



**York Teaching Hospital**  
NHS Foundation Trust

# **Overactive Bladder**

Information for patients, relatives and carers

## **General Surgery and Urology**

① For more information or advice, please contact the hospital, ward or unit where you have your appointment:

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# The normal bladder

The bladder is a muscular organ which collects the urine produced by the kidneys. It should gradually fill up allowing you to get on with your day without worrying about where the next toilet is.

As the bladder fills with urine, it should expand like a balloon. Eventually it starts to give you the message that it is getting full. When your bladder is behaving normally you should be able to delay the call to pass urine until it is convenient for you to do so.

The bladder's role in keeping you dry is supported by the pelvic floor muscles (these form a triangle in the base of the pelvis) and the urinary sphincter (a ring of muscle at the bladder neck).

Although the kidneys continually produce urine, the amount may vary depending upon how much fluid you take in and how much you lose through sweat, breath and other bodily fluids.

The average person's bladder will hold in the region of 350-600mls (a half - 1 pint). In an average day a person will need to empty their bladder approximately four to seven times and may get up once during the night to pass urine.

# **The overactive bladder**

Sometimes the sensations coming from the bladder can become more urgent even if it's not full. You might have just been to the toilet and feel like you need to go again. You may feel you have to dash to the toilet to pass urine and that you can't put it off until later. You could find that you get up in the night more than once to pass urine or that you are passing only small amounts many times a day. These are all symptoms of an overactive bladder.

Overactive bladder symptoms can occur at a young age and sometimes the patient can grow out of it. However, if you have an overactive bladder you are likely to have a tendency towards it throughout your life.

You might experience uncomfortable spasms in the bladder and sometimes you may leak urine. Although a cause for overactive bladder can't always be found, we can offer a wide range of advice and treatments to help improve your symptoms.

Over time and with our support where required, you should be able to develop increased control over your bladder so that it no longer rules your life.

Although there is much we can do to support you, there is a huge amount you can do yourself to make big improvements in your overactive bladder symptoms.

## **Conservative management**

Making some simple changes to what you eat and drink can make a big difference to your overactive bladder symptoms. Retraining the bladder to hold gradually larger amounts may also gradually improve things over time. These measures can help to give you greater control of your bladder. For many patients, this will be all they need to do. Further advice about diet, fluid intake and bladder retraining follows.

For other patients with more severe symptoms, a combination of these lifestyle changes along with medication or other treatments may be required.

If you can, be on the lookout for triggers which make your overactive bladder worse for you. Aside from things that you eat and drink, smoking and stress can play a part in making bladder urgency worse. It's worth thinking about whether there may be an element of stress and pressure in your life which is making your bladder urgency worse. If it's possible to do so, reducing this stress and taking time to prioritise your wellbeing may improve your bladder function.

## **Diet and fluid modification**

It is important to drink adequate amounts of fluid throughout the day. It is tempting to drink less if you keep dashing to the toilet but drinking less only makes things worse. Dehydration causes strong urine which in turn irritates the bladder more. Aim for around eight to 10 drinks throughout the day (about 1.5 - 2 litres or 2 and a half – 3 and a half pints).

Reducing or cutting out tea, coffee, fizzy drinks, sweeteners and acidic fruit juices can go a long way to improve overactive bladder symptoms. Make sure to replace the drinks you would have had with something else. Plain water is best but there are other suggestions on the list which follows.

Some patients have had success by eliminating certain foods from their diet.

Changing your diet and fluid intake may seem daunting but often a few minor changes can make all the difference. Even if you try the changes for a short time it may give your bladder a chance to rest and recover.

Over time you could be able to work out which things make your bladder worse and are worth avoiding. Keeping a drinks and peeing diary may help identify possible causes.



