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Patient Guide

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Introduction

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Millions of people in the United States struggle with Overactive Bladder (OAB) symptoms. The most common symptom is the ongoing urgent need to go to the bathroom. Now.

OAB can interfere with work, going out with friends, exercise and sleep. It can lead you to the bathroom many times during the day or night. Some people leak urine (pee) after this urgent "gotta go" feeling. Others feel afraid they'll leak.

Fortunately, there is help and there are treatments.



It took me nearly 5 years to talk with my doctor about this. I'm glad I finally did.



What is OAB and Who Gets It?



"Get the Facts about Overactive Bladder" (video)

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Overactive bladder is the name for a group of bladder symptoms. There are three main symptoms:

- A feeling that you have to go to the bathroom, urgently.
- Sometimes incontinence, which means that you leak urine with the "gotta go" feeling.
- Usually the need to go to the bathroom often (frequently), day and night.

With OAB, you feel that you need to empty your bladder – even when it's not full. This leads to the feeling that you need a bathroom quickly, right now. You can't control or ignore this feeling. (Although it may feel like your bladder muscle is squeezing to empty your bladder, in actual fact your bladder muscle may not be squeezing.) If you "gotta go" eight or more times each day and night, or fear that urine will leak out before you're ready, you may have OAB.

OAB affects about 33 million Americans. It's not a normal part of aging. It's a health problem that can last for a long time if it's not treated. Many older men (30%) and women (40%) struggle with OAB symptoms. Often people don't know about treatments that can help, or they don't ask for help.

Stress urinary incontinence or SUI is a different bladder problem. People with SUI leak urine while sneezing, laughing or being active. It is not the same as that sudden "gotta go" feeling from OAB. To learn more about SUI, go to <http://www.urologymanagement.org/sui/>.

In this guide you will find clear information about how to manage OAB. Please ask for help, even if you feel embarrassed. Don't wait, because there are several treatments that work well for OAB. Your health care provider should be trained to talk with you and help you manage your symptoms without embarrassment.

For information about the other health care providers trained to help, [click here](#).

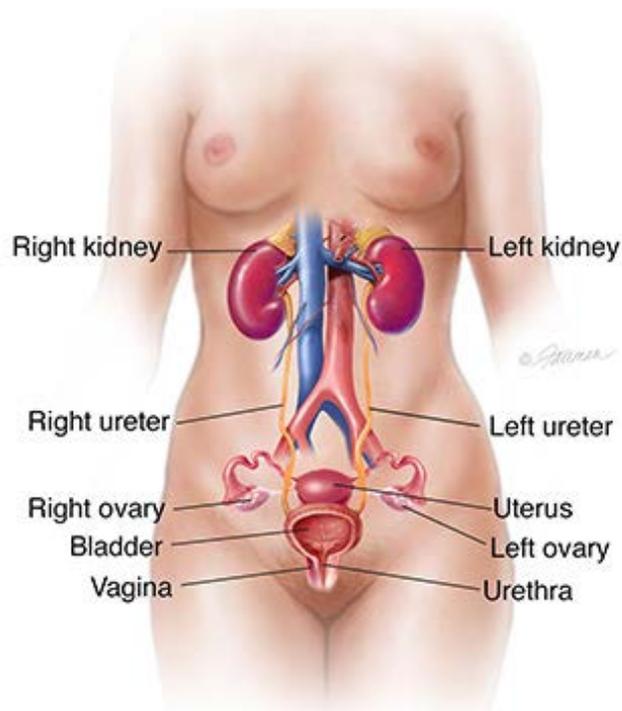
How the Urinary Tract Works and What Happens with OAB

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The urinary tract is the important system that removes liquid waste from our bodies:

- kidneys: two bean-shaped organs that clean waste from the blood and make urine
- ureters: two thin tubes that take urine from the kidney to the bladder
- bladder: a balloon-like sac that holds urine

- until it's time to go to the bathroom
- urethra: the tube that carries urine from the bladder out of the body. The urethra has muscles called sphincters that lock in urine. The sphincters open to release urine when the bladder contracts.



