MANAGING OAB
Your Dedicated OAB Team

What Is OAB

Prevention, Lifestyle Modifications and Alternative Medicine

Urodynamics

Treatment Options

Coping, Support and Educational Resources

A Guide to Pelvic Floor Muscle Exercises

Questions and Answers About OAB
Overactive bladder is a group of urinary symptoms such as: 1) An uncontrollable urge to urinate; 2) Frequent urination, or 3) Urine leakage caused by a sudden urge. According to the U.S. Food and Drug Administration, OAB affects more than 33 million Americans, including 40 percent of women. And, while OAB is common, it is not a normal part of getting older. Fortunately, there are several treatment options available to help women manage their OAB symptoms.

WORKING WITH YOUR PROVIDER IS KEY TO MANAGING YOUR OAB SYMPTOMS

Overactive bladder is a chronic condition that cannot be “cured.” The symptoms can be successfully managed by our experienced and dedicated continence specialists. Having ongoing communication is key to managing your symptoms and to finding the best treatment for you.

We have developed an OAB Treatment Pathway to help manage your symptoms. Overactive bladder treatment has many approaches, from medication and behavioral changes to advanced therapies that can help improve your quality of life. Identifying the best treatment for managing your OAB symptoms is an ongoing process. Our team understands that there is no one-size-fits-all therapy, which is why re-evaluation of your progress and exploration of various treatment options is all part of your personalized OAB management program.
1. YOUR DEDICATED OAB TEAM

Many of our urologists help our patients manage the symptoms of OAB. However, when more advanced treatments for OAB and pelvic health conditions are needed, our patients have the added benefit of access to a team of specialists experienced in the latest therapies for managing more complex cases.

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Sondra Beth Barker, CRNP, MS, RN is Chesapeake Urology’s women’s health nurse practitioner who specializes in urogynecology and works with several of our women’s health specialists including Dr. Conrad Duncan, urogynecologist. Sondra works closely with OAB patients, walking with them every step of the way, from the initial consultation through treatment. As a nurse practitioner, Sondra plays an active role in your overall care, scheduling tests and procedures, following up with you and being available to answer any questions and provide much needed support.

St. Agnes Hospital Campus - 3407 Wilkens Avenue, Ste. 210, Baltimore, MD 21229
White Marsh - 6820 Hospital Drive, Ste. 210, Baltimore, MD 21237

Sue Spurlock, RN, CURN is Chesapeake Urology’s incontinence patient navigator. Sue is a patient’s advocate and support resource when it comes to managing OAB, from initial diagnosis through treatment. Sue works directly with the urologists to coordinate patient care including scheduling appointments for testing, physical therapy consultations and surgical procedures.

The Continence Center - 21 Crossroads Drive, Ste. 200, Owings Mills, MD 21117

If physical therapy is recommended, your doctor will provide you with a list of physical therapy practices throughout the greater Baltimore region that specialize in pelvic floor disorders. Chesapeake Urology partners with many of the region’s leading providers of pelvic health physical therapy and refers patients to the trusted therapists at practices that include:

- In Balance Physical Therapy and Pelvic Health - located in Chesapeake Urology’s Continence Center, Owings Mills
- Life Fitness Physical Therapy
- Central Maryland Rehabilitation Services
- Her Health Physical Therapy

Physical therapists that specialize in women’s pelvic floor disorders are trained to identify and treat the underlying causes of your OAB symptoms. Following are several of the pelvic floor physical therapists that work closely with OAB patients (Chesapeake Urology can provide additional pelvic floor physical therapists that are located throughout Maryland):

Pelvic Floor Physical Therapists

In Balance Physical Therapy and Pelvic Health Center
The Continence Center
21 Crossroads Drive, Suite 210
Owings Mills, MD 21117

Betty McCricker-Hall, CMA/Urodynamicist
Silver Spring, Clinton, Maple Lawn, Glen Burnie
Nancy Kazdowski, MA
Towson, BelAir, Pikesville
Lindsay Dugent, MA
White Marsh, St. Agnes Hospital Campus, Glen Burnie
Kerry Kress, PT
Pelvic Health Physical Therapist