<b>Food and drink to try</b>	<b>Food and drink to avoid</b>
1- 2 litres of tap water Wholemeal bread Whole wheat pasta Soya milk Vegetables – not spiced Melon Blueberries Pears Hummus Cordials/squash Potatoes Chicken Fish Lamb White rum may also be ok Honey	Tea (including green & decaf) Coffee (including decaf) Diet Coke/Pepsi Fizzy drinks Artificial sweeteners Oranges, lemons, mangos, apples, grapes, plums, cranberries, strawberries, pineapples, bananas Cheese, milk, yoghurt Processed meats Tomatoes Vinegar Mayonnaise Spices Vitamin C supplements Beer

You can find further information about diet and fluid modification through the Cystitis & Overactive Bladder (COB) Foundation.

# Bladder retraining

If you are in the habit of going to pass urine very frequently or 'just in case', your bladder may have got used to holding only a small amount of urine. Bladder retraining aims to teach your bladder to get used to holding more urine and wait until later before you pass urine.

When you get the urge to pass urine, resist the urge to go to the toilet; just for five minutes at first (one minute if symptoms severe). For the first week of bladder retraining try to distract yourself for 5 to 15 minutes before you then go to empty your bladder. Do this each time you get the urge to pass urine and eventually the urge should become delayed.

Continue with this method the following week but delay passing urine for a further 5 to 15 minutes. Over time, your bladder will learn to tolerate more urine before giving you the urgent need to go to the toilet.

It can help to keep a bladder diary. As you progress it can be encouraging to see longer and longer gaps between your toilet trips.

The overall idea is to allow you to develop more control over your bladder rather than it controlling you. Just like any other muscle in the body, the bladder takes time to reach its full potential with exercise so don't lose heart if you don't see results overnight!

# Bowel management

Problems with your bowels (going for a 'poo') can also affect the way your bladder behaves. It's quite common for patients with Irritable Bladder Syndrome to find they also have an overactive bladder.

Relieving and avoiding constipation have been shown to improve bladder urgency and emptying. If you have an overactive bladder, pay attention to how often you are emptying your bowels. If you are having to strain to empty your bowel and/or are not emptying your bowel regularly you should suspect constipation.

Eating plenty of fruit, vegetables and fibre is important but isn't always enough to get bowels moving reliably. Increasing your water intake can also make a big difference to avoiding constipation.

There are things your GP can prescribe such as Laxido and Movicol which **when taken regularly** can help stop constipation. You may also buy these over the counter at the pharmacy without a prescription. Health food shops also stock products containing psyllium husk (e.g. Lepicol) which work the same way. These products work by drawing water into the bowel which is why it is vital that you make the product up with the exact amount of water as stated in the instructions.

# Medication

For many people with overactive bladder, bowel management, diet and fluid modification along with bladder retraining is all they need to reduce their symptoms. For some however, no amount of these will fully provide relief. It's very common to be prescribed medication which can help reduce urinary urgency and frequency. These medications include:

Tolterodine	Solifenacin	Oxybutinin
Darifenacin	Propiverine	Trospium

These medications can take up to six weeks to work effectively so if you can, continue taking the tablets until then. You may experience some tiredness or dry eyes and mouth but these side-effects tend to become less noticeable over the coming days and weeks.

Other medications may also be available to you:

Mirabegron: a different type of tablet from those above  
Kentera: a patch delivering the drug through the skin

Often it's a case of trying different medications to see which one suits you best. Sometimes medications can be prescribed in combination. Your prescriber will discuss with you which ones will be best for you.

## **Other treatments**

Some patients with overactive bladder still don't achieve sufficient relief from the other options in this booklet. Further investigations are often necessary before proceeding to other possible treatment options.

### **Botox™ Intravesical Therapy**

This treatment involves tiny injections of Botox™ into the bladder lining via a flexible cystoscope (small bladder camera). Botox™ works by settling down the spasms in the bladder. The procedure is most often done under local anaesthetic and you can usually go home the same day. After a week or two you should notice that the urgency and frequency begins to fade away.

A number of patients find they need to take a bit longer to empty their bladder after Botox™, and a small proportion of patients have difficulty in emptying their bladder fully.

1 or 2 in every 10 people will need to pass a small tube (intermittent catheter) to help them empty their bladder. Most people (8 or 9 in every 10 people) enjoy all the benefits of Botox™ treatment without having to help their bladder to empty. If you did need to do this, it would only be required until the Botox™ begins to wear off.

