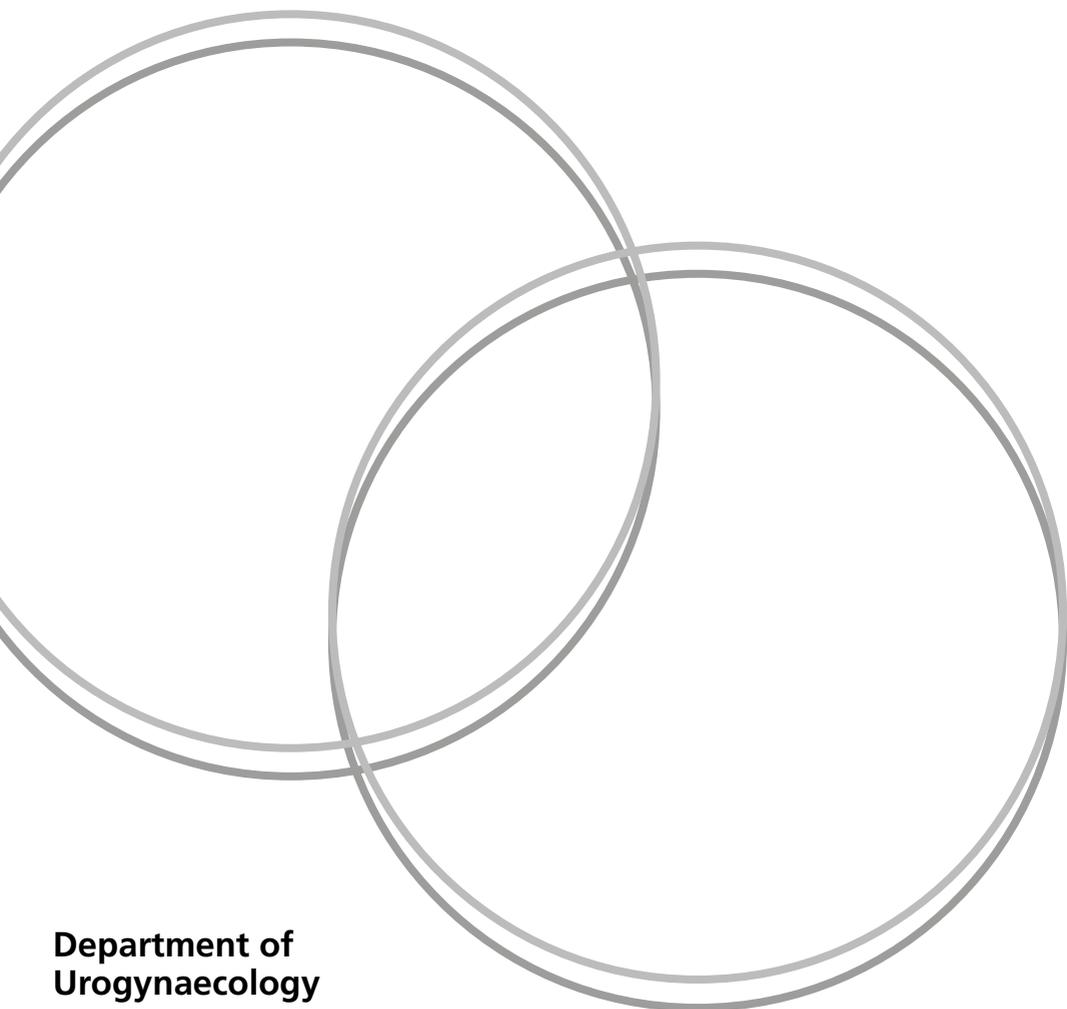




Oxford University Hospitals
NHS Foundation Trust

The overactive bladder and bladder retraining

Information for women



**Department of
Urogynaecology**

Normal bladder function

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

Your bladder should normally hold around 400-600mls (1 pint) of urine. Visits to the toilet should be around 7-8 times during the day and possibly once during the night. The amount of fluid you drink will affect how often you need to pass urine. For most people the average fluid intake should be approximately 2 litres (3 and 1/2 pints) a day.

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

As the bladder fills, the need to pass urine increases. When the bladder functions normally it should be possible for you to 'hold on' for a suitable and convenient time to empty your bladder.

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.

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.

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**. If you have this problem you are likely to need to pass urine more frequently and in small volumes. This is because your bladder often feels fuller than it actually is. It can also cause you to get up in the night more than once to pass urine.

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

What causes it?

For most people the cause of an overactive bladder is unknown. An overactive bladder can be a problem for many people of all ages.