Urinary tract

Medical Illustration Copyright © 2015 Nucleus Medical Media, All rights reserved

When your bladder is full, your brain signals the bladder. The bladder muscles then squeeze.

This forces the urine out through the urethra. The sphincters in the urethra open and urine flows out. When your bladder is not full, the bladder is relaxed.

With a healthy bladder, signals in your brain let you know that your bladder is getting full or is full, but you can wait to go to the bathroom. With OAB, you can't wait. You feel a sudden, urgent need to go. This can happen even if your bladder isn't full.

Symptoms of OAB

Bladder and sphincter
Image © 2003 Fairman Studios, LLC

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Urgency: This is the main symptom of OAB. It is a strong (urgent) need to urinate that can't be ignored. This "gotta go" feeling makes people afraid that they'll leak urine if they don't find a bathroom right away. OAB may also cause:

- Incontinence (urine leaks): Sometimes OAB causes urine to leak out before getting to the bathroom. This is called "urgency incontinence." Some people may leak just a few drops, while others can have a sudden gush. (for more information: <http://www.urologyhealth.org/urologic-conditions/urinary-incontinence>)
- Urinate frequently: OAB may also cause people to go to the bathroom many times during the day. Experts say that "frequent urination" is when you have to go to the bathroom more than eight (8) times in 24 hours.
- Wake up at night to urinate: OAB can wake a person from sleep to go to the bathroom more than once a night. This is called "nocturia" by health providers.

Some foods and drinks can bother the bladder. Caffeine, artificial sweeteners, alcohol, chocolate and very spicy foods may make OAB symptoms worse.

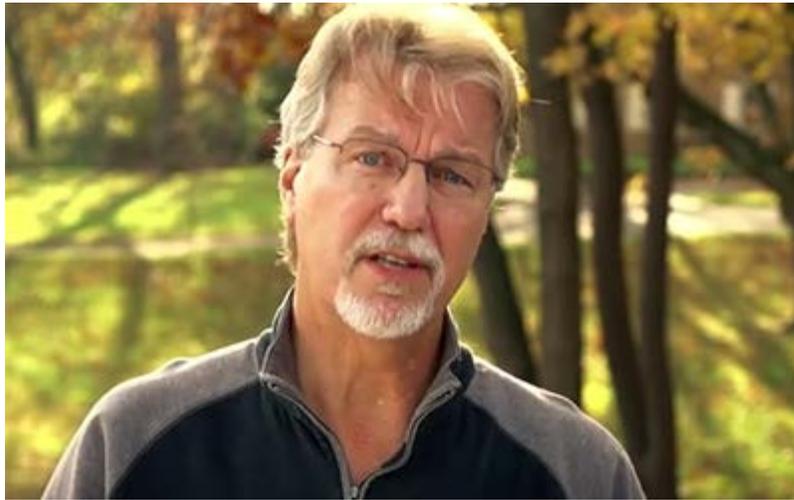
OAB does not cause pain. If you feel pain while urinating, you may have an infection. Please talk with your health care provider about pain.

How OAB Can Affect Your Life

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Without treatment, OAB symptoms are uncomfortable. It can be hard to get through the day without many visits to the bathroom. OAB can impact relationships. You may not want to do things you enjoy because you worry about finding a bathroom in time. It can disrupt your sleep and sex life. It can leave you tired and short-tempered, or leaks can lead to a rash or infections. The whole experience can make anyone feel hopeless and very unhappy.

The good news is that OAB can be controlled. There are treatments available to help.

