



BLADDER HEALTH

It's About Time... and it's about you



IT'S TIME TO TALK ABOUT OAB



Urology Care
FOUNDATION™
*The Official Foundation of the
American Urological Association*

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BECCA'S STORY

Becca Martin is one of the millions of people in the United States who lives with Overactive Bladder – OAB. Becca lives outside of Aberdeen, Washington. Before she was treated, she sometimes went to the bathroom 40 times a day, as often as every 20 minutes. She found it impossible to take the bus to work. The 25-mile bus ride home was too long to wait.

“My symptoms got so bad that I couldn’t drive to work without stopping somewhere along the way,” she says. Whenever she drove into Tacoma or Seattle, she would have to add an hour or two to the trip to account for all the necessary rest stops.



Dr. Kobashi and Becca Martin talking about OAB

Becca’s primary care doctor referred her to Dr. Kobashi, who diagnosed her with OAB. Tests showed Becca’s bladder was telling her brain “I have to go” all the time, instead of just when her bladder was full. Dr. Kobashi told Becca her treatment options. Although prescription drugs and lifestyle changes work for many people, they didn’t work for Becca. Becca could not tolerate prescription drugs and lifestyle changes didn’t help enough. When Dr. Kobashi told Becca about other treatment options, she chose a “bladder pacemaker.” A pulse generator device, the size of a silver dollar, was surgically implanted into her buttocks.

Becca has had tremendous results. One day, soon after she had the surgery, she was amazed to realize that it had been six hours since her last visit to the bathroom - a far cry from the several times each hour that she used to go!

Becca urges anyone with OAB symptoms to talk to their doctor about it right away. As Becca knows, treating OAB can change your life for the better.

Introduction

Millions of people in the United States struggle with Overactive Bladder (OAB) symptoms. The most common symptom is the ongoing urgent need to go to the bathroom.

OAB can interfere with work, going out with friends, exercise and sleep. It can lead you to the bathroom many times during the day or night. Some people leak urine (pee) after this urgent “gotta go” feeling. Others feel afraid they’ll leak.

Fortunately there is help, and there are treatments.

It’s important to talk openly about your OAB symptoms with a trusted health care provider. Together, you can find the best ways to manage it. The Urology Care Foundation hopes that this guide and our *It’s Time to Talk about*

OAB campaign will answer some of your questions and help guide your conversation.

*This resource is based on the American Urological Association’s publication Guidelines for Diagnosis and Treatment of Overactive Bladder. We want to thank the Foundation’s **Overactive Bladder Expert Advisory Panel** for their medical review, and our **Overactive Bladder Community Advisory Panel** for shaping this guide with the patient’s point of view.*

The Urology Care Foundation provides this information based on current medical knowledge. This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please see your urologist or other health care provider about any health concerns. Always talk to a health care provider before you start or stop any treatments, including prescription drugs.

Get the facts



What is OAB and Who Gets It?

Overactive bladder* is the name for a group of **bladder** symptoms. There are three main symptoms:

- A feeling that you have to go to the bathroom, **urgently**.
- Sometimes **incontinence**, which means that you leak **urine** with the “gotta go” feeling.
- Usually the need to go to the bathroom often (**frequently**), day and night.

With OAB, you feel that you need to empty your bladder – even when it’s not full. This leads to the feeling that you need a bathroom quickly, right now. You can’t control or ignore this feeling. (Although it may feel like your bladder muscle is squeezing to empty your bladder, in actual fact your bladder muscle may not be squeezing.) If you “gotta go” eight or more times each day and night, or fear that urine will leak out before you’re ready, you may have OAB.

OAB affects about 33 million Americans. It’s not a normal part of aging. It’s a health problem that can last for a long time if it’s not treated. Many older men (30%) and women (40%) struggle with OAB symptoms. Often people don’t know about treatments that can help, or they don’t ask for help.

Stress urinary incontinence or SUI is a different bladder problem. People with SUI leak urine while sneezing, laughing or being active. It is not the same as that sudden “gotta go” feeling from OAB. To learn more about SUI, go to www.UrologyHealth.org/SUI/.

This guide offers clear information about how to manage OAB. Please also ask for help, even if you feel embarrassed. Don’t wait, because there are several treatments that work well for OAB. Your health care provider should be trained to talk with you and help you manage your symptoms without embarrassment. (See page 10 for the kind of doctors trained to treat OAB.)

Once your doctor understands the problem, he or she can tell you about treatment options.

There’s no single treatment that’s right for everyone.

You may try one treatment, or a few at the same time.

Who gets OAB?

Both men and women can get OAB.