The time that the treatment remains effective is variable. For most people, Botox™ lasts around 9 months. Some patients experience relief from overactive bladder symptoms for as long as 18 months and some only 6 months.

If Botox™ intravesical treatment has been successful for you, you may have further top ups as required.

## **Posterior Tibial Nerve Stimulation - PTNS**

This service doesn't exist in York at present so you would have to travel to a neighbouring hospital to have this done. It comes as a series of day case treatments which you would arrange with the team who care for you.

Patients like PTNS because it can offer some relief from overactive bladder symptoms while being minimally invasive. A small electrode is attached to the skin of the ankle and the patient reclines in a chair or on a bed while painless electrical impulses pass through into the tibial nerve.

It sounds strange that stimulating a nerve in your ankle can help settle overactive bladder but for many patients where other treatments have failed this works well.

# **Sacral Nerve Stimulation (Neuromodulation)**

This procedure involves two stages which include surgery.

## **Stage 1**

During the first stage the nerves in the sacrum (lowest part of the spine) are temporarily stimulated with electrical impulses. This procedure is undertaken under local anaesthesia and then the patient goes home to trial the effect for seven to 21 days. If this testing stage is successful in altering bladder function the patient moves onto stage 2.

## **Stage 2**

This stage usually takes place under general anaesthesia during a later short admission to hospital. A permanent lead is placed into the sacrum. A stimulating implant is also surgically inserted into the patient's buttock area. Once all the wounds have healed the stimulating generator will be switched on and programmed.

Although neuromodulation is more involved and invasive than Botox™ the results are as effective. This surgery can offer positive long term benefits for patients where other treatments have failed.

Neuromodulation treatment does not currently take place at York Hospitals NHS Trust but a referral can be made to another hospital if the treatment is right for you.

Most surgical procedures have side effects including the risks of the general anaesthetic itself. The specific risks/side effects of Sacral Nerve Stimulation (neuromodulation) mainly relate to the equipment not working properly as it has moved slightly out of position. Occasionally, further surgery is required to correct this. Other risks from the surgery include mild pain and increased risk of urinary infection.

## **Surgical options**

For individual patients other more invasive surgical options may be considered when all other methods have failed. As with all surgeries, there are risks as well as benefits including the risk from a general anaesthetic.

Success has often been achieved in these instances however so it's important to remember these options are sometimes available if your Urology doctor or nurse feel they may be appropriate for you.



# Underlying Illness

Some people have other health problems which have a link with overactive bladder symptoms.

- Heart failure
- Chronic renal failure
- Chronic obstructive pulmonary disease
- Diabetes
- Neurological problems such as stroke & Parkinson's disease
- Sleep disturbances such as sleep apnoea
- Multiple sclerosis
- Dementia

In some cases it's the illness itself which causes or worsens overactive bladder and in other cases it's the medication used to treat the illness. Most of the time, much can still be done to improve the person's overactive bladder but it's important to understand that these health problems may make overactive bladder harder to treat.

## **Useful links to other information**

We hope the information in this book will be useful for you along your journey to better bladder control. More information about overactive bladder and the treatments available may be found via the following sources:

### **Bladder Health UK**

(Formally - The Cystitis and Overactive Bladder Foundation)

[www.bladderhealthuk.org](http://www.bladderhealthuk.org)

Confidential advice line: 0121 702 0820

### **BAUS**

**The British Association of Urological Surgeons**

[www.BAUS.org.uk](http://www.BAUS.org.uk)

Go to the “Patients” section of the website to find useful information on a range of Urological conditions and treatments.

## **Tell us what you think of this leaflet**

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Urology Continence Nurse Specialists,  
Clinical Nurse Specialists Office, 3rd Floor Admin Block,  
The York Hospital, Wigginton Road, York, YO31 8HE or  
telephone 01904 726978.

## **Teaching, training and research**

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

## **Patient Advice and Liaison Service (PALS)**

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email [pals@york.nhs.uk](mailto:pals@york.nhs.uk).

An answer phone is available out of hours.

# Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

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或發電

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