



BLADDER HEALTH

It's About Time... and it's about you

IT'S TIME TO TALK ABOUT
OVERACTIVE BLADDER



Urology Care
FOUNDATION™
*The Official Foundation of the
American Urological Association*

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Becca's Story

Becca is one of the millions of people in the United States who lives with overactive bladder (OAB). Before she was treated, she remembers needing to use the bathroom 40 times a day, or as often as every 20 minutes. She found it impossible to take the bus to work. The 25-mile bus ride home was too long to wait.

"My symptoms got so bad that I couldn't drive to work without stopping somewhere along the way," she says. When she drove into the city, she would have to add an hour or two to plan for all the necessary rest stops.

Becca's primary care doctor referred her to a urologist, who diagnosed her with OAB. Tests showed Becca's bladder was telling her brain "I have to go" all the time, rather than just when her bladder was full. Becca's doctor told her about treatments. Although prescription drugs and lifestyle changes work for many people, they didn't work for Becca. Lifestyle changes didn't help enough and Becca could not tolerate prescription drugs.



After some thought, Becca chose sacral neuromodulation (SNS), sometimes called a "bladder pacemaker." This pulse generator device, the size of a silver dollar, was surgically implanted into her lower back. Soon after her surgery, she was amazed to notice she could wait six hours between bathroom visits. Becca's results were very positive. Becca urges anyone with OAB symptoms to talk to their doctor about it. As Becca knows, treating OAB may change your life for the better.

Introduction

Millions of people in the United States struggle with overactive bladder (OAB) – it's the name for a group of bladder problems. OAB is when your bladder has a strong urge to pass urine even when your bladder isn't really full. Sometimes it's just that your bladder is overly sensitive, other times it's that the bladder squeezes to pass urine even without you giving it permission to do so.

Symptoms include the constant, urgent need to use the bathroom. OAB can get in the way of work, going out with friends, exercise, and sleep. It forces people to use the bathroom many times, day or night. Some people leak urine (pee) after the urgent "gotta go" feeling. Others may not leak, but have such a strong urgent feeling that they are often afraid they will leak.

The good news is there is help, and there are treatments. Help starts with talking with a trusted health care provider about your symptoms – and the impact on your life. Together, you can find out if you have OAB. Then you

can get the help you need by finding the best ways to manage OAB. Your treatment choices should be based on your personal health and age, and discussed fully with your health care team.

This guide provides information about how to manage OAB. If you think you need help, ask for it, even if you feel embarrassed. Don't wait, because there are many treatments that work well for OAB.

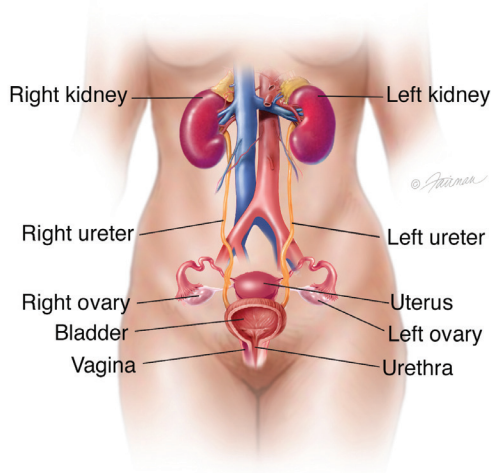


Get The Facts

How Does the Urinary Tract Work?

The urinary tract is the important system that removes liquid waste (urine) from our bodies. It includes:

- **Kidneys:** two bean-shaped organs that clean waste from the blood and make urine.
- **Ureters:** two thin tubes that take urine from the kidney to the bladder.
- **Bladder:** a balloon-like muscular sac that holds urine until it's time to go to the bathroom.
- **Urethra:** the tube that carries urine from the bladder out of the body. The urethra has a muscle called a sphincter that locks in urine. The sphincter opens to release urine when the bladder contracts.



When your bladder is full, your brain signals the bladder. The bladder muscles then squeeze. This forces the urine out through the urethra. The sphincter in the urethra opens and urine flows out. When your bladder is not full, the bladder is relaxed.

With a healthy bladder, signals in your brain let you know your bladder is getting full or is full, but you can wait to go to the bathroom. With OAB, you can't wait. You feel a sudden, urgent need to go. This can happen even if your bladder isn't full.



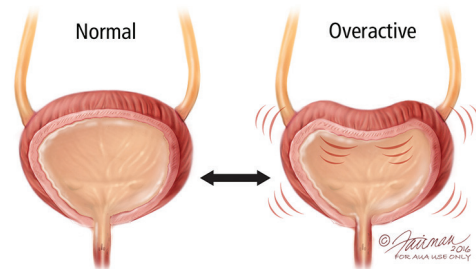
What Is OAB?