Lakyna Williams, CMA
Silver Spring, Maple Lawn, Glen Burnie, Good Samaritan Hospital Campus
Jodi Berger, MPT
Pelvic Health Physical Therapist

Cindy Woodward, CMA
Continence Center Owings Mills, Westminster
Sarah Buty, PT
Shayna Roberts, PT
Lindsay Rothermel, DPT
Stephanie Stover, PT

Life Fitness Physical Therapy
658 Kenilworth Drive
Towson, MD 21204
The Center of Interactive Health and Wellness
844 Washington Road
Suite 101
Westminster, MD 21157

Carla Carpenter-Breeding, MPT
Jennifer Ortiz, PT, MPT, WSC
Kristen Joyce, PT, DPT

www.womenshealth.chesapeakeurology.com  877-771-9508
Do you find yourself running to the bathroom with an overwhelming need to urinate immediately?

Has the urge to urinate increased dramatically throughout your day?

Do you need to go to the bathroom eight or more times throughout the day?

Have you experienced urine leakage following a sudden urge to urinate?

Do you wake up more than twice a night to go to the bathroom?

If you answered yes to any or all of these questions, you are experiencing the most common symptoms of urge incontinence or overactive bladder (OAB). Overactive bladder is a group of urinary symptoms such as an uncontrollable urge to urinate or urine leakage caused by this frequent urge.

In OAB, urine leaks when your bladder inappropriately contracts or squeezes even when your bladder is not full. This causes the sudden urge to urinate or that “gotta go” feeling, and it can happen frequently throughout the day and even at night time during sleep.

**WHAT CAUSES OAB?**

Overactive bladder typically occurs when nerve signals between your bladder and your brain tell your bladder to empty even when it is not full and the bladder and pelvic floor muscles are not in coordination. OAB can also occur when the muscles in your bladder are too active or contract when they are not meant to, creating that sudden and strong urge to urinate. This is called “urgency.”

**COMMON CAUSES AND TRIGGERS OF OAB SYMPTOMS INCLUDE:**

1. Increasing age
2. Back issues/surgery
3. Obesity and being overweight
4. Neurological conditions that affect the brain and spine including diabetes, multiple sclerosis, Parkinson’s disease, stroke, cerebral palsy and spinal cord injury
5. Bladder tumors, stones and infections
6. Certain medications such as diuretics, sedatives and antidepressants
7. Certain foods such as caffeine, alcohol and spicy foods worsen symptoms

Many women experience OAB symptoms at some point in their lives. You are not alone. In fact, approximately 40 percent of women in the U.S. live with OAB symptoms.
PREVENTION OF OAB

Millions of people live with the symptoms of overactive bladder in the U.S. While overactive bladder may not be preventable, there are a number of ways to reduce your risk for developing OAB symptoms by making healthy lifestyle choices:

• Maintain your muscles – pelvic floor muscles, that is. Perform regular pelvic floor exercises (also called Kegels) as taught to you by a physical therapist to maintain the strength of these important muscles that support your bladder.

• Limit your fluid intake appropriately, as advised by your urologist.

• Limit or eliminate foods that can irritate your bladder such as caffeine, alcohol and spicy foods.

• Quit smoking.

• Manage any chronic conditions you have through regular medical exams with your physician including diabetes and neurological conditions such as Parkinson’s disease which can aggravate or lead to overactive bladder symptoms.

• Exercise regularly.

• Make certain diet and lifestyle changes, as noted below.

LIFESTYLE CHANGES AND ALTERNATIVE MEDICINE

When it comes to overactive bladder, management of symptoms is the number one focus. Some women with mild symptoms of OAB may benefit from making small lifestyle changes that can have a big effect on improving bladder symptoms.

Four Important Steps To Take the Urge Out of OAB

1. **Maintain a healthy weight** – Being overweight or obese can aggravate the symptoms of OAB and increase the occurrence of urinary incontinence due to stress on the bladder. Losing weight and maintaining a healthy weight may help alleviate some of your OAB symptoms.
2. Manage fluid intake – Your urologist may recommend that you limit the amount of fluid you take in throughout the day. Your doctor can tell you how much daily fluid you need and how to healthily reduce fluid intake, which may help minimize your OAB symptoms.