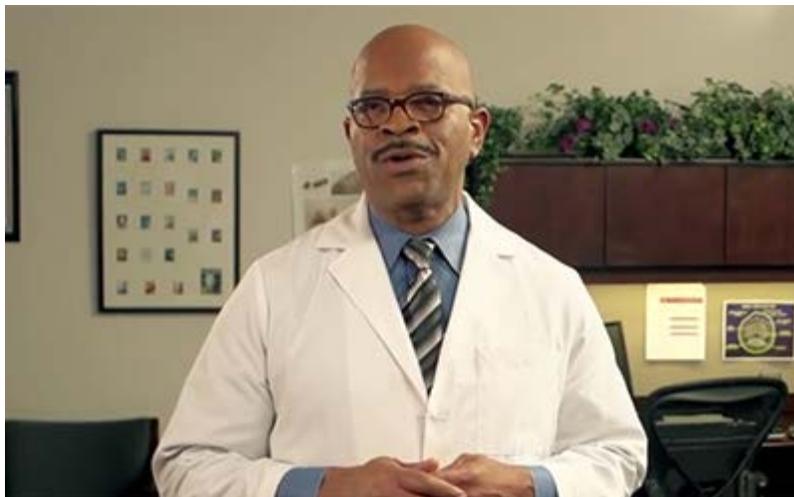


I stopped running, I stopped taking walks. Basically, I stopped doing things that didn't allow me immediate access to a bathroom. I was so embarrassed that I didn't talk to anyone about it for a long time. That was a mistake.

Who gets OAB?



- Both men and women can get OAB.
 - Older women who have gone through menopause ("change of life") and men who have had prostate problems are more likely to get OAB.
 - Growing older is a factor, but not all people get OAB as they age. It's not a normal part of aging.
 - People with diseases that affect the brain or spinal cord (nervous system) such as stroke and multiple sclerosis (MS) are more likely to get OAB.
-



Once your doctor understands the problem, he or she can tell you about treatment options. There's no single treatment that's right for everyone. You may try one treatment, or a few at the same time.

A Urologist Can Help



A urologist is a doctor who specializes in bladder care and the urologic system. They can help you take control over your symptoms and find treatment. You can use the Urology Care Foundation's [Find-a-Urologist](#) online tool. Chose "incontinence" as a "specialty" for urologists with training and experience in urine leaks and OAB.

For information about the other health care providers trained to help, go to Section 2, "Providers and Specialists Who Treat OAB."

The Truth about OAB



Don't let myths about OAB stop you from getting the help you need. Learn the truth about OAB:

- OAB is not "just part of being a woman."
 - OAB is not "just having an 'enlarged' (big) prostate."
 - OAB is not "a normal part of getting older."
 - OAB is not caused by something you did.
 - Surgery is not the only treatment for OAB.
 - There are treatments that can help people manage OAB symptoms.
 - There are treatments that can help, even if your symptoms are minor and you don't leak urine.
-



For years I suffered from sudden urges to go to the bathroom. When I started to leak, I wore pads and lots of black clothes because they hid leaks best. I thought I had to live with it.



We go out all the time now. We enjoy the things we used to. Betty didn't just get her life back, WE got our life back, and it is better than ever!



Finding the Words

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It's normal to feel uncomfortable when talking about OAB symptoms. Who wants to talk about bathroom problems or incontinence?! Still, knowing more about OAB is the best way to take control of the problem. A little planning will give you confidence. Here are some tips to help:

- Be prepared: Before your appointment, gather useful information to help the health care provider learn what's going on. Also be ready to take notes about what you learn. Bring:
 - A list of the prescription drugs, over-the-counter medicines, vitamins and/or herbs you take.
 - A list of your past and current illnesses or injuries.

Results from the [Think You Have Overactive Bladder? Quiz](#), to help you discuss your symptoms.

