



OVERACTIVE BLADDER (OAB) **TREATMENT AND EDUCATION**

Thank you for trusting the Michigan Institute of Urology with your health care. We are Michigan's largest independent urology practice. What does it mean to be independent? It means that we, your healthcare providers, own our practice. We enjoy a greater level of autonomy to spend time with you, build relationships, and provide treatments we believe are the best for your health at the most affordable cost. Our doctors come from some of the country's most sophisticated university research centers, and we offer the most up-to-date, state-of-the-art urological treatments. We are confident we can help you.

WHAT IS OAB?

Overactive bladder, also called OAB, causes frequent urination and a constant sense of urgency to urinate. In addition, this sudden urge to urinate may be difficult to control and can result in urinary leakage. Patients often complain of urinary frequency during the day or nighttime. Patients often feel the need to always locate the nearest bathrooms or wear protection pads for possible urinary leakage.

Unfortunately, some people may feel embarrassed, try to isolate socially, or limit their activity. The good news is that there are many available treatment options. Our OAB experts can help choose individual treatment options that fit you best.

Many patients have already tried simple lifestyle changes or even medications before presenting to our physicians. We take pride in offering comprehensive advanced treatment of OAB and associated leakage.

BEHAVIORAL MANAGEMENT

OAB improvement can start with simple behavioral and lifestyle changes. These include limiting excessive caffeine, fluid management, bladder control strategies, weight loss, exercise and treating any constipation. Additionally, pelvic floor physical therapy is a conservative and beneficial approach to improving overactive bladder symptoms.

Things that Help:

- Avoid drinking excessive fluids (don't dehydrate)
- Avoid excessive alcohol
- Weight loss
- Bladder Training (urinate every 3 to 4 hours)
- Avoid caffeine
- Treat constipation

Dietary Irritants

Certain foods can contribute to irritative symptoms. If bladder symptoms are related to dietary factors, strict adherence to a diet that eliminates the food should bring significant relief in 10 days.

Once you feel better, you can add foods back into your diet, one at a time. If the symptoms return, you will be able to identify the irritant. As you add foods back to your diet, it is very important that you drink significant amounts of water.



These foods are acidic and are *sometimes* considered irritants. Sometimes they should be avoided in some patients.

Alcoholic beverages • Apples/juice • Cantaloupe • Carbonated beverages • Chili
Citrus fruit/juices • Chocolate • Coffee (including decaf) • Cranberries/juice • Grapes
Guava • Peaches • Peppers • Pineapple • Plums • Strawberries
Spicy foods/spices • Sugar* (Some women report that sugar flares their symptoms)
Tea • Tomatoes/Tomato Sauce • Vitamin B complex • Vinegar • Wine

Low-acid fruit substitutions include apricots, papaya, pears, and watermelon. Coffee drinkers can drink Rava or other low-acid instant drinks. Tea drinkers can substitute non-citrus herbal and sun-brewed teas. Calcium carbonate CO-buffered with calcium ascorbate can be substituted for Vitamin C.



PELVIC FLOOR PHYSICAL THERAPY

Pelvic floor physical therapy involves the assessment and treatment of the pelvic floor muscles, fascia, nerves and bones. The physician will assess the patient's bowel, bladder and sexual function. The physiology of these functions is tightly integrated. Frequent urination may result when the muscles of the pelvic floor are too tight, the pelvic bones do not move properly or when the nerves of the pelvic floor are irritated. This may also result in a strong urge to urinate and difficulty emptying your bladder.

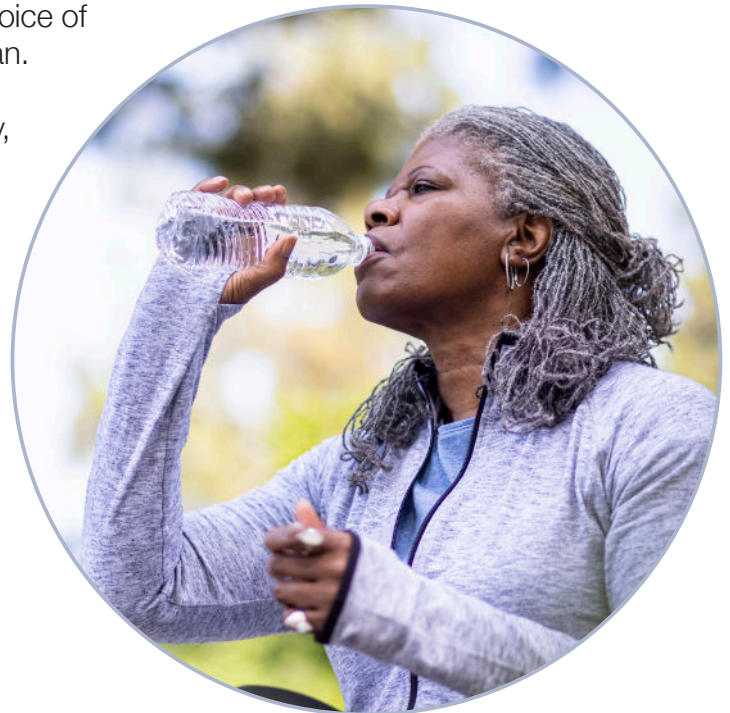
Physical therapy teaches lifestyle habits to reduce symptoms of an overactive bladder. Pelvic floor physical therapists have extra training in this area. Patients receive hands on work internally and externally in order to treat pelvic floor disorders causing urinary symptoms. Most patients will appreciate a significant change in symptoms by three visits.