Overactive bladder is the name for a group of **bladder** symptoms. There are three main symptoms:

- A feeling that you have to go to the bathroom, *urgently*.
- Usually the need to go to the bathroom often (*frequently*), day and night (**nocturia**).
- Sometimes **incontinence**, which means that you leak urine with the “gotta go” feeling.

With OAB, you feel you need to empty your bladder – even when it's not full. You feel you need a bathroom quickly, right now. You can't control or ignore this feeling and it happens much more than it should. Sometimes it may feel like your bladder muscle is squeezing to empty your bladder when you urinate, but the muscle may not really be squeezing. If you feel you “gotta go” eight or more times each day and night, or fear urine will leak, you may have OAB.

NORMAL BLADDER VS. OVERACTIVE BLADDER



OAB affects millions of women and men. It's not a normal part of aging. It's a health problem that can last for a long time if it's not treated. Many older men (30%) and women (40%) struggle with OAB symptoms. Often people don't know about treatments, or they don't ask for help.

Stress urinary incontinence, or SUI, is a different bladder problem. People with SUI leak urine while

sneezing, laughing or being active. It is not the same as that sudden “gotta go” feeling from OAB. To learn more about SUI, go to UrologyHealth.org/SUI.

Once your doctor understands the problem, he or she can tell you about treatment options.

There’s no single treatment that’s right for everyone.

What are the Symptoms of OAB?

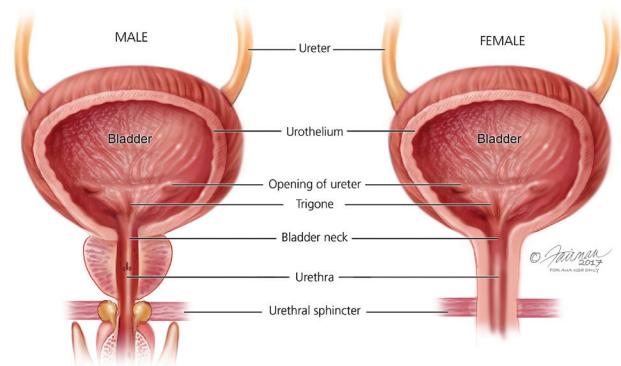
Urgency: This is the main symptom of OAB. It is a strong (urgent) need to pass urine that can’t be ignored. This “gotta go” feeling makes people afraid they will leak urine if they don’t find a bathroom right away. People with OAB may also:

- **Leak Urine:** Sometimes OAB causes urine to leak out before getting to the bathroom. This is called **urgency incontinence**. Some people may leak just a few drops, while others can have a sudden gush.

- **Urinate Often:** OAB may also cause people to go to the bathroom many times during the day. Experts say that **frequent urination** is when you have to go to the bathroom more than eight (8) times in 24 hours.
- **Wake up at night to urinate:** OAB can wake a person from sleep to go to the bathroom more than once a night. Health care providers call this nocturia.

OAB does not cause pain. If you feel pain while urinating, you may have an **infection**. Please talk with your health care provider about pain.

MALE AND FEMALE BLADDER



Who gets OAB?

Both men and women can have OAB.

Older women who have gone through menopause and men who’ve had prostate problems are more likely to have OAB.

Growing older can be a factor, but not all people get OAB as they age. It’s NOT a normal part of aging.

People with diseases that affect the brain or spinal cord like stroke and multiple sclerosis are more likely to have OAB symptoms.

How Can OAB Affect Your Life?

Without treatment, OAB symptoms can have a negative impact on your life. It can be hard to get through the day without many visits to the bathroom. OAB can impact relationships and interrupt time with family and friends. You may not want to do things you enjoy as you worry about having to be near a bathroom all the time, or worry about leaking urine. It can disrupt sleep and your sex life, causing you to feel tired and short-tempered. Frequent leaks can lead to a skin rash or infections. Sometimes people with OAB may feel hopeless or unhappy.

*There's good news.
OAB can be controlled.*

*There are treatments
available to help.*

The Truth about OAB

Don't let myths about OAB stop you from getting the help you need. Learn the truth about OAB:

OAB is **not** just part of being a woman.

OAB is **not** just having an issue with the prostate.

OAB is **not** a normal part of getting older.

OAB is **not** caused by something you did.

Surgery is **not** the only treatment for OAB.

There **are** treatments that can help people manage OAB symptoms.

There **are** treatments to help, even if your symptoms are minor and you don't leak urine.

If you are bothered by your OAB symptoms,
then you should seek treatment!