- A pad of paper and pen to take notes about treatments
- Bring a friend: Ask a close friend or relative to go with you to the doctor, if you don't mind sharing what's going on. An "appointment buddy" can help remind you of things you may forget to ask, or remind you of things the health care provider said.
- Bring up the topic: If your health care provider doesn't ask about your OAB symptoms, bring up the topic yourself. Don't wait until the end of your visit. Make sure you have time for questions. If a nurse meets with you first, tell the nurse about your symptoms.
- Speak freely: Share everything you're experiencing. Your health care provider hears about problems every day. They've heard it all! It's OK to tell them about your symptoms and how they impact your daily life. Let your health care provider know your answers to these questions:
 - Do my symptoms make me stop doing the things I enjoy, or prevent me from going to events?
 - Am I afraid to be too far away from a bathroom?
 - Have my symptoms changed my relationships with friends or family?
 - Do my symptoms make it hard to get a good night's sleep?
- Ask questions: A visit to your health care provider is the right time to ask questions. It is best to bring your list of questions with you so you don't forget. We offer some good question to ask in each section of this guide to help you.
- Follow-up care: Ask your health care provider when you should visit again, and what you should bring with you.

Think you Have OAB? Quiz & Scoring Instructions



Take this [quiz](#) to learn if your symptoms may be from OAB or from something else. Your quiz results will also help you talk with a health care provider about what's going on.

Questions to Ask Your Health Provider about OAB



- Are my symptoms from Overactive Bladder (OAB) or something else?
 - What tests will I need to find out if I have OAB?
 - What could have caused my OAB?
 - Can I do anything to prevent OAB symptoms?
 - What can we do to cure my OAB?
 - Should I see a specialist for my care? If so, can you recommend someone?
-



Providers and Specialists who Treat OAB

Many types of health care providers can offer basic help for OAB. Specialists, specially trained to treat OAB and incontinence include urologists and female pelvic medical surgeons. It helps to ask if your health care provider has direct training or experience. Here are the types of providers you may meet:

Primary Care Practitioners are doctors who can diagnose common health concerns and provide treatment. If a primary care provider is experienced with OAB, they will discuss your options. Often, they'll refer you to a specialist for treatment, especially if lifestyle changes haven't helped.

Internists are doctors who may or may not be primary care providers. Often these medical providers will refer you to a specialist.

Nurse Practitioners (NP) are highly trained nurses, able to treat many medical problems. Some NPs specialize in issues like OAB, or they will refer you to a specialist.

Physician Assistants (PA) are professionals licensed to practice medicine with a doctor's oversight. NPs and PAs are often part of the health care team. Many can diagnose and treat SUI non-surgically and can help with exercises and lifestyle changes. Some specialize in issues such as OAB.

Urologists are surgeons who evaluate and treat problems of the urinary tract. Most urologists are very experienced with incontinence, however not all of them treat OAB. A patient should, again, ask if the urologist is a specialist.

Gynecologists are doctors who focus on women's health. Most are knowledgeable about incontinence, but not all are trained to treat OAB surgically.

Female Pelvic Medicine and Reconstructive Surgery (FPMRS) specialists are urologists or gynecologists who are trained as experts in female pelvic medicine and reconstructive surgery. FPMRS specialists are often referred to by the public as female urologists or urogynecologists.

Geriatricians are doctors who treat older patients, and many are able to evaluate and treat OAB. But, not all treat OAB surgically.

Physical Therapists are licensed health professionals who provide physical therapy. If they have special training in pelvic floor disorders, they can help with exercises and lifestyle changes.

Section 3



How to Diagnose OAB

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When you tell your health care provider about your symptoms, s/he will ask more questions and do some tests. This is done to diagnose the problem. OR, your provider will tell you the name of a specialist who can diagnose and treat you.

To learn what's happening, a health care provider will likely:

- Ask about your health history: You will be asked about how you feel, how long you've had symptoms, and how they impact you. You will be asked about medicine you take (over-the-counter and prescribed). You should also talk about what you eat and drink during the day. This lets your provider learn about your health now and in the past.
- Do a physical exam: Your health care provider will look for things that could cause symptoms. In men and women, they will feel your organs in and below your belly, in your pelvic area. They will also check your rectum.
- Ask you to keep a "Bladder Diary:" A Bladder Diary helps you, and your doctor, learn about daily events and patterns. In this diary you write down how often you go to the bathroom and if/when you leak urine. You can use this [Bladder Diary](#) sample to start. You can also download an electronic bladder diary for your mobile device like The Bladder Pal. This app was developed by AUA Member, Dr. Ronald Yap, through the support of the LeBaron Foundation and the Concord Hospital Trust.
 - [Bladder Pal app for Android](#)
 - [Bladder Pal app for Apple](#)
- Do other tests if you need them:
 - Urine test: a sample of your urine may be tested for infection or blood.