3. Make some diet changes – There are certain foods and liquids that can aggravate your bladder symptoms. Caffeine, artificial sweeteners, chocolate, alcohol, certain sodas, citrus and acidic and spicy foods can irritate the bladder and worsen your symptoms. Try limiting or eliminating these foods from your diet.

4. Keep a bladder diary – Keep track of when and how often you go to the bathroom to urinate to help your doctor better understand your OAB symptoms. You can access the bladder diary on the Chesapeake Urology women’s personal health website - http://womenshealth.chesapeakeurology.com/media/106816/cubladderdiary.pdf

ALTERNATIVE MEDICINE AND OAB

While complementary or alternative therapies have not been proven to successfully treat overactive bladder, some alternative treatments might be helpful in understanding and managing your OAB symptoms including:

• **Biofeedback** – This is a technique that allows you to understand how your body functions and how to control your own body, including your bladder function. Electrical sensors are connected to your skin to measure and receive information about your body and how it is working. For managing OAB symptoms, your biofeedback therapist or urodynamacist will teach you how to make changes in your body, such as strengthening your pelvic floor muscles to help you control the feeling of urinary urgency. Biofeedback is also used as a relaxation technique for patients who have tight pelvic floor muscles and to calm the autonomic nervous system.

• **Acupuncture** – Acupuncture is an alternative therapy performed by a licensed acupuncturist that uses small and very thin needles that are carefully and expertly placed on acupuncture points on the body that are thought to control bladder function. Some patients who have not had success with more conservative therapies, lifestyle changes and/or medications can consider this alternative therapy as a treatment option for managing OAB symptoms.

Alternative therapy may not be covered by insurance, so it is important to contact your insurance company to understand what is covered.
To help determine the cause of your bladder control symptoms and the best course of treatment, a cystoscopy and urodynamic studies may be recommended.

**CYSTOSCOPY**

A cystoscopy is a specialized test that is performed to help determine the cause of your symptoms. A tiny instrument called a cystoscope is inserted into the urethra to find and/or remove abnormalities. The procedure is performed in your doctor’s office or in a surgical center.

**YOUR UROLOGIST WILL DECIDE WHICH OF THE FOLLOWING DIAGNOSTIC TESTS SHOULD BE PERFORMED TO HELP DIAGNOSE AND TREAT YOUR BLADDER CONTROL SYMPTOMS:**

**Urodynamics:** A series of diagnostic tests that evaluate the function of your bladder and urethra. These tests may be recommended if you have urinary incontinence (leakage of urine), neurogenic bladder, recurrent bladder infections, slow or weak urinary stream, incomplete bladder emptying or frequent urination.

**Uroflow:** Measures the speed and amount of urine you void. You will be asked to urinate into a commode with a funnel attached to a computer which measures urine flow.

**Cystometrogram:** Evaluates how your bladder holds urine, measures your bladder capacity, and also determines how well you can control your bladder.

**EMG:** Measures how well you can control your sphincter muscles and determines if they are working in coordination with your bladder. EMG patches may be placed near your rectum to record muscle activity.

**Pressure Flow Study:** Determines if there is an obstruction in your bladder or urethra. Your bladder is filled with fluid through a catheter. You will then be asked to urinate. The study records both bladder pressure and urine flow rate.

**Videourodynamics:** This study is a combination of the above tests with the addition of video pictures which uses contrast dye to visualize the bladder. During this study, your urologist will be present to explain each step of the process. Your bladder is filled with contrast fluid and Xray video pictures will be taken to see your bladder in motion during filling and emptying.
URODYNAMIC STUDIES – WHAT TO EXPECT

• Prior to your appointment, you may be asked to complete a questionnaire or voiding diary. Bring this with you to your appointment.

• Your urodynamics appointment will take approximately 60 minutes. You will be asked to arrive at your appointment with a comfortably full bladder for testing.

• At the start of your testing, you will empty your bladder into a uroflow meter that automatically measures the amount of urine and flow rate.

• The urodynamicist will then perform a post-void residual, which involves placing a thin tube into your bladder to measure the amount of urine remaining.