Get Diagnosed

You may prepare for your visit with your health care provider by using an assessment tool to learn if your symptoms may be OAB. Your results can help you talk with your provider about what's going on.

Overactive Bladder Assessment Tool

How do I use this Assessment?

Read this list of questions and answer them based on the last month. Then bring your completed assessment to your health care provider. This assessment and your answers will make it easier for you to start talking about your symptoms. The questions will help measure which Overactive Bladder (OAB) symptoms you have and how much your symptoms bother you. The better your health care provider knows the level and impact of your symptoms, the better he or she can help you manage them.

SYMPTOM QUESTIONS	Not at all	Occasionally	About once a day	About three times a day	About half the time	Almost always	SCORE
	0*	1	2	3	4	5	
1. Urgency – How often do you have a strong, sudden urge to urinate that makes you fear you will leak urine if you can't get to a bathroom immediately?	0*	1	2	3	4	5	
2. Urgency Incontinence – How often do you leak urine after feeling a strong urge to go? (whether you wear pads/ protection or not)	0	1	2	3	4	5	
	None	Drops	1 Tea-spoon	1 Table-spoon	¼ cup	Entire bladder	
3. Incontinence – How much urine do you think usually leaks? (whether you wear pads/ protection or not)	0	1	2	3	4	5	
	1-6 times	7-8 times	9-10 times	11-12 times	13-14 times	15 or more times	
4. Frequency – How often do you urinate during the day?	0	1	2	3	4	5	
	None	1 time	2 times	3 times	4 times	5 times or more	
5. Waking to urinate – How many times do you usually get up at night to urinate, from when you went to bed until you get up in the morning?	0	1	2	3	4	5	
TOTAL SYMPTOM SCORE	Add score from questions 1+2+3+4+5 =						

*If you score 0 on question 1, you probably don't have OAB.

0 = no symptoms
5 = most severe symptoms

Circle the response that best answers each question.

QUALITY OF LIFE QUESTIONS How much does this bother you:	I am not bothered at all					I am bothered a great deal
1b. Urgency – a strong, sudden urge to urinate that makes you fear you will leak urine if you can't get to a bathroom immediately?	0	1	2	3	4	5
2b. Urgency Incontinence – leaking after feeling an urge to go?	0	1	2	3	4	5
3b. Frequency – urinating frequently	0	1	2	3	4	5
4b. Waking from sleep to urinate?	0	1	2	3	4	5
	I would not be bothered at all					I would be bothered a great deal
5b. Overall satisfaction – If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?	0	1	2	3	4	5
6b. How have your symptoms changed your life? – How have your symptoms (urgency, frequency, urine leakage, and waking at night) changed your life? Are your symptoms: (Please check all that apply) <input type="radio"/> Keeping you from getting a good night's sleep? <input type="radio"/> Causing you to stay home more than you would like? <input type="radio"/> Keeping you from social activities or entertainment? <input type="radio"/> Causing you to exercise less or limit your physical activity? <input type="radio"/> Causing problems with friends or loved ones? <input type="radio"/> Keeping you from traveling, taking trips, or using public transit? <input type="radio"/> Making you plan trips around your knowledge of public restroom location? <input type="radio"/> Causing problems at work? <input type="radio"/> Other ways your symptoms have changed your life: <hr/> <hr/>						

Score the "bother" questions (1b, 2b, 3b, 4b, 5b & 6b) separately.
Do not add them together.

Even if you have mild symptoms, you and your health care provider should discuss available treatment options.

How do I score my results?

For “Symptom Questions” (1 through 5):

Add 1 + 2 + 3 + 4 + 5 to get a score from 0 (no symptoms) to 25 (most severe symptoms).

For “Quality of Life” Questions (1b, 2b, 3b, 4b, 5b, & 6b):

DO NOT add your “Quality of Life” scores together. Each “Quality of Life” question is scored separately.

What my total “Symptom” score means:

The higher your score for questions 1-5 is, the more severe your OAB symptoms are. However, if your score for question 1 is 0, then you do not have the major symptom of OAB – strong sudden urges to urinate that you cannot ignore. The answers to the “Symptom” questions can help you and your health care provider understand which of your OAB symptoms are most severe.

What my “Quality of Life” results mean:

Questions 1b, 2b, 3b, 4b, 5b, & 6b on this assessment help show how your symptoms impact your life. This will help you start a discussion with your health care provider about your symptoms. Seeing how much your symptoms have changed your life can help your health care provider decide what treatment choices are best for you. Even if you have mild symptoms, you and your health care provider should discuss what treatment options are available to you.