- **Bladder scan:** This test shows how much urine is left in your bladder after you go to the bathroom.
- **Cystoscopy:** Your health care provider inserts a thin tube with a tiny camera into the bladder to see if it looks normal or not.
- **Urodynamic testing:** These tests check to see how well your lower urinary tract holds and lets-go of urine. One of these tests is call **CMG (cystometrogram)**.
- **Symptom quiz:** Many doctors use a written quiz to ask questions about your bladder problems and what causes you the most bother. [Take our OAB Quiz](#)



Becca Martin



Becca Martin has been dealing with OAB for a long time. In her mid-40s, Becca lives outside of Aberdeen, Washington. Before she was treated, she sometimes went to the bathroom 40 times a day. As often as every 20 minutes. She found it impossible to take the bus to work. The 25-mile bus ride home was too long to wait.

"My symptoms got so bad that I couldn't drive to work without stopping somewhere along the way" she says. Whenever she drove into Tacoma or Seattle, she would have to add an hour or two to the trip to account for all the necessary rest stops.

Becca's primary care doctor referred her to Dr. Kobashi, who diagnosed her with OAB. Tests showed Becca's bladder was telling her brain "I have to go" all the time, instead of just when her bladder was full. Dr. Kobashi told Becca her treatment options, and she chose a bladder pacemaker. A pulse generator device the size of a silver dollar was surgically implanted into her buttocks.

Becca has had tremendous results. One day, soon after she had the surgery, she and her boss were amazed to realize that it had been six hours since Becca's last visit to the bathroom - a far cry from the several times each hour that she used to go!

Becca urges anyone with OAB symptoms to talk to their doctor about it right away. As Becca knows, treating OAB

can change your life for the better.

Questions to Ask – When Getting Diagnosed



- Can you help me or should I see a specialist?
- What test(s) will help you learn if I have OAB?
- Please explain each test and why you think I need it?
- Are there any risks from these tests?
- If not OAB, what else could be causing my symptoms?
- What dietary changes can help me go to the bathroom less?
- What is my next step?



There are a number of things you can do to help manage OAB. Everyone has a different experience with what works best. You may try one treatment alone, or several at the same time. You and your health care provider should talk about what you want from treatment and about each option.

OAB treatments include:

Lifestyle Changes

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To manage OAB, health care providers first ask a patient to make "lifestyle changes". Sometimes these changes are called "behavioral therapy". This could mean that you eat different foods, change how much, when or what you drink, and pre-plan bathroom visits to feel better. Many people find that these changes help. Other people need to do more.