• Your urodynamic study will then begin. This study will evaluate: how much your bladder can hold, how much pressure builds up inside your bladder as it stores urine, and how full it is when you feel the urge to urinate.

• Finally, you will receive a phone call from a member of your OAB care team who will review the results of your study with you. A course of treatment will then be recommended by your provider.
There are a number of treatment options that can help manage your symptoms. Your urologist and healthcare team will work closely with you to determine the best plan for you. Because there is no right treatment for everyone, your physician may recommend a single treatment, or even two or more at the same time. Depending on your individual needs, your doctor may also use a combination of lifestyle changes and medication therapy, which often results in greater success for symptom management. Surgical options may also be discussed for treating more advanced cases of OAB.

CONSERVATIVE TREATMENTS AND FIRST LINE THERAPIES FOR OAB

• **Physical Therapy** – The goal of physical therapy for treating OAB symptoms is to decrease urinary urgency and improve the coordination between the bladder and pelvic floor muscles for improved urinary control. Your pelvic health physical therapist will perform a comprehensive internal and external exam of the pelvic floor muscles. Depending on your diagnosis and symptoms, the physical therapist will recommend one or more of the following therapies:

  - **Pelvic Floor Muscle Exercises/Biofeedback** – Pelvic floor exercises (also known as Kegels) are important for strengthening your pelvic floor muscles, which help support your bladder. Strong pelvic floor and sphincter muscles help control urine leakage. Your physical therapist will show you how to perform these exercises to promote muscle strengthening, relaxation and coordination. Biofeedback can help determine if you are exercising the right pelvic muscles in the correct way.

  - **Bladder training or delayed voiding** – This 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. Our physical therapists work with you on bladder training exercises for optimal results.

  - **Timed Urination** – You follow a set schedule for going to the bathroom. Instead of going when you feel the urge, you train yourself, and your bladder, to go at the scheduled time of day. Your physical therapist will determine if this is right for you.

  - **Behavior Modification** – The physical therapist may recommend utilizing behavior modification to retrain your urinary system. Going to the bathroom frequently, and not just when the “gotta go” feeling strikes, is important for retraining your system.
• Lifestyle Modifications to Help Improve OAB Symptoms

- Fluid and diet management – Limit or eliminate foods and drinks that may irritate the bladder such as caffeine, artificial sweeteners, chocolate, alcohol, certain sodas, citrus, and acidic and spicy foods.

- Keep a bladder diary – Keep track of when and how often you go to the bathroom to urinate to help your doctor better understand your OAB symptoms. The bladder diary can be found on our women's personal health website - http://womenshealth.chesapeakeurology.com/media/106816/cubladderdiary.pdf

MEDICATION THERAPY

When conservative treatments such as lifestyle changes and/or physical therapy do not improve your symptoms enough to improve your quality of life, your doctor may prescribe certain medications to treat the symptoms of OAB. Medication therapy may be used in combination with physical therapy and/or diet and fluid modification.

There are two classes of medications to help manage your OAB symptoms:

- Anticholinergics/Antimuscarinics – Anticholinergics work by relaxing the bladder. Antimuscarinics work by preventing bladder spasms. These drugs can decrease the severe urge to urinate and may also enable the bladder to hold more urine without frequent leakage because the bladder is more relaxed.

- Beta-3 Agonists are a class of medications that relax the bladder. As with most medications, it may take some time before you see an improvement in your OAB symptoms. Your urologist will monitor the medication’s effectiveness and dosage over several weeks to make sure the drug prescribed is working for you.

Your urologist will also encourage you to continue your pelvic floor exercises and any diet and lifestyle modifications you have already initiated while you are on the medication to help you achieve the best results.

RE-EVALUATION

If more conservative therapies and medication therapy are not completely successful at improving your OAB symptoms, your urologist will re-evaluate your symptoms and plan of care. A cystoscopy and urodynamics testing will be recommended at this time to provide your doctor with more information about your OAB symptoms. From here, your urologist may recommend more advanced treatments to manage your OAB.