What if I have other symptoms?

Please let your health care provider know about any other symptoms you may have. (For example, do you have urine leakage when sneezing or exercising? Do you have bladder pain? Do you have to strain to begin urinating?) This will help your health care provider figure out if your symptoms could be caused by something other than OAB. It will also help him/her to offer the treatment choices that are best for you.

Where can I find a health care professional?

If you need a health care professional, visit UrologyHealth.org/FindAUrologist to find a urologist near you. Choose “incontinence” as a “special interest area” to find urologists who said they treat patients who leak urine or have OAB.

What Are My Next Steps?

When you tell your health care provider about your symptoms, you may be asked questions and may be asked to do some tests. This is done to diagnose the problem. Or, your provider may tell you to visit a specialist who can better diagnose and treat you.

To learn what’s happening, a health care provider will likely:

- **Ask about your health history.** You may be asked about how you feel, how long you’ve had symptoms, and how they impact you. You may be asked about medicine you take – both over-the-counter and prescribed. You should also talk about what you eat and drink during the day. This lets your provider learn about your health.
- **Do a physical exam.** Your health care provider will look for things that could cause symptoms. Doctors often feel your organs in and below your belly to include a **pelvic and rectal exam**.
- **Order tests, as needed.** Sometimes talking is not enough, so your health care provider may suggest other tests to learn more about you. Test could include a **urine test** (to make sure you don’t have an infection or other problems in your urine) and a **bladder scan** (to see how well you empty your bladder). More sophisticated testing is usually not needed, unless your provider suspects other problems other than OAB.
- **Suggest you keep a Bladder Diary.** A **Bladder Diary** helps you and your doctor learn about daily events and patterns. In this diary, you write down how often you go to the bathroom and when you leak urine. You can use the Bladder Diary below or use bladder app of your choice on your mobile device.



Overactive Bladder Diary

What is a Bladder Diary?

A Bladder Diary is a tool used by you and your health care provider to better understand your bladder symptoms. It helps you track a number of things: when and how much fluid you drink, when and how much you urinate, how often you have that “gotta go” urgency feeling, and when and how much urine you may leak.

When is a Bladder Diary used?

You can use a Bladder Diary before or after visiting with your health care provider. Having a Bladder Diary during your first visit can be helpful because it describes your daily habits, your urinary symptoms and demonstrates how they are affecting your life. Your doctor will use this information to help treat you.

How do you use the Bladder Diary?

1. Begin writing in your diary when you wake up each day. Take notes throughout the day, and continue until you complete 24 hours. For example, if you wake up at 7 a.m. on the first day of your diary, then take notes until 7 a.m. the next day.
2. Write down what you drink (i.e., water, juice, coffee, wine) and how much. Measuring the amount is helpful. If you are unable to measure your drinks, then it’s important to take a good guess about the number of ounces every time you drink something. Most containers will list the number of ounces they contain. Use these listings to help you make an estimate—for example, an 8 oz. cup of juice, 12 oz. can of soda, or 20 oz. bottle of water.
3. Write down when and how much you urinate, during both the day and night. Doctors often provide a special measuring collection device to use. It sits under your toilet seat and is marked with measurements to let you know how much you urinated.

If you are keeping the diary on your own before visiting a health care provider, then you may want to collect your urine in a paper cup. Choose a cup that you know holds a certain amount of liquid, such as 8 oz.

Rinse the urine collection device with water after each use. Keep the device close to your toilet until you’ve finished your diary.
4. It’s best to keep a diary for at least three days. A one-day diary may not provide enough information to give a true picture of your bladder condition. Also, the three days you keep your diary don’t have to be three days in a row. Any three days you chose will be fine, as long as they represent three “typical days” for you. Print as many pages of the Bladder Diary you need to complete the three days.
5. Don’t forget to bring your completed diary with you to your office visit.

get started

Use the attached bladder diary to start tracking!



Get Treated

There are a number of things you can do to manage OAB. Everyone has a different experience with what works best. You may try one treatment alone, or several at the same time. You and your health care provider should talk about what you want from treatment and about each option. OAB treatments include:

- Lifestyle Changes
- Prescription Medications
- Bladder Botox® (botulinum toxin) Treatments
- Nerve Stimulation (peripheral and central)
- Surgery

Together, you and your doctor can choose a treatment plan that's best for you so you can start living your life again.

Lifestyle Changes

For OAB treatment, health care providers may first ask a patient to make lifestyle changes. These changes may also be called **behavioral therapy**. This could mean you eat different foods, change drinking habits, and pre-plan bathroom visits to feel better. Many people find these changes help.