Older women who have gone through menopause (“change of life”) and men who have had prostate problems are more likely to get OAB.

Growing older is a factor, but not all people get OAB as they age. It’s not a normal part of aging.

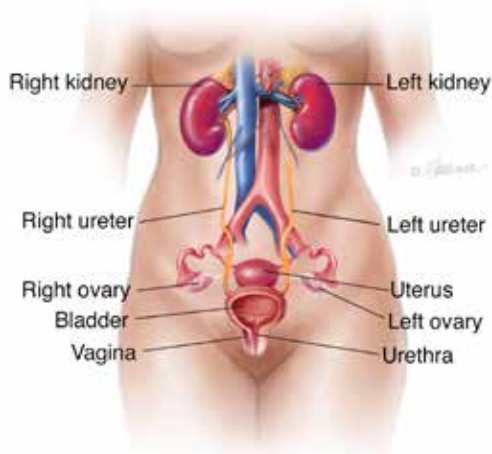
People with diseases that affect the brain or spinal cord (nervous system), such as stroke and multiple sclerosis

*All words that appear in **light blue** are explained in the glossary on page 23.

How the Urinary Tract Works and What Happens with OAB

FEMALE URINARY TRACT

The **urinary tract** is the important system that removes liquid waste from our bodies:



- **kidneys:** two bean-shaped organs that clean waste from the blood and make urine.
- **ureters:** two thin tubes that take urine from the kidney to the bladder.
- **bladder:** a balloon-like sac that holds urine until it's time to go to the bathroom.
- **urethra:** the tube that carries urine from the bladder out of the body. The urethra has muscles called sphincters that lock in urine. The **sphincters** open to release urine when the bladder contracts.

When your bladder is full, your brain signals the bladder. The bladder muscles then squeeze. This forces the urine out through the urethra. The sphincters in

the urethra open and urine flows out. When your bladder is not full, the bladder is relaxed.

With a healthy bladder, signals in your brain let you know that your bladder is getting full or is full, but you can wait to go to the bathroom. With OAB, you can't wait. You feel a sudden, urgent need to go. This can happen even if your bladder isn't full.

Symptoms of OAB

Urgency: This is the main symptom of OAB. It is a strong (urgent) need to urinate that can't be ignored. This "gotta go" feeling makes people afraid that they'll leak urine if they don't find a bathroom right away. OAB may also cause:

- **Incontinence (urine leaks):** Sometimes OAB causes urine to leak out before getting to the bathroom. This is called "urgency incontinence." Some people may leak just a few drops, while others can have a sudden gush. (For more information about all kinds of incontinence, visit: www.UrologyHealth.org/Incontinence.)
- **Urinate frequently:** OAB may also cause people to go to the bathroom many times during the day. Experts say that "frequent urination" is when you have to go to the bathroom more than eight (8) times in 24 hours.
- **Wake up at night to urinate:** OAB can wake a person from sleep to go to the bathroom more than once a night. This is called "**nocturia**" by health care providers.

Some foods and drinks can bother the bladder. Caffeine, artificial sweeteners, alcohol, chocolate and very spicy foods may make OAB symptoms worse.

"I stopped running, I stopped taking walks. Basically, I stopped doing things that didn't allow me immediate access to a bathroom. I was so embarrassed that I didn't talk to anyone about it for a long time. That was a mistake."

– HANK, OAB PATIENT



OAB does not cause pain. If you feel pain while urinating, you may have an infection. Please talk with your health care provider about pain.

How OAB Can Affect Your Life

Without treatment, OAB symptoms are uncomfortable. It can be hard to get through the day without many visits to the bathroom. OAB can impact relationships. You may not want to do things you enjoy because you worry about finding a bathroom in time. It can disrupt your sleep and sex life. It can leave you tired and short-tempered, or leaks can lead to a rash or infections. The whole experience can make anyone feel hopeless and very unhappy.

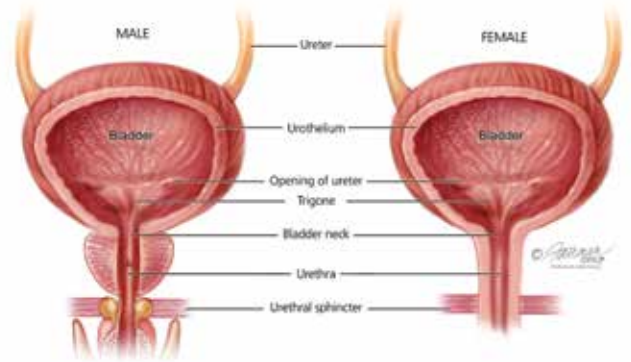
The good news is that OAB can be controlled.

There are treatments available to help.