ADVANCED OAB TREATMENTS

Percutaneous Tibial Nerve Stimulation (PTNS) – Urgent® PC targets the percutaneous tibial nerve by sending a signal to stimulate the nerves. You will be seated comfortably in the office and a small, thin needle electrode will be inserted near your ankle. The electrode is connected to a battery-powered stimulator that emits mild electrical impulses along your tibial nerve in your leg and to the nerves in your lower back that control bladder function. The slight electrical impulses inhibit frequent contractions of the pelvic floor and bladder muscles for better urinary control and less frequent urinary urges.

Your provider will prescribe a series of 12 weekly treatments. Each treatment will last for 30 minutes. Urgent PC inhibits some of your uncontrollable bladder contractions and it may take up to six weeks to see positive changes in your urinary symptoms.

Every patient responds differently to the therapy, which is why your urologist will closely monitor your symptoms. Periodic maintenance treatments will be necessary after the initial 12 treatments.

Botox Injections – Another advanced treatment option for OAB is Botox. It is injected directly into the bladder, and has been found to be effective in temporarily relieving OAB symptoms for approximately six months. Used in small doses, Botox calms the bladder muscles, helping to minimize frequent bladder contractions.

Botox injections were approved by the FDA to treat adults with OAB who cannot use or do not respond to medications known as anticholinergics. Botox injections typically last six to nine months and will need to be repeated to minimize symptoms of OAB. Botox injections carry the risk of worsening bladder emptying in older adults and in people with other medical conditions such as diabetes. If Botox injections are prescribed, your doctor will follow you closely to monitor possible side effects including urinary tract infections and urine retention.

InterStim® Therapy – The sacral nerves, located near your lower back, modify nerve signals between your nerves and the bladder, and work to control the bladder and muscles related to urinary function. In OAB, these nerve signals do not communicate effectively with your brain resulting in bladder control problems. InterStim® therapy stimulates the sacral nerves with mild electrical pulses to modulate the communications signals with the brain. This treatment is safe and effective and is a viable option for patients who have not had success with lifestyle changes and first line therapies for OAB.
How Does InterStim Therapy Work?

The InterStim system uses a small neurotransmitter device that can be compared to a pacemaker. To make certain this therapy is right for you, your doctor will start you with a test stimulator that does not require surgery. The test typically lasts 5 to 14 days. The test stimulator involves temporary placement of a thin wire. The wire is connected to a small external stimulator which is worn on a belt around your waist. The stimulator sends mild electrical impulses through the wire to the nerves that involve bladder function.

Throughout the testing phase, your provider will ask you to keep a diary to record your urinary symptoms and determine if you have experienced improvement. You and your urologist will review the diary and decide whether permanent InterStim therapy is right for you.

What does the Implantation Procedure Entail?

The InterStim neurostimulator device is easily implanted under the skin in your upper buttock during a short surgical procedure. You will also have a small incision in your lower back where your doctor will place a long-term electrode. The neurostimulator will send electrical pulses through the electrode to one of your sacral nerves. You will also receive a patient programmer which tells you if the stimulation is on or off and the level of stimulation. Your doctor will set the stimulator to a level that is most effective for controlling your urinary symptoms.

Your provider will see you back in the office within four weeks following the implantation to ensure the neurostimulator is performing optimally and to discuss any questions or concerns you may have.

CLINICAL TRIALS

Chesapeake Urology Research Associates (CURA), a subsidiary of Chesapeake Urology Associates, offers a number of women’s health clinical trials. A clinical trial is a carefully designed research study that investigates the effectiveness of a specific treatment for a particular group of people. Well designed clinical trials are the fastest way to find treatments that work and offer benefits that include access to the latest treatments before they are widely available and closer monitoring of your condition by expert medical professionals.

At Chesapeake Urology Research Associates, our investigators and clinical research coordinators bring extensive experience and knowledge to all clinical trials and to your treatment. Patient safety is our primary concern. We offer several clinical trials for women’s pelvic health conditions including OAB. Please visit Chesapeake Urology’s Women’s Personal Health website - [http://womenshealth.chesapeakeurology.com](http://womenshealth.chesapeakeurology.com) - for more information on current clinical trials enrolling new patients, or speak to your urologist.
Chesapeake Urology’s overactive bladder and continence program was designed with you in mind. Our team of OAB specialists understands what women go through when experiencing urinary incontinence and have the expertise needed to help manage your symptoms with a goal of maintaining your long term wellness and quality of life.

