



OVERACTIVE BLADDER (OAB) **TREATMENT AND EDUCATION**

Thank you for trusting UroPartners with your health care. We are one of the Midwest's largest independent urology practices. What does it mean to be independent? It means that we, your healthcare providers, own our practice. We enjoy a greater level of autonomy to spend time with you, build relationships, and provide treatments we believe are the best for your health at the most affordable cost. Our doctors come from some of the country's most sophisticated university research centers, and we offer the most up-to-date, state-of-the-art urological treatments. We are confident we can help you.

WHAT IS OAB?

Overactive bladder (OAB) causes frequent urination and a constant sense of urgency to urinate. In addition, this sudden urge to urinate may be difficult to control and can result in urinary leakage. Patients often complain of urinary frequency during the day or nighttime. Patients often feel the need to locate the nearest bathrooms or wear protection pads for possible urinary leakage.

OAB is very common. Unfortunately, some people may feel embarrassed, try to isolate socially, or limit their activity. The good news is that there are many available treatment options. Our OAB experts can help choose individual treatment options that fit you best.

Many patients have already tried simple lifestyle changes or even medications before presenting to our physicians. We take pride in offering comprehensive advanced treatment of OAB and associated leakage.

TREATING OAB

A Journey to Confidence and Control

Every patient's journey to controlling overactive bladder (OAB) is different, and there is no requirement to follow a strict step-by-step treatment pathway. For patients who are not candidates for medications—or who prefer to avoid them—advanced therapies may be an appropriate option to consider at any point in their care journey.

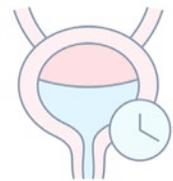
1 Evaluation

- Discuss symptoms
- Physical exam
- Review diet and lifestyle
- Urinalysis and bladder scan



2 Conservative Therapy (first line)

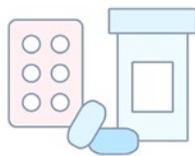
- Lifestyle/behavioral modifications
- Bladder retraining
- Pelvic floor exercises (Kegels)
- Urge control
- Fluid management



3 Medication Therapy (second line)

- Anticholinergics
- Beta 3 agonists

For patients not able or interested in medication therapy, see Advanced Therapies below.



5 Advanced Therapies (third line)

- Sacral neuromodulation (SNM)
- Posterior tibial nerve stimulation (PTNS)
- Chemodenervation (Botox)



4 Re-evaluation

- Review progress
- Consider further testing
 - Urodynamics
 - Cystoscopy
- Discuss advanced therapies



EVALUATION

Your care team will take a medical history and talk to you about your symptoms. Our goal is to understand your problem and rule out other possible causes of your symptoms, such as urinary tract infections, stones, or bladder cancer.

Evaluation and testing may include a physical exam, a urinalysis, and a bladder scan. You may be asked to document your urinary pattern in a voiding diary.

Further testing, including looking into the bladder with a small scope (cystoscopy) or a bladder function test called urodynamics, may be needed.

BEHAVIORAL MANAGEMENT

OAB improvement can start with simple behavioral and lifestyle changes. These include limiting excessive caffeine, fluid management, bladder control strategies, weight loss, exercise and treating any constipation. Additionally, pelvic floor physical therapy is a conservative and beneficial approach to improving overactive bladder symptoms.

Things that Help:

- Avoid drinking excessive fluids (don't dehydrate)
- Weight loss
- Avoid caffeine
- Stop smoking
- Avoid excessive alcohol
- Bladder training (urinate every 3 to 4 hours)
- Treat constipation

Dietary Irritants

Certain foods can contribute to irritative symptoms. If bladder symptoms are related to dietary factors, strict adherence to a diet that eliminates the food should bring significant relief in 10 days.

Once you feel better, you can add foods back into your diet, one at a time. If the symptoms return, you will be able to identify the irritant. As you add foods back to your diet, it is very important that you drink significant amounts of water.

These foods are acidic and are sometimes considered irritants. They should be avoided by some patients.



Alcoholic beverages • Apples/juice • Cantaloupe • Carbonated beverages • Chili
Citrus fruit/juices • Chocolate • Coffee (including decaf) • Cranberries/juice • Grapes
Guava • Peaches • Peppers • Pineapple • Plums • Strawberries
Spicy foods/spices • Sugar* (Some women report that sugar flares their symptoms)
Tea • Tomatoes/Tomato Sauce • Vitamin B complex • Vinegar • Wine

Low-acid fruit substitutions include apricots, papaya, pears, and watermelon. Coffee drinkers can drink Rava or other low-acid instant drinks. Tea drinkers can substitute non-citrus herbal and sun-brewed teas. Calcium carbonate CO-buffered with calcium ascorbate can be substituted for Vitamin C.



PELVIC FLOOR EXERCISES (KEGELS)

Pelvic floor exercises, often called Kegels, strengthen the muscles that support your bladder and help improve bladder control and reduce urine leakage.

These exercises require focus and can take time to learn. This is normal. With regular practice, they become easier, but the benefits may take several weeks to notice, so patience and consistency are important.

Finding the Right Muscles

The muscles you want to exercise are located on the pelvic floor. To identify the pelvic floor muscles:

- Think about the muscles you use to avoid passing gas or hold back a bowel movement.
- Gently squeeze the muscles around your rectum.
- You should feel a lifting or tightening sensation at the anus, as if you are pulling the pelvic floor up and in.

