



## OVERACTIVE BLADDER SYNDROME (OAB)

Your health care provider has told you that you have overactive bladder syndrome (OAB). OAB may be due to: obesity, diabetes, infections, bladder cancer, age, urologic disorders and prostate problems. Often the reason for OAB is unknown. Treatments are available to help control the bladder muscle and manage OAB. Read on to learn more.

### What is overactive bladder syndrome?

Normally, urine stays in the bladder until a person decides to release it. With OAB, the bladder muscles contract involuntarily, causing a sudden urge to urinate and even urine leakage.

OAB causes the bladder muscle to contract (squeeze involuntarily). This causes an intense urge to urinate, known as urgency. **Urgency** can occur many times during the day and night. In some cases, accidental urine leakage occurs with urgency. **Urge incontinence** is the inability to control urinary bladder function. There are many types of incontinence, urge incontinence being one of them. Leakage of urine with laughing, coughing, sneezing, or physical activity is known as **stress incontinence**. Please refer to stress incontinence for more details.

### How is overactive bladder syndrome diagnosed?

Your health care provider examines you and asks about your symptoms and health history. You may also have one or more of the following:

- **Urine test** to take samples of urine and have them checked for problems.
- **Urinary diary** to record how much fluid you take in and urinate out in a 3 day period.
- **Bladder ultrasound** to study the bladder as it empties. Ultrasound uses sound waves to create detailed images of the inside of the body.
- **Cystoscopy** to allow the health care provider to look for problems in the urinary tract. The test uses a thin, flexible scope called a cystoscope with a light and camera on the end. The scope is inserted into the urethra (the tube that carries urine out of the body).
- **Urodynamic studies**, a battery of tests designed to measure and record many aspects of urinary bladder function, including pressures, volume, and urine flow.

### How is overactive bladder syndrome treated?

Treatment depends on the cause and severity of your OAB. Treatments may include the following:

- **Changing urination habits** may be suggested. For instance, your health care provider may suggest that you urinate as soon as you feel the urge. You may also need to limit how much fluid you have during the day.

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- **Exercising your pelvic muscles** can help strengthen muscles used during urination. These exercises are called Kegels. They involve contracting as if you were stopping your urine stream and tightening your rectum as if trying not to pass gas. Your health care provider can help you learn how to do Kegels.
  - **Biofeedback** to help you learn to control the movement of your bladder muscles. Sensors are placed on your abdomen. They turn signals given off by your muscles into lines on a computer screen.
  - **Medication** may be given to relax the bladder muscle. Medication can also help ease bladder contractions, which reduces the urge to urinate.
  - **Neuromodulation** may be done if medication and behavioral changes don't work. Electrical pulses are sent to the sacral nerves (nerves that affect the pelvic area). These pulses help relieve OAB and urge incontinence.
  - **Surgery** to make the bladder larger may be done in severe cases.

Treatment may involve taking medications for months or years. You may also need to make changes in your daily routine. This may include going to the bathroom more often than you think you need to. Or, you may need to cut back on caffeine and alcohol because these can make OAB symptoms worse. Your health care provider can tell you more.

**Call the health care provider right away if you have any of the following:**

- Fever of 100.4°F (38.0°C) or higher
  - No improvement with treatment
  - Trouble urinating because of pain
  - Back or abdominal pain
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