Other people need to do more, such as:

1. **Limit food and drinks that bother the bladder.** There are certain foods and drinks known to irritate the bladder. You can start by avoiding diuretics - these drinks include caffeine and alcohol and they encourage your body to make more urine. You can also try taking several foods out of your diet, and then add them back one at a time. This will show you which foods make your symptoms worse, so you can avoid them. You can add fiber to your diet to improve digestion. Oatmeal and whole grains are good. Fresh and dried fruit, vegetables, and beans may help. Many people feel better when they change the way they eat and drink.

Some foods and drinks that may affect your bladder:

- Coffee / caffeine
- Tea
- Alcohol
- Soda and other fizzy drinks
- Some citrus fruits
- Tomatoes-based foods
- Chocolate (not white chocolate)
- Some spicy foods



2. **Keep a bladder diary.** Writing down when you make trips to the bathroom for a few days can help you understand your body better. This diary may show you things that make symptoms worse. For example, are your symptoms worse after eating or drinking a certain kind of food? Are they worse when you don't drink enough liquids? To try a bladder diary, see page 11.
3. **Double voiding.** This is when you empty your bladder twice. This may be helpful for people who have trouble fully emptying their bladder. After you go to the bathroom, you wait a few seconds and then try again.
4. **Delayed voiding.** This is when you practice waiting before you go to the bathroom, even when you have to go. At first, you wait just a few minutes. Gradually, you may be able to wait two to three hours at a time. Only try this if your health care provider tells you to. Some people feel worse or have urine leaks when they wait too long to go to the bathroom.
5. **Timed urination.** This means you follow a daily bathroom schedule. Instead of going when you feel the urge, you go at set times during the day. You and your health care provider will create a reasonable schedule. You may try to go every two to four hours, whether you feel you have to or not. The goal is to prevent that urgent feeling and to regain control.
6. **Exercises to relax your bladder muscle.** You may be familiar with exercises to strengthen your pelvic floor muscles, also called **Kegel exercises**. A special exercise using those same pelvic floor muscles may help relax your bladder during those "gotta go" moments. **"Quick flicks"** are when you quickly squeeze and relax your pelvic floor muscles over and over again. So, when you feel the urge to go, a number of quick flicks may help control that "gotta go" feeling. It helps to be still, relax and focus on just the exercise. Your health care provider or a physical therapist can help you learn these exercises. Biofeedback may also help you learn about your bladder. **Biofeedback** uses computer graphs and sounds to monitor muscle movement. It can help teach you how your pelvic muscles move and how strong they are.

7. **Avoid constipation.** Constipation can put pressure on your bladder and worsen your OAB symptoms. Try a stool softener or gentle laxative to help you have a soft, daily bowel movement.

Prescription Drugs

When lifestyle changes aren't enough, the next step may be to take medicine. Your health care provider can tell you about special drugs for OAB.

There are several drug types that can relax the bladder muscle. These drugs, like **anti-muscarinics** and **beta-3 agonists**, can help stop your bladder from squeezing when it's not full. Some are taken as pills, by mouth. Others are gels or a sticky **transdermal patch** to give you the drug through your skin.

Anti-muscarinics and beta-3 adrenoceptor agonists can relax the bladder muscle and increase the amount of urine your bladder can hold and empty. Combination drugs, like using both anti-muscarinics and - beta-3 adrenoceptor agonists together may help control OAB when one option alone isn't working.

Your health care provider will want to know if the medicine works for you. They will check to see if you get relief or if the drug causes problems, known as side effects. Some people get dry mouth and dry eyes, constipation, or blurred vision. If one drug you try doesn't work, your health care provider may ask you to take different amounts, give you a different one to try, or have you try two types together. Lifestyle changes and medicine at the same time help many people.

Bladder Botox Treatment

If lifestyle changes and medicine aren't working, there are other options. A trained urologist or female pelvic medicine & reconstructive surgery (FPMRS) specialist can help. They may offer bladder Botox.

Botox works for the bladder by relaxing the muscle of the bladder wall reducing urinary urgency and urge incontinence. It can help the bladder muscles from squeezing too much. To put botulinum toxin into the

bladder your doctor will use a **cystoscope** passed into the bladder that enables the doctor to see inside the bladder. Through the cystoscope, the doctor will inject tiny amounts of botulinum toxin in the bladder muscle. This procedure is performed in the office with local anesthesia. The effects of Botox last up to twelve months, but the average is six months and repeat treatments will be necessary when OAB symptoms return.