1. Limit food and drinks that bother your bladder: Many people feel better when they change the way they eat and drink. There are certain foods known to bother the bladder. You can try taking all of these things out of your diet, then add them back one at a time. Once you learn which foods and drinks make your symptoms worse, you can avoid them. Common foods to avoid:
 - Coffee / caffeine
 - Tea
 - Artificial sweeteners
 - Alcohol
 - Soda and other fizzy drinks
 - Citrus fruit
 - Food made with tomatoes
 - Chocolate (not white chocolate)
 - Spicy foods
2. Keep a bladder diary: Writing down when you make trips to the bathroom for a few days can help you understand your body better. This diary may show you things that make symptoms worse. For example, are your symptoms worse after eating or drinking a certain kind of food? Are they worse when you don't drink enough liquids?
3. Double voiding (emptying your bladder twice): This may be helpful for people who have trouble fully emptying their bladders. After you go to the bathroom, you wait a few seconds and then try to go again.
4. Delayed voiding: This means that you practice waiting before you go to the bathroom, even when you have to go. At first, you wait just a few minutes. Gradually you may be able to wait two to three hours at a time. Only try this if your health care provider tells you to. Some people feel worse or have urine leaks when they wait too long to go to the bathroom.
5. Timed urination: This means that you follow a daily bathroom schedule. Instead of going when you feel the urge, you go at set times during the day. You and your health care provider will create a reasonable schedule. You may try to urinate every two to four hours, whether you feel you have to go or not. The goal is to prevent that "urgent" feeling and to gain control.
6. Exercises to relax your bladder muscle: You may be familiar with exercises to strengthen your pelvic floor muscles, also called Kegel exercises. A special exercise using those same pelvic floor muscles may help relax your bladder during those "gotta go" moments. To do "quick flicks," you quickly squeeze and relax your pelvic floor muscles repeatedly. When you feel the urge to go, try a number of "quick flicks" instead. These exercises can help control that "gotta go" feeling. It helps to be still, relax and focus on just the exercise. Your health care provider or a physical therapist can help you learn these exercises. Biofeedback may also help.

Biofeedback uses computer graphs and sounds to monitor muscle movement. It can help teach you how your pelvic muscles move and how strong they are.

Prescription Drugs

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When lifestyle changes aren't enough, the next step may be to take medicine. Your health care provider can tell you about special drugs for OAB.

There are several types that can relax the bladder muscle. These drugs (for example: Anti-muscarenics and Beta-3 agonists) can help stop your bladder from squeezing when it's not full. Some are taken as pills, by mouth. Others are gels or a sticky patch to give you the drug through your skin.

Your health care provider will want to know if the medicine works for you. They will check to see if you get relief or if the drug causes problems, known as "side-effects". Some people get dry mouth and dry eyes, constipation, or blurred vision.

To help relieve symptoms, your health care provider may ask you to take different amounts of the drug. Or, give you a different one to try. You may be asked to make lifestyle changes and take medicine at the same time for better results.

Injections

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If lifestyle changes and medicine aren't working, there are other options. A trained urologist or FPMRS specialist can help. They may offer bladder injections (shots) of Botox® (botulinum toxin).

Small amounts of Botox® can stop the bladder muscles from squeezing too much. Many tiny injections are used. It gently paralyzes the muscles. Additional treatments are given when this treatment wears off, anywhere from six to twelve months later. Your doctor will watch how you're doing to make sure you aren't retaining (holding in) too much urine. If urine is not draining well, you may need to catheterize temporarily.

Nerve Stimulation (Neuromodulation Therapy)

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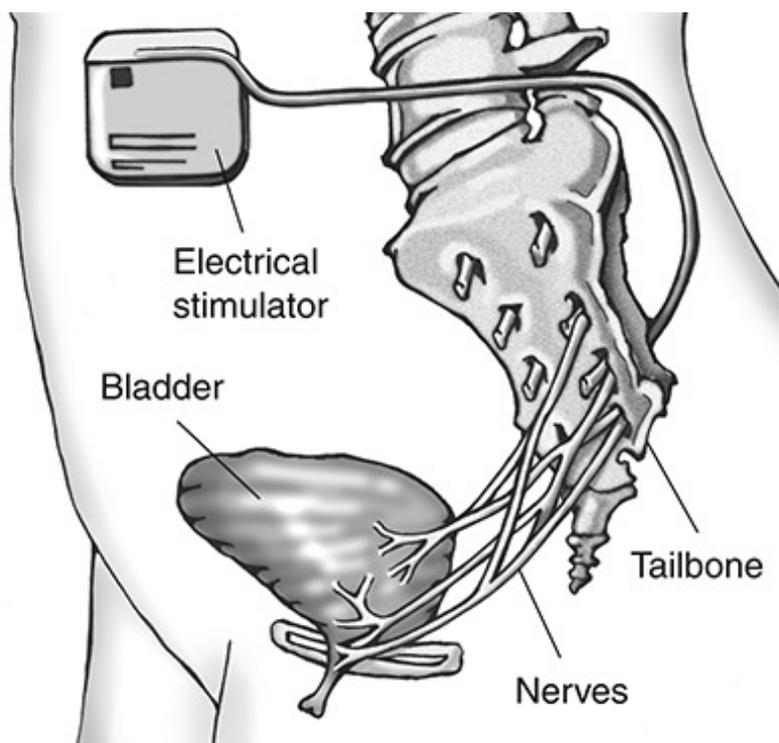
playback. You may download the audio file directly [here](#).