MEDICATIONS

Along with conservative therapies, there are proven pharmacological solutions for OAB. Medications are prescribed to decrease the frequency and intensity of bladder contractions and to relax the smooth muscles of the bladder. Some medications are in long acting form (once every 24 hours) or dosed several times a day. Choice of medication is often dictated by a patient's insurance plan. Often patients have already tried several types of OAB meds at time of presentation to our clinic. Most recently, some of these medications have been shown to effect memory when taken for a long period of time.

List of available bladder medications:

- Ditropan (Oxybutynin)
- Detrol (Tolterodine)
- Sanctura (Trospium Chloride)
- Enablex (Darifenacin)
- Vesicare (Solifenacin)
- Toviaz (Fesoterodine)
- Myrbetriq (Mirabegron)
- Gemtesa (Vibegron)
- Nocdurna (Desmopressin Acetate) and DDAVP (for night time frequency only)



ESTROGEN THERAPY

Vaginal estrogen is a well-documented treatment option for overactive bladder in women. Estrogen helps maintain the integrity of muscular and connective tissue, especially in tissues with higher numbers of estrogen receptors such as the vagina, urethra, and bladder. Estrogen therapy has been shown to improve the bothersome symptoms of urinary frequency and urgency. Your OAB expert will discuss if vaginal estrogen therapy can be used as part of your therapy.

ADVANCED THERAPIES

When conservative options and medications fail to relieve overactive bladder symptoms, your physician can suggest advanced therapies, also known as “third-line therapies”. These therapies include Botox bladder injections, Sacral Nerve Stimulation (SNS) and Percutaneous Tibial Nerve Stimulation (PTNS).

BOTOX INJECTIONS

Most people associate the use of Botox as a therapy to smooth facial wrinkles. However, Botox is a protein that is currently used in several medical applications, including overactive bladder. Botox works by temporarily blocking signals between the nerves and muscles. This helps the muscles relax, allowing you more time to get to the bathroom. This treatment is delivered by injections into the bladder muscle using a cystoscope.



SACRAL NERVE STIMULATION (SNS)

Sacral Nerve Stimulation (SNS) has been used as a therapy for overactive bladder symptoms for over 25 years, and has helped more than 350,000 patients worldwide. Life events can disrupt the body’s communication between the pelvic floor and the control center in the brain causing Overactive Bladder (OAB), Retention and/or Fecal Incontinence symptoms. SNS is the only treatment that helps both OAB and Fecal Incontinence with one therapy. SNS begins with a simple test to see if the therapy helps the patient. The patient tests the therapy for 3-14 days to see if their bladder and/or bowel symptoms improve by 50% or greater. The therapy uses a gentle stimulation to the nerves in the pelvic floor to improve communication between the pelvic floor and the brain. The expected result with this improved communication is a decrease in urinary leakage, urinary urgency/frequency, improvement with the ability to urinate, and/or a decrease in leakage of stool. With a simple, evaluation patients can trial the therapy prior to moving on to placing a small device under the skin. The device is MRI eligible and is compatible for use in patients with other implanted devices.

PERCUTANEOUS TIBIAL NERVE STIMULATION (PTNS)

PTNS is a minimally invasive and a drug-free option that modifies signals from posterior tibial nerve to help stabilize bladder function and allow patients to regain bladder control. The sacral nerves are connected to the bladder and extend down the leg to the tibial nerve near the ankle. This procedure involves placing a thin, non-painful needle electrode into this nerve. PTNS is given once a week for 6 consecutive sessions. Given a 50% improvement in symptoms, patients can continue for another 6 weeks. Following completion of their 12-week session, patients are able to continue on a once-a-month treatment for up to 2 years. Patients who currently have a defibrillator or pacemaker are unable to participate in this treatment.





VOIDING LOG

PATIENT NAME: _____ **CHART #** _____

Record for 3 days (non-consecutive), 24-hour periods, log what your drinking, date, time & how much, Log how much you urinate, time & date (using provided hat).

DATE & TIME OF DAY	AMOUNT INGESTED	AMOUNT VOIDED	AMOUNT CATHETED <input type="checkbox"/> NA	INCONTINENT <input type="checkbox"/> Yes <input type="checkbox"/> No
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OAB NAVIGATORS: A STEP BEYOND ROUTINE CARE

There are many ways to treat OAB. Sometimes, making decisions can feel overwhelming and confusing. Our OAB patient navigators are here to help you throughout your treatment process and make the journey easier by:

- Helping you understand your diagnosis
- Coordinating communication between you and your provider in between office visits
- Facilitating scheduling treatments
- Evaluating your response to therapy
- Connecting you with one of our OAB Specialists if advanced therapies are needed



MAKE AN APPOINTMENT

For more information or to make an appointment online, scan this QR code with your phone.



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(586) 500-9223

PLAN FOR YOUR CARE

When patients are treated for Overactive Bladder at MIU, our providers follow an algorithm of care as shown by this chart.

TREATING OVERACTIVE BLADDER A Step-by-Step Journey

