Overactive Bladder

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What is an overactive bladder?

If your bladder contracts without any warning it can give you an urgent need to pass urine. This gives you little or no time to get to the toilet. This is called urinary urgency. People who have this problem often need to pass urine more frequently (more than 8 times a day) and in small volumes. This is because the bladder often feels fuller than it actually is. It can also cause you to get up in the night to pass urine more than once.

If the contractions are large or the pelvic floor muscles are weak an overactive bladder can cause leakage of urine. This is called urge incontinence.

How is it diagnosed?

Your doctor will check your urine for infection and ask you to complete a bladder function diary. You may need urodynamic tests which take place in the hospital and take about half an hour. Your doctor will then recommend treatment.

Treatments for overactive bladder:

Bladder retraining

- Instead of rushing to the toilet as soon as you get the urge to pass urine it important to try to learn to 'hold on'. People with an overactive bladder tend to go to the toilet more often than they need to as a precautionary measure. Unfortunately, rather than helping the problem this can make it worse – as the bladder becomes used to holding less urine. The bladder then becomes more sensitive even when there is very little urine in it to stretch it. Try to avoid ‘just in case’ visits to the toilet.

- Bladder retraining should be undertaken in small stages. For example if you find you are going to the toilet every half an hour, try extending the time by 10 minutes for a week, then by 15 minutes for a week, and then 30 minutes etc.

- Ideally you should be able to hold on for 3-4 hours. Learn to suppress the urgency. There are different techniques for this. What works for one person may not work for another.

Normal bladder function

Your bladder normally stores urine that is produced by your kidneys. The kidneys produce urine all the time. The amount of urine you produce depends on how much you drink, eat and sweat.

The bladder should act like a balloon that fills gradually. The outlet for the urine (the urethra) is normally kept closed. This is helped by the muscles beneath the bladder that sweep around the urethra (the pelvic floor muscles). As the bladder fills, the need to pass urine increases.

In normal bladder function it is possible to wait until it is suitable and convenient to empty the bladder.

Your bladder should normally hold around 400-600mls (1 pint) of urine. Visits to the toilet should be around 6-8 times during the day and possibly once during the night. The amount of fluid you drink will effect how often you need to pass urine. For most people the average fluid intake should be approximately 1.5 - 2 litres a day.

The bladder is made up of a muscle called the ‘detrusor’. When this contracts (squeezes), the muscles in the urethra relax and your bladder will empty. Normally it should be possible for you to 'hold on' if it is not convenient or appropriate to pass urine.

Complex nerve messages are sent between the brain, bladder and the pelvic floor muscles. This influences the sensation of your bladder filling and the use of the right muscles at the right time. To remain continent (dry) the muscles that make up your urethra and bladder neck (where your urethra joins your bladder) must be able to tighten under ‘stress-related’ conditions (e.g. when you cough, sneeze or exercise).
Change your drinking habits

There are a number of drinks that may irritate the bladder. These include:
• Drinks containing caffeine such as tea, coffee and Coke
• Carbonated (fizzy) drinks
• Drinks containing aspartame (an artificial sweetener which can be found in diet drinks. It can be labelled as E951).
• Hot chocolate
• Alcohol
• Green tea
• Blackcurrant juice
• Citrus fruit juices (e.g. orange and grapefruit).

Drinks which are believed not to irritate the bladder are:
• Water (definitely not a bladder irritant)
• Most herbal and fruit teas
• Caffeine-free tea and coffee (make sure all the caffeine has been removed). But some people’s bladders are irritated by de-cafinated drinks. Try de-cafinated drinks for a month to see if this improves your symptoms.
• Milk
• Diluted fruit juice

Many people with an overactive bladder reduce the amount they drink. However, this can make the problem worse as the bladder then never gets full and so loose the ability to stretch. Also, the urine becomes concentrated which can irritate the bladder even further. Aim to drink 1.5 to 2 litres a day.

Medical treatments:

There are various medicines that you can try. They work for some people, but not all. It’s worth trying them for a month before deciding if they are suitable for you. Normally you start taking a low dose – many of them can be increased if necessary. If they do work, they work best alongside the techniques described above. They may have to be taken permanently.

The medicines are called antimuscarinics or anticholinergics. They work by blocking certain nerve impulses to the bladder, which stops it contracting and helps it to hold on to more urine.

You may need to try different medicines to find one that works best for you. All medicines have possible side effects. The most common side effects from these medicines are a dry mouth and constipation. Ask your doctor or specialist nurse for more information on side effects and make sure they know your medical history.

Botox therapy

There is another form of therapy using a bacterial toxin (Botox) which can help an overactive bladder. However, it is an invasive procedure involving injections into the bladder and is only performed as a last resort. This would need to be discussed carefully with your doctor or nurse. Usually women who have failed on 3 anticholinergic drugs would be considered for Botox therapy. Minor complications include urine infection. Major side effects include urinary retention requiring intermittent catheterisation for a few months. Botox therapy does where