NORMAL BLADDER VS. OVERACTIVE BLADDER



MALE AND FEMALE BLADDER



The Truth about OAB

Don't let myths about OAB stop you from getting the help you need. Learn the truth about OAB:

OAB is **not** "just part of being a woman."

OAB is **not** "just having an 'enlarged' (big) prostate."

OAB is **not** "a normal part of getting older."

OAB is **not** caused by something you did.

Surgery is **not** the only treatment for OAB.

There **are** treatments that can help people manage OAB symptoms.

There **are** treatments that can help, even if your symptoms are minor and you don't leak urine.

*All words that appear in **light blue** are explained in the glossary on page 23.

Preparing to Visit the Doctor

Tips for a Successful Visit

It's normal to feel uncomfortable when talking about OAB symptoms. Who wants to talk about bathroom problems or incontinence?! Still, knowing more about OAB is the best way to take control of the problem. A little planning will give you confidence. Here are some tips to help:

- **Be prepared:** Before your appointment, gather useful information to help the health care provider learn what's going on. Also be ready to take notes about what you learn. Bring:
 - A list of the prescription drugs, over-the-counter medicines, vitamins and/or herbs you take.
 - A list of your past and current illnesses or injuries.
 - Results from the Think You Have Overactive Bladder? Quiz (Appendix A), to help you discuss your symptoms.
 - A pad of paper and pen to take notes about treatments.
- **Bring a friend:** Ask a close friend or relative to go with you to the doctor, if you don't mind sharing what's going on. An "appointment buddy" can help remind you of things you may forget to ask, or remind you of things the health care provider said.

THINK YOU HAVE OAB? ASSESSMENT & SCORING INSTRUCTIONS

Take the assessment in Appendix A (page 17) to learn if your symptoms may be from OAB or from something else. Your quiz results will also help you talk with a health care provider about what's going on.

- **Bring up the topic:** If your health care provider doesn't ask about your OAB symptoms, then bring up the topic yourself. Don't wait until the end of your visit. Make sure you have time for questions. If a nurse meets with you first, tell the nurse about your symptoms.
- **Speak freely:** Share everything you're experiencing. Your health care provider hears about problems every day. They've heard it all! It's OK to tell them about your symptoms and how they impact your daily life. Let your health care provider know your answers to these questions:
 - Do my symptoms make me stop doing the things I enjoy, or prevent me from going to events?
 - Am I afraid to be too far away from a bathroom?
 - Have my symptoms changed my relationships with friends or family?
 - Do my symptoms make it hard to get a good night's sleep?
- **Ask questions:** A visit to your health care provider is the right time to ask questions. It is best to bring your list of questions with you so you don't forget them. We offer some good questions to ask in each section of this guide to help you.

It took me nearly 5 years for me to talk with my doctor about this.

- BECCA, OAB PATIENT



- **Follow-up care:** Ask your health care provider when you should visit again, and what you should bring with you.

Providers and Specialists Who Treat OAB

Many types of health care providers can offer basic help for OAB. Specialists trained to treat OAB and incontinence include **urologists** and female pelvic medical surgeons. It helps to ask if your health care provider has direct training or experience. Here are the types of providers you may meet:

Primary Care Practitioners are doctors who can diagnose common health concerns and provide treatment. If a primary care provider is experienced with OAB, they will discuss your options. Often, they'll refer you to a specialist for treatment, especially if lifestyle changes haven't helped.

Internists are doctors who may or may not be primary care providers. Often these medical providers will refer you to a specialist.

Nurse Practitioners (NP) are highly trained nurses, able to treat many medical problems. Some NPs specialize in issues like OAB, or they will refer you to a specialist.

Physician Assistants (PA) are professionals licensed to practice medicine with a doctor's oversight. NPs and

PAs are often part of the health care team. Many can diagnose and treat SUI non-surgically and can help with exercises and lifestyle changes. Some specialize in issues such as OAB.

Urologists* are surgeons who evaluate and treat problems of the urinary tract. Most urologists are very experienced with incontinence, however not all of them treat OAB. A patient should, again, ask if the urologist is a specialist.

Gynecologists are doctors who focus on women's health. Most are knowledgeable about incontinence, but not all are trained to treat OAB surgically.

Female Pelvic Medicine and Reconstructive Surgery (FPMRS) specialists are urologists or gynecologists who are trained as experts in female pelvic medicine and reconstructive surgery. FPMRS specialists are often referred to by the public as female urologists or urogynecologists.

Geriatricians are doctors who treat older patients, and many are able to evaluate and treat OAB. But, not all treat OAB surgically.

