

# Treatment Pathway for Overactive Bladder

This handout will give you information about your treatment options for an overactive bladder (OAB). It will help you make informed decisions about your health.

After your initial evaluation, your physician may recommend some treatment options to improve your bladder symptoms.

## Behavioral changes

Changing some of your daily habits can help improve your bladder symptoms. Your clinician will recommend that you try the following actions for 8 to 12 weeks.

- › Limit eating and drinking foods that can irritate your bladder. Some foods that can irritate the bladder include:
  - Caffeinated drinks such as coffee and tea
  - Alcohol
  - Carbonated drinks
  - Citrus fruits and juices
  - Chocolate (except for white chocolate)
  - Spicy foods
  - Vegetables such as onions, tomatoes, chilies and beans
  - Dairy products such as aged cheese, sour cream and yogurt
  - Grains such as rye and sourdough breads, cereals and packaged oatmeal that are not gluten-free
  - Salty foods like potato chips and salted nuts
  - Prunes

- › Try to go to the bathroom to empty your bladder on a regular schedule. Start with going to the bathroom every few hours and then increase the time between bathroom breaks as directed by your physician.
- › Limit how much you eat before bedtime and do not drink anything for at least 2 hours before bedtime.
- › Elevate your legs for at least 1 hour before bedtime.

## Pelvic floor physical therapy

Pelvic floor physical therapy (PFPT) is a first-line treatment for many pelvic floor problems. Your physician will recommend a physical therapist that specializes in pelvic floor therapy. The physical therapist will guide you through exercises to strengthen your pelvic floor muscles. For best results, try PFPT for 4 to 6 months to improve your OAB symptoms.

If your symptoms do not get better from behavioral changes and PFPT, your physician may recommend a medication trial. They will prescribe a medication for you to take for 4 to 8 weeks to see if your bladder symptoms improve.

If the 1st medication trial does not work for you, your physician may prescribe a different medication trial.

A clinical trial for OAB medications is also an option if other medications do not relieve your symptoms.

## Further evaluation

If the above treatment options do not work for you, your physician may ask you to have more testing to further diagnose the problem.

- › **Cystoscopy:** Cystoscopy is a procedure your physician can use to diagnose, monitor and treat conditions of the bladder and urethra. The physician uses a thin, flexible scope to look inside your bladder. You have this test in the physician's office.
- › **Urodynamics:** Urodynamic testing is an in-office procedure that tests how well your bladder can hold and empty urine. Urodynamic tests can also show whether your bladder is contracting when it is not supposed to, causing urine to leak.

## **BOTOX**

BOTOX® is medication that can relax the muscles in the bladder to relieve OAB symptoms. The physician applies a local anesthetic gel to the urethra. Then, they use a thin, flexible scope to look into your bladder (cystoscopy). They inject the BOTOX through a special needle into areas around your bladder. You have the procedure in the physician's office. BOTOX can ease OAB symptoms for 4 to 6 months.

## **Sacral neuromodulation**

Sacral neuromodulation (SNM) is a procedure that stimulates nerves with a small amount of electricity. SNM helps your brain communicate with your bladder and bowel. It may reduce or stop bladder and bowel control issues. The physician can do the procedure in the office or in an outpatient setting.

## **Peripheral neuromodulation**

Peripheral neuromodulation (PTNS) is a nonsurgical treatment for OAB. In this procedure, the physician puts a slim needle in the ankle where a nerve is located. When the nerve is stimulated through the needle, impulses travel to the nerve roots in the spine. This blocks abnormal signals from the bladder and prevents bladder spasms.

If you have any questions about OAB treatment, ask your physician.