THE IMPORTANT ROLE OF THE PATIENT NAVIGATOR

One of the unique features of our OAB program is our dedicated patient navigator. Sue Spurlock, RN, CURN, is a registered nurse with more than three decades of experience. Sue is your advocate and support resource when it comes to managing your OAB, and helps manage a woman’s experience with urinary incontinence and OAB from initial diagnosis through treatment. In fact, continence patients who work with our patient navigator often see better outcomes and satisfaction with their treatment and recovery. Sue works directly with our urologists to coordinate your care including scheduling appointments for testing, physical therapy consultations and surgical procedures. You’ll also find Sue on the other end of the phone to listen to your concerns, answer questions and put to rest any anxiety you may have about your OAB and treatment plan.

THE ROLE OF OUR NURSE PRACTITIONER

Sondra Beth Barker, CRNP, MS, RN, is Chesapeake Urology’s women’s health nurse practitioner who specializes in urogynecology and works with several of our women’s health specialists including Dr. Conrad Duncan, urogynecologist. Sondra works closely with many of our OAB patients, walking with them every step of the way, from the initial consultation through treatment. As a nurse practitioner, Sondra plays an active role in your overall care, scheduling tests and procedures, following up with you and being available to answer any questions and provide much needed support.

Her areas of specialty include: Incontinence services including management of overactive bladder, tibial nerve stimulation, urodynamics studies and medication management, as well as pelvic floor disorder services including management of chronic pelvic pain and interstitial cystitis.

More on back...
SUPPORT GROUPS AND ONLINE RESOURCES

Talking with other people living with bladder control problems such as overactive bladder can be very helpful for coping with the condition. You’ll be surprised by just how many people are living with and managing symptoms of urinary incontinence and OAB.

Chesapeake Urology holds free educational seminars on OAB for patients and loved ones on a regular basis. Our incontinence specialists provide an overview of bladder control problems and are available to answer your questions during these support sessions. Information about upcoming free educational seminars on OAB is regularly posted on our website at http://www.chesapeakeurology.com/about-us/educational-seminars.

OTHER ONLINE OVERACTIVE BLADDER RESOURCES FOR PATIENT INFORMATION AND EDUCATION INCLUDE:

• Chesapeake Urology’s Women’s Personal Care Program - http://womenshealth.chesapeakeurology.com

• The National Association of Continence: www.nafc.org

• The Urology Care Foundation of the American Urological Association (AUA) - www.urologyhealth.org

• Overactive Bladder Online Support Group: www.dailystrength.org/c/Interstitial-cystitis-IC/support-group

• Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU) - www.sufuorg.com

• Interstitial Cystitis Association: www.ichelp.org/

• The Cystitis and Overactive Bladder Foundation: http://patient.info/support/the-cystitis-and-overactive-bladder-foundation
Weak pelvic floor muscles, or tight pelvic floor muscles, can contribute to your overactive bladder symptoms. The women’s physical therapists who work with Chesapeake Urology recommend that women who have weak muscles do pelvic floor muscle exercises, also known as “Kegels,” to help strengthen these important muscles and help manage your OAB symptoms. When done properly and on a regular basis, pelvic floor muscles exercises can help improve bladder control.

The physical therapists will help you identify these muscles and teach you how to properly perform the exercises on your own every day. The key is finding your pelvic floor muscles to ensure you are performing these exercises correctly for maximum benefit.

### 4 STEPS FOR STRENGTHENING YOUR PELVIC FLOOR MUSCLES

**STEP 1**
Once you have isolated the proper muscles, lie on your back and relax.

**STEP 2**
Tighten or contract your pelvic floor muscles. Make sure you are not tensing the muscles in your butt, thighs or abdomen. Breathe steadily throughout the exercises.

**STEP 3**
Hold the contraction for five seconds and then relax for five seconds. Your goal should be to work up to 10 repetitions and being able to hold the contraction for 10 seconds. This may take a couple of weeks.