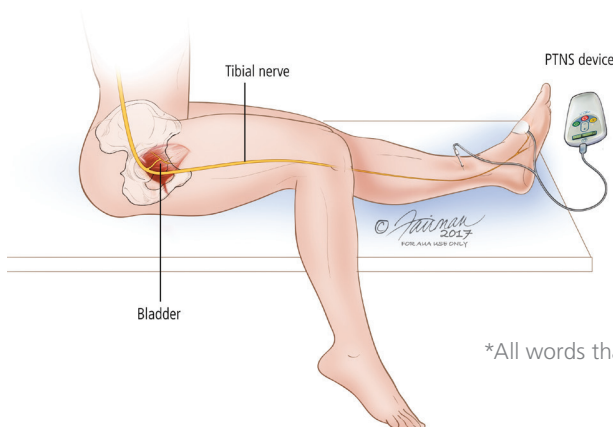
Your health care provider will want to know if the botulinum toxin treatments works for you. They will check to see if you get relief or if you aren't holding in too much urine. If urine is not well, you may need to catheterize temporarily.

Nerve Stimulation

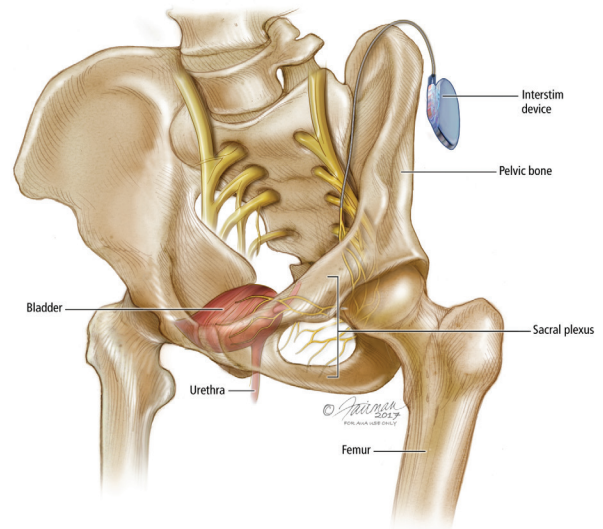
Another treatment for people who need extra help is nerve stimulation, also called **neuromodulation therapy**. This type of treatment sends electrical pulses to nerves that share the same path for the bladder. In OAB, the nerve signals between your bladder and brain do not communicate correctly. These electrical pulses help the brain and the nerves to the bladder communicate so the bladder can function properly and improve OAB symptoms.

There are two types:

- **Percutaneous tibial nerve stimulation (PTNS).** PTNS (peripheral) is another way to correct the nerves in your bladder. PTNS is performed during an office visit that takes about 30 minutes. PTNS is done by placing a small electrode in your lower leg near your ankle. It sends pulses to the tibial nerve. The tibial nerve runs along your knee to nerves in your lower back. The pulses help control the signals that aren't working right. Often, patients receive 12 treatments, depending on how it's working.



- **Sacral neuromodulation (SNS).** SNS (central) changes how the sacral nerve works. This nerve carries signals between the spinal cord and the bladder. Its job is to help hold and release urine. In OAB, these nerve signals aren't doing what they should. SNS uses a bladder pacemaker to control these signals to stop OAB symptoms. SNS is a two-step surgical process. The first step is to implant an electrical wire under the skin in your lower back. This wire is first connected to a handheld pacemaker to send pulses to the sacral nerve. You and your doctor will test whether or not this pacemaker can help you. If it helps, the second step is to implant a permanent pacemaker that can regulate the nerve rhythm.



Bladder Reconstruction/ Urinary Diversion Surgery

Surgery is only used in very rare and serious cases. There are two types of surgery available.

Augmentation cystoplasty enlarges the bladder.

Urine diversion re-routes the flow of urine. There are many risks to these surgeries, so it is offered only when no other option can help.

Other Considerations

Providers and Specialists Who Treat OAB

Many types of health care providers can offer basic help for OAB. Here are the types of providers you may meet:

- **Urologists*** are surgeons who evaluate and treat problems of the urinary tract. Most urologists are very experienced with incontinence. However not all of them specialize in treating OAB. A patient should ask if their provider specializes in treating OAB.
- **Gynecologists** are doctors who focus on women's health. Most are knowledgeable about incontinence, but not all are trained to treat OAB.
- **Female Pelvic Medicine and Reconstructive Surgery (FPMRS)** specialists are urologists or gynecologists who are trained as experts in female pelvic health. The public often refers to FPMRS specialists as female urologists or urogynecologists.
- **Primary Care Practitioners** are doctors who can diagnose and treat common health concerns. If a primary care provider is experienced with OAB, they will tell you your options. Or, they may refer you to a specialist, especially if lifestyle changes haven't helped.
- **Internists** are general doctors who may or may not be primary care providers. They will often refer to a specialist.
- **Nurse Practitioners (NP)** are highly trained nurses, able to treat many medical problems. Some NPs specialize in issues like OAB, or they will refer you to a specialist.
- **Physician Assistants (PA)** are professionals licensed to practice medicine with a doctor's oversight. NPs and PAs are often part of the health care team. Many can diagnose and treat non-surgically and can help with exercises and lifestyle changes. Some specialize in issues such as OAB.

