.

**Frequency of bladder emptying:** Try to avoid emptying your bladder too frequently as this can reduce its ability to hold urine. If you feel that you need to go more often than every 2 hours (**frequency**) then try to train your bladder to wait longer. When you feel the urge to empty your bladder soon after having done so try these delaying techniques:

- ❖ Keep calm
- ❖ Tighten your pelvic floor muscles
- ❖ Sit on something hard, for example, the arm of a chair
- ❖ Distract your mind (**for example, keep busy, make a phone call**)
- ❖ Walk on your tiptoes

However, it is important to empty your bladder regularly throughout the day (**3 to 4 hourly**) to avoid overstretching the bladder.

**Bladder emptying:** Do not crouch or hover over the toilet seat. It is important to sit down and completely empty your bladder, without straining, each time you go to the toilet. Urine left inside the bladder can irritate the bladder lining causing inflammation (**which might aggravate symptoms**).

It can help to:

- ❖ Lean forward as you pass urine
- ❖ Or stand up, walk about for a few moments, then sit and try again.