Other members of your family may suffer from similar symptoms. There could be a neurological cause for the problem (relating to the brain or spinal nerves) but this is less common. Stress can make the problem worse and the types of fluid you drink can also influence your symptoms (see page 5).

How is this diagnosed?

Urodynamics is a special test on your bladder which is used to help find out the cause of your bladder symptoms. It may show the cause of symptoms such as incontinence, urgency or difficulty emptying your bladder. If the results of the urodynamic investigation show that you have uncontrolled contractions of the bladder muscle then the diagnosis would be called **detrusor over-activity**.

How is it treated?

Bladder retraining:

- Instead of rushing to the toilet as soon as you get the urge to pass urine, it is important to try to learn to 'hold on'. If you have an overactive bladder you may tend to go to the toilet more often than you need to, as a precaution to avoid 'accidents'. Unfortunately, rather than helping the problem this can make it worse, as your bladder will become used to holding less urine. Your 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 carried out in small stages. For example, if you find you are going to the toilet every half an hour, try extending the time (or 'holding on') by 10 minutes for a week, then by 15 minutes for a week, and then 30 minutes, etc.
- Ideally you should aim to hold on for 3-4 hours between toilet visits.

Learn to suppress the urgency:

There are different techniques for this. What works for one person may not work for another. Here are some suggestions:

- Sit straight on a hard seat.
- Distract yourself – for example, try doing a crossword or word search puzzle; count down from 100; think of girls or boys names beginning with a certain letter; read a book or newspaper. It is important to plan in advance how you will distract yourself, so that you are prepared.
- Contract your pelvic floor muscles (see our separate leaflet). Contracting these muscles may help to suppress both urgency and incontinence.

The above techniques may help you gradually, but patience is needed as it may take weeks or months before you notice a significant improvement. You may find it helpful to keep a diary of when you go to the toilet at the start of bladder training and then again a few months later. You may see more improvement than you expected.

Change your drinking habits:

There are a number of drinks that may irritate the bladder (see below). If you do have these drinks, try to have them less often or stop having them completely, to see if this helps.

Drinks which **may irritate** the bladder are:

- drinks containing caffeine such as tea and coffee
- carbonated (fizzy) drinks
- drinks containing aspartame (an artificial sweetener, which can be found in diet drinks. It can also be labelled as E951)
- high energy drinks
- hot chocolate
- alcohol
- green tea and mint 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)
- fruit teas
- decaffeinated tea and coffee. However, some people's bladders can also be irritated by decaffeinated drinks. Try decaffeinated drinks for a month to see if this improves your symptoms.
- milk
- diluted fruit juice or squash.

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 loses 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 (although this amount will vary depending on the weather, your activity levels and your weight. You need to drink a certain amount of fluid for your weight; we will talk about this with you).

Medicines that may help:

There are various medicines that you can try. They work for some people, but not all. It's worth trying them for one to two months before deciding if they are suitable for you. If they do work, they will work best alongside the techniques described on the previous pages. You can continue to take them for as long as you need them.

The medicines are called antimuscarinics (anticholinergics) or a newer medication called mirabegron (Betmiga).

Antimuscarinics work by blocking certain nerve impulses to the bladder, which stops it contracting and helps it to hold on to more urine. They need to be taken for at least 4 weeks to notice any benefit.

Mirabegron relaxes the bladder muscle. This reduces the activity of an overactive bladder and treats urge and urge incontinence. It starts to work about eight weeks after you begin taking it.

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 antimuscarinics 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 before recommending the medicines.

Medicines that may make the problem worse:

If you take diuretics (water tablets) they can make you pass more urine, so it may be worth changing the time you take them. For example, don't take them late at night as you will pass urine a lot during the night. However, you may not wish to take them in the morning if that is the time of day when you want to go out. Speak to your GP before you change the pattern of taking your diuretics.

Other medicines can also adversely affect your bladder. Your doctor or specialist nurse will be able to give you more specific information.

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 specialist nurse.

Absorbent pads:

If you do leak urine you may be entitled to receive pads through the NHS. Contact your District Nurse or GP about this.

How to contact us

If you have any questions or concerns please contact us:

Urogynaecology Nurse Specialists

Tel: **01865 222 767**

(Monday to Friday, 8.00am to 5.00pm)

Voicemail is available, so please leave a message. We will return your call by the end of the next working day.

Further help and information

Bladder and Bowel Community

Website: www.bladderandbowelfoundation.org

Email: help@bladderandbowelfoundation.org

The Cystitis and Overactive Bladder Foundation

Tel: **0121 702 0820**

Website: www.cobfoundation.org

If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

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