Try not to tighten your legs, buttocks, or stomach muscles while doing this.

How to Do the Exercises

1. Squeeze your pelvic floor muscles for 3 seconds.
2. Relax for 3 seconds.
3. Repeat this 10 times.

If possible, perform this set in while standing, sitting, or lying down. If you can only do the exercises while sitting, that is still helpful. Complete the exercise routine 2–3 times every day.

Breathe normally—do not hold your breath and keep your legs, buttocks, and abdominal muscles relaxed. If you cannot complete a full set at first, do what you can and gradually build up over time.

If you are having difficulty identifying the correct muscles or performing the exercises, please let your care team know. You may benefit from formal pelvic floor training with a physical therapist, which can provide guided instruction and improve results.



MEDICATIONS

Along with conservative therapies, there are proven pharmacological solutions for OAB. Medications are prescribed to decrease the frequency and intensity of bladder contractions and to relax the smooth muscles of the bladder. Some medications are in long acting form (once every 24 hours) or dosed several times a day. Choice of medication is often dictated by a patient's insurance plan. Often patients have already tried several types of OAB medications before coming to our clinic.

ESTROGEN THERAPY

Vaginal estrogen is a well-documented treatment option for overactive bladder in women. Estrogen helps maintain the integrity of muscular and connective tissue, especially in tissues with higher numbers of estrogen receptors such as the vagina, urethra, and bladder. Estrogen therapy has been shown to improve the bothersome symptoms of urinary frequency and urgency. Your OAB expert will discuss if vaginal estrogen therapy can be used as part of your therapy.

ADVANCED THERAPIES

When conservative options and medications fail to relieve overactive bladder symptoms, your doctor may suggest advanced therapies. Advanced therapies, also known as “third-line therapies,” may be an appropriate option to consider at any point in their care journey. These therapies include Botox bladder injections, Sacral Nerve Stimulation (SNS) and Percutaneous Tibial Nerve Stimulation (PTNS).

BOTOX INJECTIONS

Most people associate the use of Botox as a therapy to smooth facial wrinkles. However, Botox is a medication that is currently used in several medical applications, including overactive bladder. It works by temporarily blocking signals between the nerves and muscles. This helps the muscles relax, allowing you more time to get to the bathroom.

Botox is delivered by injections into the bladder muscle using a cystoscope. The effects are temporary and the injections need to be repeated approximately every six months (can be a longer or shorter period of time) to maintain the effect.



SACRAL NERVE STIMULATION (SNS)

Sacral Nerve Stimulation (SNS) has been used as a therapy for overactive bladder symptoms for over 25 years, and has helped more than 350,000 patients worldwide. Life events can disrupt the body’s communication between the pelvic floor and the control center in the brain causing OAB, Retention and/or Fecal Incontinence symptoms. SNS is the only treatment that helps both OAB and Fecal Incontinence with one therapy.

SNS begins with a simple test to see if the therapy helps the patient. The patient tests the therapy for 3-14 days to see if their bladder and/or bowel symptoms improve by 50% or greater. The therapy uses a gentle stimulation to the nerves in the pelvic floor to improve communication between the pelvic floor and the brain. The expected result with this improved communication is a decrease in urinary leakage, urinary urgency/frequency, improvement with the ability to urinate, and/or a decrease in leakage of stool. With a simple, evaluation patients can trial the therapy prior to moving on to placing a small device under the skin. The device is MRI eligible and is compatible for use in patients with other implanted devices.

PERCUTANEOUS TIBIAL NERVE STIMULATION (PTNS)

PTNS is a minimally invasive and a drug-free option that modifies signals from the posterior tibial nerve to help stabilize bladder function and allow patients to regain bladder control. The sacral nerves are connected to the bladder and extend down the leg to the tibial nerve near the ankle.

This procedure involves placing a thin, non-painful needle electrode into this nerve. PTNS is given once a week for 6 consecutive sessions. Given a 50% improvement in symptoms, patients can continue for another 6 weeks. Following completion of their 12-week session, patients are able to continue on a once-a-month treatment for up to 2 years. Implantable tibial nerve stimulators are also available. Patients who currently have a defibrillator or pacemaker are unable to participate in this treatment.



OAB NAVIGATORS: HELPING YOU FIND CONTROL

There are many ways to treat OAB. Sometimes, making decisions can feel overwhelming and confusing.

Our OAB patient navigators are here to help you throughout your treatment process and make the journey easier by:

- Helping you understand your diagnosis
- Coordinating communication between you and your provider in between office visits
- Facilitating scheduling treatments
- Evaluating your response to therapy
- Connecting you with one of our OAB Specialists if advanced therapies are needed

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**MAKE AN
APPOINTMENT**

For more information or to make an appointment online, scan this QR code with your phone.

UROPARTNERS: A STEP BEYOND ROUTINE CARE

Finding the best OAB treatment for each patient, based on their diagnosis, comfort levels and needs, not only separates UroPartners from others, but we also provide a more effective manner in which a patient's OAB can be treated so it no longer becomes an issue.

This brochure is for educational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of a qualified healthcare provider with any questions you may have regarding a medical condition.