

Overactive Bladder

THE UROGYNÆCOLOGICAL SOCIETY OF AUSTRALASIA

What is an overactive bladder?

Overactive bladder (OAB) refers to a combination of the following:

- Urgency (a strong, sudden desire to pass urine)
- Frequency (going to the toilet very often)
- Nocturia (getting up more than once overnight to pass urine).

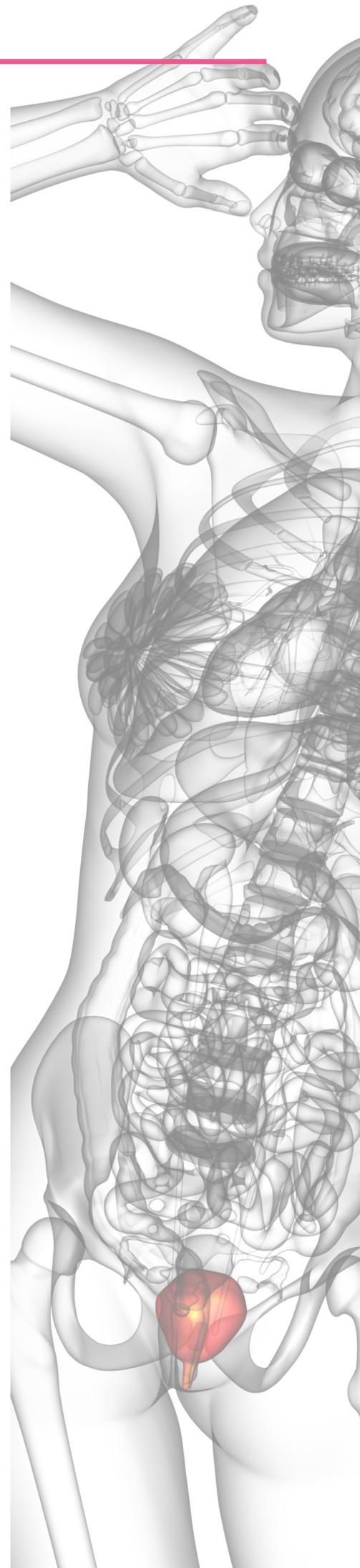
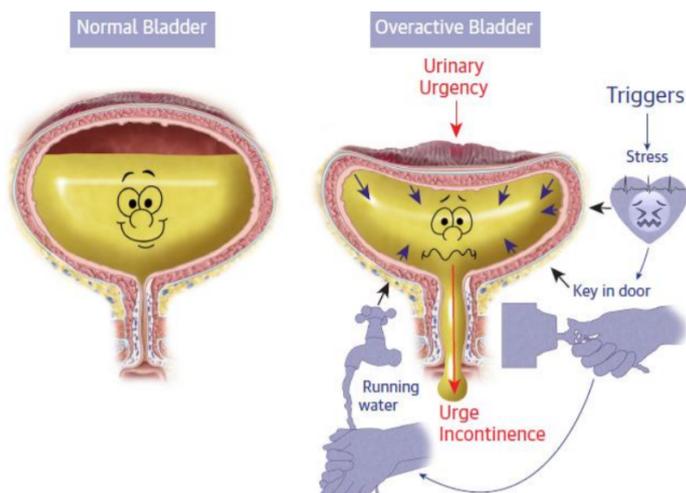
Women with OAB can experience leakage of urine associated with the above symptoms. It is important to realise that OAB is a life-long condition. Unfortunately, there is no miracle cure for OAB. Treatment is aimed at controlling your symptoms so you can take part in all your work and leisure activities despite your bladder problems.

What causes OAB?

Normally when you empty your bladder, the brain sends a message to the bladder muscle to squeeze the urine out. With an overactive bladder, the bladder muscle squeezes (contracts) without getting the signal from the brain. This causes the sudden urge to pass urine and, if the pelvic floor muscles are not strong enough to counteract the bladder muscle strength, you start leaking urine before you get to the bathroom.

There are several factors that may be associated with an overactive bladder, including the following:

- High caffeine intake (coffee, tea, fizzy drinks)
- Alcohol
- Smoking
- Constipation
- Vaginal atrophy (thinning of vaginal skin after menopause)
- Obesity
- Bed wetting as a child (older than 7 years)
- Family history
- Previous vaginal surgery
- Medications (diuretics, hormone replacement therapy)
- Medical conditions such as diabetes, multiple sclerosis, spinal cord injuries.



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How is OAB diagnosed?

The symptoms described above will raise the possibility of OAB. Your doctor will perform an examination to rule out other conditions that may cause similar symptoms. You may have tests to exclude bladder or vaginal infections, or an ultrasound scan and blood tests to look for diabetes. A bladder diary (download from the UGSA website) is useful to record what, when and how much you drink, plus how often you void and how much urine is passed.

Your doctor may want to look inside your bladder with a small camera (cystoscopy) or you may need a bladder test, called urodynamic studies, to check your bladder function.

How do we treat OAB?

OAB is treated by a combination of fluid management, bladder retraining, pelvic floor muscle training and medications.

Where can I get more information?

Please see the UGSA Patient Information Sheet: "Treatment of Overactive Bladder" for more detailed information.

This statement has been developed by the Urogynaecological Society of Australasia (UGSA).

Disclaimer: This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.