- **Geriatricians** are doctors who treat older patients, and many are able to evaluate and treat OAB. But, not all treat OAB.
- **Physical Therapists** are licensed health professionals who provide physical therapy. If they have special training in pelvic floor disorders, they can help with exercises and lifestyle changes for OAB.

*Typically, specialists who treat OAB and incontinence include urologists and female pelvic medicine specialists. It helps to ask if your health care provider has direct training or experience with OAB. You can use the Urology Care Foundation's Find-a-Urologist online tool to help find a urologist near you. Simply chose "incontinence" as a specialty for urologists with training and experience in urine leaks and OAB when visiting UrologyHealth.org/FindAUrologist

Tips for a Successful Doctor's Visit

It's normal to feel uncomfortable when talking about OAB symptoms. Who wants to talk about bathroom problems or incontinence? Still, knowing more about OAB is the best way to take control of the problem. A little planning will give you confidence. Here are some tips to help:

- **Be prepared.** Before your appointment, help the health care provider learn what's going on by gathering some information. Also, be ready to take notes about what you learn. It is helpful to bring:
 - A list of the prescription drugs, over-the-counter medicines, vitamins and herbs you take.



- A list of your past and current illnesses or injuries.
- Results from the Overactive Bladder Assessment Tool, from page 7, to help you discuss your symptoms.
- A way to take notes about treatments.
- **Bring a friend.** Ask a close friend or relative to go with you to the doctor. An “appointment buddy” can help remind you of things you may forget to ask, or remind you of things the health care provider said.
- **Bring up the topic.** If your health care provider doesn’t ask about your OAB symptoms, then bring up the topic yourself. It may not be wise to wait until the end of your visit, so you can be sure you have time for questions. If a nurse meets with you first, tell the nurse about your symptoms.
- **Speak freely.** Share everything you’re experiencing. Your health care provider has heard it all! It’s okay to tell them about your symptoms and how they impact your daily life.
- **Ask questions.** A visit to your health care provider is the right time to ask questions. It is best to bring your list of questions with you so you don’t forget them. We offer some good questions to ask in each section of this guide to help you.

Talking with Your Health Care Provider

Questions to Ask the Doctor about OAB

- Are my symptoms from OAB or from something else?
- What tests will I need to find out if I have OAB?
- What could have caused my OAB?
- Can I do anything to prevent OAB symptoms?

Questions to Ask the Doctor about Treatment

- What would happen if I don’t treat my OAB?
- What lifestyle changes should I make?
- Are there any exercises I can do to help?
- Do I need to see a physical therapist?
- What treatment could help my OAB?
- How soon after treatment will I feel better?
- What are the good and bad things that I should know about these treatments?
- What problems should I call you about after I start treatment?
- What happens if the first treatment doesn’t help?
- Will I need treatment for the rest of my life?
- Can my OAB be managed?
- What are my next steps?

Questions to Ask Yourself about Symptoms

- Do my symptoms make me stop doing the things I enjoy, or prevent me from going to events?
- Am I afraid to be too far from a bathroom?
- Have my symptoms changed my relationships with friends or family?
- Do my symptoms make it hard to get a good night’s sleep?

It took me nearly 5 years for me to talk with my doctor about this.

- BECCA, OAB PATIENT

Glossary

ANTI-MUSCARINICS

A medicine that can relax the bladder muscle and increase the amount of urine your bladder can hold and empty.

AUGMENTATION CYSTOPLASTY or BLADDER AUGMENTATION

Surgery to make the bladder larger. It may be needed when a person has trouble urinating.

BEHAVIORAL THERAPY

Basic things that people can do to change the way they live or function. For example, to schedule bathroom visits regularly as a way to control the bladder.

BETTA-3 ADRENOCEPTOR AGONISTS

A medicine that can relax the bladder muscle and increase the amount of urine your bladder can hold and empty.

BIOFEEDBACK

A process used in behavioral therapy to help patients become aware of how their body functions. This can help patients gain awareness and control over their pelvic muscles.

BLADDER

The hollow, balloon-shaped organ where urine is stored. Urine then moves through the urethra and out the body.