Physical Therapists are licensed health professionals who provide physical therapy. If they have special training in pelvic floor disorders, they can help with exercises and lifestyle changes.

*You can use the Urology Care Foundation's **Find-a-Urologist** online tool. Chose "incontinence" as a "specialty" for urologists with training and experience in urine leaks and OAB. www.urologyhealth.org/FindAUrologist

QUESTIONS TO ASK YOUR HEALTH CARE PROVIDER ABOUT OAB

- Are my symptoms from Overactive Bladder (OAB) or something else?
- What tests will I need to find out if I have OAB?
- What could have caused my OAB?
- Can I do anything to prevent OAB symptoms?
- What can we do to cure my OAB?
- Should I see a specialist for my care? If so, can you recommend someone?

Get Diagnosed

How to Diagnose OAB

When you tell your health care provider about your symptoms, s/he will ask more questions and do some tests. This is done to diagnose the problem. Or, your provider will tell you the name of a specialist who can diagnose and treat you.

To learn what's happening, a health care provider will likely:

- **Ask about your health history:** You will be asked about how you feel, how long you've had symptoms, and how they impact you. You will be asked about medicine you take (over-the-counter and prescribed). You should also talk about what you eat and drink during the day. This lets your provider learn about your health now and in the past.
 - **Do a physical exam:** Your health care provider will look for things that could cause symptoms. In men and women, they will feel your organs in and below your belly, in your pelvic area. They will also check your rectum.
 - **Ask you to keep a "Bladder Diary:"** A Bladder Diary helps you and your doctor learn about daily events and patterns. In this diary, you write down how often you go to the bathroom and if/when you leak urine. You can use the Bladder Diary on page 21 of Appendix B to start. You can also download an electronic bladder diary for your mobile device like the Bladder Pal.
- **Do Other Tests if you need them:**
 - **Urine test:** a sample of your urine may be tested for infection or blood.
 - **Bladder scan:** This test shows how much urine is left in your bladder after you go to the bathroom.
 - **Cystoscopy:** Your health care provider inserts a thin tube with a tiny camera into the bladder to see if it looks normal or not.
 - **Urodynamic testing:** These tests check to see how well your lower urinary tract holds and lets-go of urine. One of these tests is call CMG (cystometrogram).
 - **Symptom quiz:** Many doctors use a written quiz to ask questions about your bladder problems and what causes you the most bother. Take our OAB Quiz in Appendix A (page 17).



Get Treated

There are a number of things you can do to help manage OAB. Everyone has a different experience with what works best. You may try one treatment alone, or several at the same time. You and your health care provider should talk about what you want from treatment and about each option. OAB treatments include:

Lifestyle Changes

To manage OAB, health care providers first ask a patient to make “lifestyle changes”. Sometimes these changes are called “**behavioral therapy**”. This could mean that you eat different foods, change how much, when or what you drink, and pre-plan bathroom visits to feel better. Many people find that these changes help. Other people need to do more.

1. **Limit food and drinks that bother your bladder:** Many people feel better when they change the way they eat and drink. There are certain foods known to bother the bladder. You can try taking all of these things out of your diet, then add them back one at a time. Once you learn which foods and drinks make your symptoms worse, you can avoid them. Common foods to avoid:
 - Coffee / caffeine
 - Tea
 - Artificial sweeteners
 - Alcohol
 - Soda and other fizzy drinks
 - Citrus fruit
 - Food made with tomatoes
 - Chocolate (not white chocolate)
 - Spicy foods
2. **Keep a bladder diary [See Appendix B]:** Writing down when you make trips to the bathroom for a few days can help you understand your body better. This diary may show you things that make symptoms worse. For example, are your symptoms worse after eating or drinking a certain kind of food? Are they worse when you don't drink enough liquids?
3. **Double voiding (emptying your bladder twice):** This may be helpful for people who have trouble fully emptying their bladders. After you go to the bathroom, you wait a few seconds and then try to go again.
4. **Delayed voiding:** This means that you practice waiting before you go to the bathroom, even when you have to go. At first, you wait just a few minutes. Gradually, you may be able to wait two to three hours at a time. Only try this if your health care provider tells you to. Some people feel worse or have urine leaks when they wait too long to go to the bathroom.
5. **Timed urination:** This means that you follow a daily bathroom schedule. Instead of going when you feel the urge, you go at set times during the day. You and your health care provider will create a reasonable schedule. You may try to urinate every two to four hours, whether you feel you have to go or not. The goal is to prevent that “urgent” feeling and to gain control.
6. **Exercises to relax your bladder muscle:** You may be familiar with exercises to strengthen your pelvic floor muscles, also called **Kegel exercises**. A special exercise using those same pelvic floor muscles may help relax your bladder during those “gotta go” moments. To do “**quick flicks**,” you quickly squeeze and relax your pelvic floor muscles repeatedly. When you feel the urge to go, try a number of “quick flicks” instead. These exercises can help control that “gotta go” feeling. It helps to be still, relax and focus on just the exercise. Your health care provider or a physical therapist can help you learn these exercises. **Biofeedback** may also

help. Biofeedback uses computer graphs and sounds to monitor muscle movement. It can help teach you how your pelvic muscles move and how strong they are.