Another treatment for people who need extra help is nerve stimulation, also called neuromodulation [pronounced: NER-oh-mahd-yoo-LAY-shun] therapy.

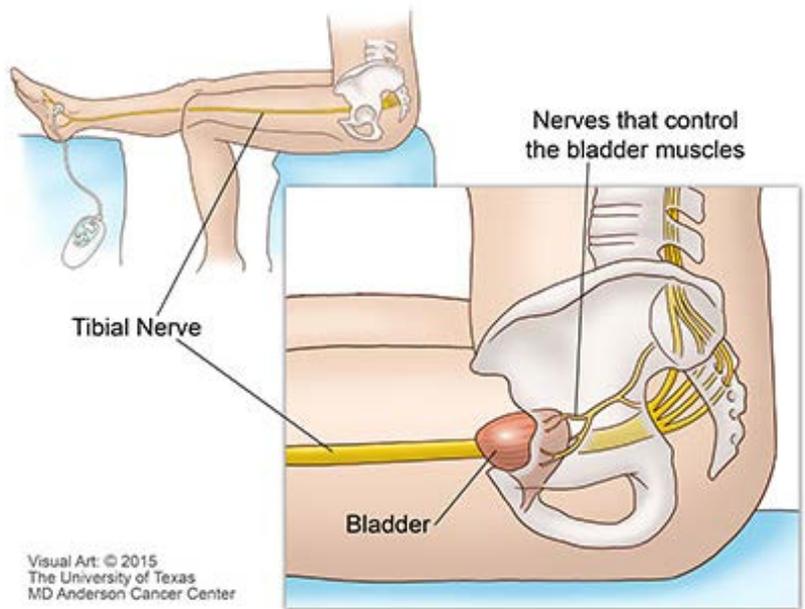
This type of treatment sends electrical pulses to nerves in your bladder. In OAB, the nerve signals between your bladder and brain don't work the right way. These electrical pulses interrupt the nerve signals, set them right, and improve OAB symptoms.

There are two types:

- Sacral neuromodulation (SNS) changes how the sacral nerve works. This nerve carries signals between the spinal cord and the bladder. Its job is to help hold and release urine. In OAB, these nerve signals aren't doing what they should. SNS uses a "bladder pacemaker" to control these signals to stop OAB symptoms. SNS is a two-step surgical process. The first step is to implant an electrical wire under the skin in your lower back. This wire is first connected to a handheld "pacemaker" to send pulses to the sacral nerve. You and your doctor will test whether or not this pacemaker can help you. If it helps, the second step is to implant a permanent pacemaker that can regulate the nerve rhythm.
- Percutaneous tibial nerve stimulation (PTNS) is another way to correct the nerves in your bladder. For this type of nerve stimulation you will not have to have surgery. PTNS is performed during an office visit that takes about 30 minutes. PTNS is done by placing a small electrode in your lower leg near your ankle. It sends pulses to the tibial nerve.



Sacral neuromodulation (SNS)
National Institute of Diabetes and Digestive and Kidney Diseases,
National Institutes of Health



The tibial nerve runs along your knee to the sacral nerves in your lower back. The pulses help control the signals that aren't working right. Often, patients receive 12 treatments, depending on how it's working. [This therapy is pronounced: PER-cyoo-TAY-nee-uhs TI-bee-ahl NERV STIM-yoo-LAY-shun.]