BLADDER DIARY

Diary used to note how often and when you urinate over several days. It is used to help in the diagnosis and treatment of OAB.

BLADDER SCAN

A tool used to help diagnose OAB. It measures the amount of urine in the bladder by using sound waves (ultrasonography).

CYSTOSCOPE

A thin tube with a light and camera used to see inside the bladder.

FREQUENT URINATION

When a person urinates more often than normal—generally more than eight times each day.

INCONTINENCE

An uncontrolled leaking of urine.

INFECTION

When bacteria or other germs cause irritation or pain.

KEGEL EXERCISES

Exercises to strengthen the muscles of the pelvic floor. These are often recommended to reduce incontinence and the symptoms of other urinary problems.

KIDNEYS

Two large, bean-shaped structures that remove waste from the blood.

MULTIPLE SCLEROSIS

A disease that affects the brain and spinal cord, slowing or blocking messages between the brain and body.

NEUROMODULATION THERAPY

A group of treatments that deliver electrical pulses to nerves to change how they work.

NOCTURIA

When a person wakes from sleep one or more times to urinate.

OVERACTIVE BLADDER (OAB)

A series of symptoms that lead to the strong, sudden urge to urinate. It may cause an unexpected leaking; frequent trips to the bathroom; and getting up more than once during the night to go to the bathroom.

PELVIC EXAM

A complete physical exam of a woman's pelvic organs to check the size and position of the bladder, vagina, cervix, uterus and ovaries.

PERCUTANEOUS TIBIAL NERVE STIMULATION (PTNS)

A treatment for OAB in which a needle electrode delivers electrical pulses to the tibial nerve near your ankle. The pulses help block the nerve signals to your bladder that aren't working correctly.

PROSTATE

A small walnut-shaped gland in men that produces seminal fluid that transports sperm.

QUICK FLICKS

Exercises where you quickly squeeze and release the muscles in your pelvis. This exercise is used to relax the bladder muscle of the pelvic floor when you are feeling urgency (that “gotta go” feeling).

RECTAL EXAM

An exam in which a health care provider inserts a lubricated, gloved finger into the rectum. They check anal tone, pelvic floor tone in women, and rule out prostate cancer or tumors in men. It is also used to feel for obstructions or packed stool, which can cause urinary problems.

SACRAL NEUROMODULATION (SNS)

A treatment for OAB in which a device implanted under the skin delivers electrical pulses to the sacral nerves. It can improve signals between the spinal cord and the bladder.

SPHINCTER

A circular muscle at the bottom of the bladder that normally prevents urine leakage.

STRESS URINARY INCONTINENCE (SUI)

An unexpected loss of urine caused by sneezing, coughing, laughing or exercise.

TRANSDERMAL PATCH

An adhesive patch placed on the skin to deliver a specific dose of a medication.

URETERS

Two thin tubes that carry urine downward from the kidneys to the bladder.

URETHRA

A thin tube that carries urine from the bladder out of the body (in men, it also carries semen, and it exits through the end of the penis).

URGENCY

A strong, sudden urge to urinate; this “gotta go” feeling makes you fear you will leak urine if you don’t get to a bathroom right away.

URGENCY INCONTINENCE

An unexpected loss of urine following a strong, sudden need to urinate that is hard to control.

URINE DIVERSION

Surgery to change the normal flow of urine out of the body. It is used when the bladder or urethra is non-functional.

URINARY INCONTINENCE

A condition in which a person is unable to hold urine and prevent it from leaking.

URINE TEST or URINALYSIS

A test of a urine sample that can reveal problems such as infection or blood.

URINE TRACT

The organs that take waste from the blood and carry it out of the body as urine.

URINE

A liquid, usually yellow in color, made by the kidneys and containing waste and water.

URODYNAMICS

These tests check to see how well your lower urinary tract holds and lets-go of urine; biofeedback is a type of urodynamic testing.

UROLOGIST

A doctor who specializes in the study, diagnosis and treatment of problems of the urinary tract.

VOID (VOIDING)

To empty (emptying) the bladder.



About the Urology Care Foundation

The Urology Care Foundation is the world's leading urologic Foundation – and the official Foundation of the American Urological Association. We provide information for those actively managing their urologic health and those ready to make health changes. Our information is based on the American Urological Association resources and is reviewed by medical experts.

To learn more, visit the Urology Care Foundation's website, UrologyHealth.org/UrologicConditions or go to UrologyHealth.org/FindAUrologist to find a doctor near you.

Disclaimer:


This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please talk to your urologist or health care provider about your health concerns. Always consult a health care provider before you start or stop any treatments, including medications.



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