**STEP 4**
Work up to doing the exercises two or three times per day.

Once you get comfortable with the pelvic floor muscles exercises, you can perform them anytime – sitting at your desk, watching TV, lying in bed, and even in your car! Many women who do the exercises regularly and properly begin to notice an improvement in muscle strength and in OAB symptoms.

Again, if you need help locating your pelvic floor muscles, don’t be embarrassed to ask for help! It is important to seek the assistance of a trained pelvic health physical therapist or your urologist before starting any pelvic floor exercise program.

**To contact one of Chesapeake Urology’s pelvic health physical therapy partners, call 877-771-9508 or visit www.chesapeakeurology.com/specialties/physical-therapy.**
Q: What is overactive bladder (OAB)?
A: Overactive bladder (OAB) is the name of a group of urinary symptoms. The most common symptom of OAB is the “gotta go” feeling, or the frequent and/or sudden urge to urinate that you cannot control. You may leak urine when you experience this urge. Having to urinate often during the night is another common symptom of OAB.

Q: Is OAB Common in Women?
A: Yes, many women experience OAB at some point in their life. You are not alone. In fact, approximately 40 percent of women in the U.S. live with OAB symptoms.

Q: Can OAB be cured?
A: There is no cure for overactive bladder; however, the focus of treatment is symptom management. With the right diagnosis and careful treatment planning, symptoms of OAB can be successfully managed for the long term. With the proper treatment and an experienced team of incontinence professionals, many women return to their normal lifestyle and are no longer bothered by OAB symptoms.

Q: How do I know what is normal and what is OAB?
A: If you find yourself running to the bathroom frequently and more than eight times per day, it’s time to talk to a urologist about OAB.

Q: What are the symptoms of OAB?
A: The major symptom of OAB is the strong and sudden urge to urinate that you can’t control. You may feel the need to urinate frequently throughout the day and night. This urge may be accompanied by urine leakage in some cases.

Q: What is the difference between stress incontinence (SUI) and overactive bladder (OAB)?
A: In stress incontinence, you leak urine when you laugh, cough, exercise, lift something heavy or even bend. Stress incontinence is caused by damage to the urinary sphincter muscles that may have occurred as a result of pregnancy and childbirth, injury or even aging. In OAB, women experience less urine leakage and more urinary urgency accompanied by the “gotta go” feeling often throughout the day and even at night.

Q: What are the treatment options for OAB?
A: There are a number of treatments that can help you manage the symptoms of OAB. Your urologist may prescribe one treatment alone or combine treatments for effective management of your symptoms.
Your urologist will follow a treatment pathway that will identify the best treatment for you. This begins with a thorough evaluation. Conservative treatments include:

- **Physical therapy** – A pelvic health physical therapist works with you on performing pelvic floor exercises, behavior modification and other techniques to improve bladder and pelvic floor muscle coordination.

- **Lifestyle changes** – Modifications to what you eat and drink, keeping a daily bladder diary or even using absorbent pads may be recommended.

- **Medication therapy** – Your urologist may prescribe a type of drug that relaxes your bladder muscles to stop contractions at the wrong times to minimize your urge symptoms. Medication may be combined with physical therapy and behavior modification.

If more conservative therapies are not effective at managing symptoms, your urologist will reevaluate your OAB symptoms and may recommend one of the following advanced treatments:

- **Bladder injections** – In some cases of OAB, injecting Botox into the bladder tissues has been found to be effective in temporarily relieving symptoms.

- **Neuromodulation therapy** – This surgical treatment option works by addressing the communication lapse between your brain and the nerves that control your bladder. This therapy utilizes implantable neuromodulation devices which stimulate the nerves in your pelvis and bladder to control bladder function. This treatment may be prescribed when other treatment options have failed.

**Q: Can OAB be prevented?**

**A:** While there are a number of factors that put you at risk for developing OAB, there are steps you can take to help prevent OAB symptoms including:

- Maintain a healthy weight.
- Exercise regularly.
- Perform regular pelvic floor exercises (Kegels) to maintain the strength of these important muscles that support your bladder.
- Limit your fluid intake, as advised by a doctor.
- Limit or eliminate foods that can irritate your bladder such as caffeine, alcohol and spicy foods.
- Quit smoking.
- Manage chronic conditions like diabetes, Parkinson’s disease, multiple sclerosis and cerebral palsy that can affect bladder control.

