Management of your overactive bladder (OAB)

Patient information

What is an overactive bladder?

Overactive bladder is common in women particularly after the menopause. The exact cause is unknown but it is more common in women who have had children and after menopause.

Normally, the bladder slowly distends with urine until it reaches a good volume of urine (approx. 300-400mls).

Then, via nerves to the brain the bladder informs the brain that a toilet will soon be needed. Urgency should only occur if urination is delayed and the bladder distends to even larger volumes. The bladder emptying process then begins once the woman has consciously decided to urinate (that is, when you are on the toilet).

What are the symptoms?

**Urgency:** The feeling of being ‘desperate’ to pass urine or unable to delay urination. Often triggered by psychological events such as putting the key in the lock, running water or as the feet hit the floor when getting out of bed.

**Frequency:** going to the toilet too often, usually only to pass small amounts (normal is between six to eight times)

**Urges Incontinence:** when urgency is so strong it results in leakage of urine from just a few drops to a whole bladder full

**Nocturia:** being woken up by the need to go to the toilet more than twice during the night.

You might be teaching your bladder some bad habits, habits that can gradually result in incontinence or frequent bathroom breaks. For example, if you routinely urinate before your bladder is full, it learns to signal the need to go when less volume is present. That can set up a vicious cycle, as you respond to the new urges and teach your bladder to cry ‘run’ when less and less urine is present. Luckily, old bladders can learn new tricks.

Normal adult female bladder function

1. Bladder capacity of approximately 500mls
2. Normal void is 350-700mls of urine
3. Normally voids four to seven times a day
4. Normally wakes to void at least once a night
5. With each decade after 60 years of age one extra void during the day or night is normal
6. No urinary urgency, frequency (voiding more often then outlined above).
Lifestyle measures

1. Regulating your fluid intake: Your professional advisor can help you regulate your fluid intake so you drink the correct volume for your body and level of activity at the right times. Too much fluid can overfill the bladder and too little can concentrate the urine, which irritates the bladder.

2. Limit alcohol and caffeine-based drinks: Alcohol, caffeine-based drinks and fizzy drinks are known to irritate the bladder, which exacerbates symptoms of overactive bladder. Alcohol also has a diuretic effect, which can cause more frequent urination.

3. Avoid Constipation: Constipation can trigger or worsen symptoms of overactive bladder. Straining on the toilet can also weaken the pelvic floor.

4. Keep your weight in the healthy range: there is evidence that losing weight decreases the severity and frequency of symptoms of overactive bladder.

Bladder training

Bladder training involves three steps. These are:
1. Increasing bladder fill volume
2. Deferral strategies
3. Make less sensitive to your triggers

Step 1. Increasing bladder fill volume
Aim is to toilet less often and increasing your urine volume each time. When you first feel the need to go to the toilet, try and ignore it. If the ‘need’ is a strong urge, use the strategies below to defer the urge. Put off going to the toilet until the next time you feel the urge. Initially this may only be a few minutes. As you improve, you should be able to defer for 30 minutes or longer. During the night if you wake up at night with the urge to go, get up and go immediately.

Step 2. Deferral strategies
These are strategies that will quieten your bladder and suppress the overwhelming urgency of OAB. You should experiment as to which ones work the best for you and use them to dampen the urge, until it goes away and your bladder can continue to fill.

1. Pelvic floor muscle contractions. This is one of the most effective methods, if your pelvic floor is strong enough. Try one big tight squeeze or several repeated four to five second contractions
2. Use perineal or clitoral pressure, (hand pressure over the crotch), sitting on the edge of a chair or table.
3. Roll up a bath towel and keep it on a chair. Sit on this roll when you have a strong urge to urinate. Tighten and hold your Pelvic floor muscles until the urge passes.
4. Cross your legs and tighten your buttock muscles.
5. Toe curling, marching on the spot or tap your heel onto the ground repetitively.

Once the urge has passed make a decision, is the bladder full?
If not defer and when the urge is gone “get on with life”. If the bladder is full, use the following techniques to help get you to the toilet dry.

- Stand carefully and relax your chest
- Breathe easily and walk quietly to the toilet
- Count your steps and use distraction techniques to help get you the toilet dry.

Keep practicing until you can make the urge go away

Step 3. Become less sensitive to your triggers
Identify your triggers, the most common being running water, the key in the lock coming home, or entering the bathroom. The idea of making less sensitive to your triggers is to approach the trigger in a least delicate state first (i.e. with an empty bladder) and then approach the trigger in gradually increasing periods of time after emptying your bladder.

Tips for success:
1. Believe that you will be successful.
2. Remember to do your pelvic floor muscle exercises after each voiding.
3. Follow the above program directions to the letter.
4. Give the program a full six weeks.
6. Don't be discouraged by setbacks. Your bladder control may be worse when:
   a. You are tired.
   b. You have your mind on many other things.
   c. You are tense or nervous.
   d. You are about to start your menstrual period.
   e. You are outside on cold, rainy, or windy days.
8. Avoid going to the toilet “just in case”.
9. Avoid constipation.

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