

OVERACTIVE BLADDER (OAB)

Overactive Bladder (OAB) is a condition characterized by a frequent and urgent need to urinate, sometimes leading to leakage (incontinence). It can significantly impact daily life and quality of sleep. This is *different* than Stress Urinary Incontinence.

Causes of OAB:

- Hyperactive bladder muscle for unknown reasons
- Neurological conditions (e.g., stroke, multiple sclerosis, dementia, spinal cord injury/surgery, Alzheimer's)
- Urinary tract infections (UTIs)
- Bladder irritation (e.g., from caffeine, alcohol, or spicy foods)
- Hormonal changes (especially lack of vaginal estrogen in the perimenopausal/postmenopausal female)
- Being overweight
- Bladder cancer (usually would present with blood in the urine and more prevalent in smokers)

Symptoms of OAB:

- Frequent urination (more than 8 times a day)
- Urgency (very strong need to void with little warning)
- Urge incontinence (leakage after an urgent need to urinate)
- Nocturia (waking up many times at night to urinate)

How is OAB evaluated?

- Medical history and symptom assessment
- Pelvic examination
- Urinalysis, Urine culture
- Bladder Diary (tracking fluid intake and urination habits)
- Bladder Ultrasound
- Cystoscopy (in certain cases) - A lighted, flexible instrument (cystoscope) is inserted into the urethra to look at the bladder
- Urodynamic testing (in certain cases) - Measures bladder pressures and determines how well the bladder nerves/muscles work

Behavioral Modification Options:

- **Bladder training:** Delaying urination gradually to increase bladder control
- **Pelvic floor exercises (Kegels):** Strengthening pelvic muscles to prevent leakage
- **Dietary changes:** Reducing caffeine, alcohol, and acidic foods
- **Weight loss:** Reduces pressure on the bladder
- **Fluid management:** Balancing hydration without overconsumption
- **Vaginal estrogen creams**
- **Smoking cessation**

Medications for OAB: There are 2 medication types for OAB that can relax the bladder, limit frequency, and give more warning time.

- **Anti-Cholinergic Medications:** the original OAB medications
 - Detrol (Tolterodine), Ditropan (Oxybutnin), Vesicare (Solifenacin), Enablex (Darifenacin), Sanctura (Trospium), Fesoterodine (Toviaz). Inhibits bladder muscle but can cause dry mouth & constipation, as well as confusion in the elderly.
- **Beta-3 Adrenergic Agonists:** newest class of OAB meds
 - **Myrbetriq** (Mirabegron) and **Gemtesa** (Vibegron). These have less side effects than original OAB meds but can be *expensive and insurances may not cover them fully. There are NO generic versions currently.* You may need to shop for best price or use a Canadian discount pharmacy. Myrbetriq can raise some patient's blood pressure, while Gemtesa typically does not.

Procedural Options:

- **Botox:** micro injections of Botox are delivered to the inner bladder wall through a cystoscope to relax the bladder activity. Performed in the office with the patient awake and takes 10-15 minutes. Effects can take up 2 weeks to be noticed, can last 4-6 months, and then can be repeated.
- **Percutaneous Tibial Nerve Stimulation (PTNS)** - stimulating the tibial nerve near the ankle with a small electrode. This modulates bladder nerve activity and can reduce OAB symptoms. The treatments are administered in weekly 30-minute sessions in the office over 12 weeks, with maintenance treatments as needed. *Dr. Disick does not currently offer PTNS.*
- **Sacral Neuromodulation ("Interstim")** - implanting a small device (similar to a pacemaker) to stimulate and regulate the sacral nerves next to spine which control bladder function. Performed in two stages: a test phase in office to assess effectiveness, followed by permanent implantation in a surgicenter if the test phase was successful.