**Q: If I think I have OAB, who should I call for help?**

**A:** If you are experiencing any urinary incontinence symptoms that are getting in the way of your quality of life, it’s important to be checked by a urologist who specializes in urinary incontinence. At Chesapeake Urology, our team of incontinence and overactive bladder specialists are here to support you. Contact us by calling **877-771-9508** for an appointment, or visit us on the web at **womenshealth.chesapeakeurology.com**.
OVERACTIVE BLADDER TREATMENT PATHWAY

EVALUATION
Incontinence, Urgency, Frequency

Conservative Treatments
Bladder Diary, Kegels, Fluid Intake, Physical Therapy

Consider Beta-3 Adrenergic Agonist
(4 weeks)

Consider Anticholinergic
(4 weeks)

RE-EVALUATION

CYSTOSCOPY

URODYNAMICS TESTING

Advanced Treatments

Percutaneous Tibial Nerve Stimulation (PTNS)/Urgent® PC Treatments
(12 week initial therapy)

BOTOX®
(Effective for 6-9 months)

Neuromodulation
(Interstim® Therapy)
Evaluation
(5-10 days)

Repeat BOTOX®
Treatments
(Every 6-9 months)

Neuromodulation
(Interstim® Therapy)
(Replace 3-5 years)

If you have questions or would like more information, please call our patient navigator, Sue Spurlock, RN, CURN, at 443-738-8175.

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www.womenshealth.chesapeakeurology.com  877-771-9508
What Is a Bladder Diary?
A bladder diary is a 3-day recording of your liquid intake and urine output. The recorded information can be helpful to your healthcare provider to understand your fluid balance, urinary frequency, functional bladder capacity (how much your bladder holds in your own environment), and many other aspects important to bladder function. We ask that you bring your completed 3-day diary with you to your initial appointment with us to help evaluate your bladder and establish your baseline.

When is a Bladder Diary Used?
Your healthcare provider may request that you complete a diary to evaluate urinary frequency, urgency or incontinence. You may also choose to complete a diary before you see the healthcare provider about a bladder problem. A bladder diary can point to any dietary or behavioral factors that may be contributing to your bladder symptoms.

How to Complete the Diary:

1. Please collect 3 days of information; however, the days do not need to be consecutive. A one-day diary may not be representative of your bladder condition, which is why a 3-day diary is recommended.

2. Begin and end the diary at the same times each day. (Example: Begin when you wake up at 6:00 a.m. and end at 6:00 a.m. the following day.)

3. Record the time of urination (Example: 6:00 a.m.) and record the volume of urine output whenever possible.

4. Record the fluid intake to the nearest ounce. A very reasonable estimation (8 oz. cup of juice, 12 oz. coke, or 20 oz. water) is appropriate. You do not need to physically measure every fluid if you know the size of the bottle, can or cup from which you are drinking.

5. Estimate the urine output by small, medium and large amounts.

6. Be as accurate as possible! The diaries are most useful when every intake and output in a 24-hour period over the course of 3 days is recorded.
MY BLADDER DIARY - Day One

Bladder diaries help show the causes of bladder control problems. Please record fluid intake and output for a full 24 hour period.

Date: ____________________________

<table>
<thead>
<tr>
<th>TIME</th>
<th>FLUID INTAKE</th>
<th>URINE OUTPUT</th>
<th>ACCIDENTAL LEAKS</th>
<th>HOW STRONG WAS URGE TO URINATE?</th>
<th>WHAT WERE YOU DOING AT THE TIME?</th>
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<td></td>
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<td>How Much? (circle one)</td>
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**MY BLADDER DIARY - Day Two**

Bladder diaries help show the causes of bladder control problems. Please record fluid intake and output for a full 24 hour period.

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<td>What Kind?</td>
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<td>(Sneezing, coughing, exercise, etc.)</td>
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