Percutaneous tibial nerve stimulation (PTNS)
(c)2012 The University of Texas M.D. Anderson Cancer



Find a physician who is interested and knowledgeable about OAB. That is what made the difference for me.



Together, you and your doctor can choose a treatment plan that's best for you so you can start living your life again.

Questions to Ask – Taking Control



- What treatment(s) do you recommend for me?
 - What would happen if I don't treat my OAB?
 - Are there problems that can come from treatment?
 - What are the good and bad things that I should know about these treatments?
 - How soon after treatment will I feel better?
 - What problems should I call you about after I start treatment?
 - What happens if the first treatment doesn't help?
 - Will I need treatment for the rest of my life?
 - Can my OAB be "cured"?
 - What lifestyle changes should I make?
 - Are there any exercises I can do to help?
 - Do I need to see a physical therapist?
 - What's my next step?
-



Talk to your doctor. We hear about incontinence problems all the time, and we're here to help you.

More Vocabulary to Understand What Your Doctor Says:



- Cystitis: A condition in which the bladder is inflamed most often the result of infection.
- Detrusor muscle: The muscle that surrounds the walls of bladder and helps to release urine.
- Fluoroscopy: A tool that uses x-rays to create real-time moving images of the internal structures of the body.
- Hematuria: A condition in which there are red blood cells in the urine.
- Inflammation (also called an inflammatory condition): Swelling, redness, and pain that results from irritation, injury or infection.
- Neurologic (neurological): Having to do with the nervous system.
- Neurotransmitter: A chemical that carries messages between different nerve cells or between nerve cells and muscles.
- Transdermal patch: An adhesive patch placed on the skin to deliver a specific dose of a medication.
- Urinary tract infection (also known as UTI): An illness caused by harmful bacteria, viruses or yeast growing in the urinary tract.
- Urodynamics: A study that shows how well the bladder and urethra are storing and releasing urine.
- Void (voiding): To empty (emptying) the bladder.



Other Resources

Your browser does not support HTML5 audio playback. You may download the audio file directly [here](#).

Here are a few more organizations that offer useful information to help people living with OAB and incontinence.

[Urology Care Foundation](#)

1-800-828-7866

The official foundation of the American Urological Association, the Urology Care Foundation is committed to advancing urologic research and education. We collaborate with researchers, health care providers, patients and caregivers to improve patients' lives.

[American Urological Association](#)

The American Urological Association promotes the highest standards of urological clinical care through education, research and healthcare policy.

[It's Time to Talk about OAB](#)

Get the facts. Get diagnosed. Take control.

Order printed materials about OAB, take our "Overactive Bladder Quiz," and download a "Bladder Diary" to track your symptoms.

[It's Time to Talk about SUI](#)

Find out more about Stress Urinary Incontinence, order printed materials and take the SUI quiz.

[National Kidney and Urologic Diseases Clearinghouse:](#)

The National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) that provides information on kidney and urologic diseases. The NIDDK is part of the U.S. National Institutes of Health (NIH).

[National Association for Continence](#)

The National Association for Continence is a national, private, non-profit organization dedicated to improving the quality of life of people with incontinence, voiding dysfunction, and related pelvic floor disorders. NAFC's purpose is to be the leading source for public education and advocacy about the causes, prevention, diagnosis, treatments, and management alternatives for incontinence.

[Simon Foundation for Continence](#)

The mission of the Simon Foundation is to bring the topic of incontinence out into the open, remove the stigma surrounding incontinence, and provide help and hope to people with incontinence, their families and the health professionals who provide their care.

Patient resources provided through the generous support of:



Urology Care Foundation

1000 Corporate Boulevard
Linthicum, MD 21090
Phone: 410-689-3700 or 1-800-828-7866
Fax: 410-689-3998
Fax: 410-689-3800
Email: info at UrologyCareFoundation.org



Quick Links

- [Urologic Conditions](#)
- [UrologyHealth extra](#)
- [Make a Difference](#)
- [Resource Center](#)

