

Information
 for Patients

OverActive Bladder (OAB)

OAB is the feeling that you need to urinate (‘urgency’) in the absence of a full bladder or other bladder diseases (e.g. there is no infection, cancer, excessive fluid intake, etc.) When urinary incontinence is present it is called ‘wet’ OAB.



- Fast Facts**
- OAB affects 1 in 5 people
 - OAB affects men and women EQUALLY
 - OAB is more common with aging

Evaluation usually includes a voiding diary, urine tests, exam and assessment of bladder emptying. Urinary frequency and urgency are *completely normal if you drink lots of fluids, especially coffee or tea*. Incontinence is never ‘normal’.

**TREATMENT = BEHAVIORAL MODIFICATION/EXERCISES
 PLUS MEDICATION**

What Can I Start Today?

Conservative measures can help OAB significantly and are a crucial part of treatment. Sometimes it works so well that medication is not needed.

 <p>AIM FOR ABOUT 7 VOIDS DAILY – timed voiding: every 2-3 hours (more if you drink more) – don’t let your bladder become over-full</p> <p>WATCH HOW MUCH YOU DRINK – aim for 4-8 cups of fluids (about 1-2 L)</p> <p>BEHAVIOR MODIFICATION – urge reduction exercises – try 5-10 “quick flicks” - pelvic floor muscles contraction</p> <p>PELVIC FLOOR (KEGEL) EXERCISES</p>	 <p>BLADDER IRRITANTS –caffeine, alcohol and spicy foods</p> <p>CONSTIPATION – bowel problems make the bladder worse</p> <ul style="list-style-type: none"> • High-fiber diet: Bran buds, fruits, vegetables • Don’t postpone - go when you feel it • Exercise • Laxatives: Restoralax, PEG, other
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PELVIC FLOOR PHYSIOTHERAPY, ACCUPUNCTURE & NEUROMODULATION
 *see OAB section on the website for more info

Medications for Overactive Bladder

- Medications are meant to reduce the sensation of needing to urinate, the frequency of urination and, when present, the frequency and amount of leakage.
- You may need to try multiple medications before you find one that works for you.
- Have realistic expectations. Medications almost never completely eliminate the symptoms – about a 30% reduction in symptoms is typical.
- Be patient as it usually takes about a month to see a difference.

Side-effects are common: if you feel unwell, stop the medication

<p>Anticholinergics/Antimuscarinics (All of the medications <i>except</i> for Myrbetriq)</p> <ul style="list-style-type: none"> - Dry mouth, dry eyes - Constipation - If elderly, confusion and memory issues can occur 	<p>Beta-3 Agonist (Myrbetriq)</p> <ul style="list-style-type: none"> - Elevated blood pressure. Check at home or pharmacy.
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How to Trial the Medications

1. STOP if the side-effects are intolerable at anytime OR the medication isn't helping after 1 month at the maximum dose.
2. INCREASE the dose IF the lower is ineffective after a 1 month trial. Do not exceed the maximum dose (see below).
3. SWITCH medications if you do not feel that the medication is helping after a 1 month trial AND you have taken the maximum dose.

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MEDICATION	PILL SIZE (mg)	DOSING	DAILY MAXIMUM
Ditropan (Oxybutinin)	2.5, 5	Three times per day	15 mg
Ditropab XL	10	Once daily	10 mg
Detrol (tolterodine)	2	Twice daily	4 mg
Detrol LA (tolterodine)	4	Once daily	4 mg
Enablex (darifenacin)	7.5, 15	Once daily	15 mg
Oxytrol patch	3.9	Every 3-4 days	3.9 mg every 3-4 d
Sanctura (trospium)	20	Twice daily	40 mg
Sanctura XR	60	Once daily	60 mg
Toviaz (Fesoterodine)	4, 8 mg	Once daily	8 mg
Vesicare (solifenacin)	5, 10	Once daily	10 mg
Myrbetriq (mirabegron)	25, 50	Once daily	50 mg

Botox for the Bladder

This can be a great option for patients who do not respond to or tolerate oral medications, or prefer the convenience of a periodic injection compared to a daily pill. Injection is a straightforward 5 minute procedure with the patient awake. Pharmacare/MSP does NOT usually cover the cost which is \$700 including medication and injection (extended health may cover this). The main risks are temporary urinary retention (about 1 in 10 patients lasting 1-2 months) and infection. Not all patients respond to Botox but it can be life-changing for those who have refractory OAB. Speak with your surgeon and visit our website.