Together, you and your doctor can choose a treatment plan that's best for you so you can start living your life again.

Prescription Drugs

When lifestyle changes aren't enough, the next step may be to take medicine. Your health care provider can tell you about special drugs for OAB.

There are several types that can relax the bladder muscle. These drugs (for example: **Anti-muscarinics** and **Beta-3 agonists**) can help stop your bladder from squeezing when it's not full. Some are taken as pills, by mouth. Others are gels or a sticky **transdermal patch** to give you the drug through your skin.

Your health care provider will want to know if the medicine works for you. They will check to see if you get relief or if the drug causes problems, known as "side-effects". Some people get dry mouth and dry eyes, constipation, or blurred vision.

To help relieve symptoms, your health care provider may ask you to take different amounts of the drug, or, give you a different one to try. You may be asked to make lifestyle changes and take medicine at the same time for better results.

INJECTIONS

If lifestyle changes and medicine aren't working, there are other options. A trained urologist or FPMRS specialist can help. They may offer bladder injections (shots) of Botox® (botulinum toxin).

Small amounts of Botox® can stop the bladder muscles from squeezing too much. Many tiny injections are used. It gently paralyzes the muscles. Additional treatments are given when this treatment wears

off, anywhere from six to twelve months later. Your doctor will watch how you're doing to make sure you aren't retaining (holding in) too much urine. If urine is not draining well, you may need to **catheterize** temporarily.

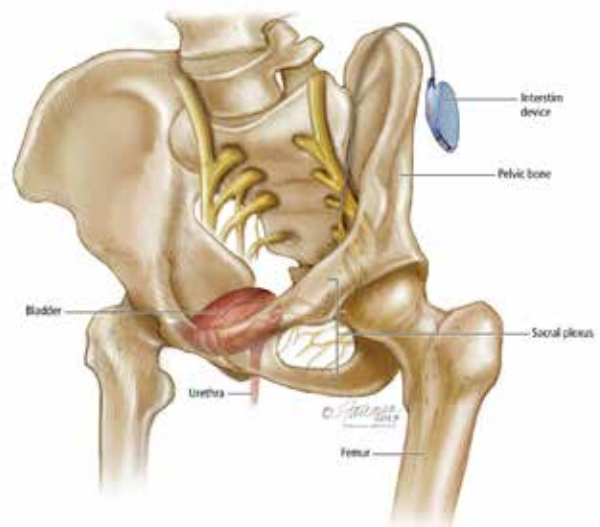
Nerve Stimulation (Neuromodulation Therapy)

Another treatment for people who need extra help is nerve stimulation, also called **neuromodulation** [pronounced: NER-oh-mah-dyoo-LAY-shun] **therapy**.

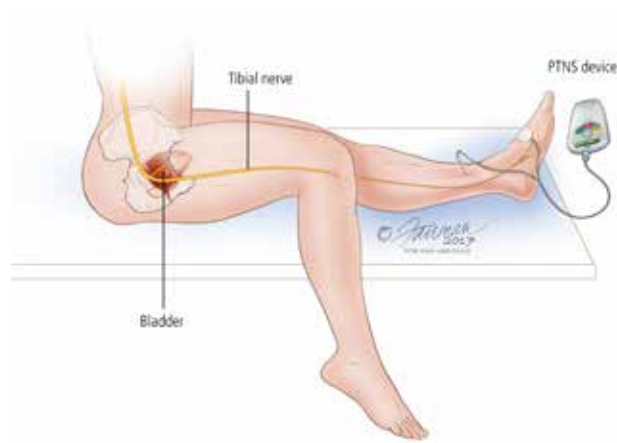
This type of treatment sends electrical pulses to nerves in your bladder. In OAB, the nerve signals between your bladder and brain don't work the right way. These electrical pulses interrupt the nerve signals, set them right, and improve OAB symptoms.

There are two types:

- **Sacral neuromodulation (SNS)** changes how the sacral nerve works. This nerve carries signals between the spinal cord and the bladder. Its job is to help hold and release urine. In OAB, these nerve signals aren't doing what they should. SNS uses a "bladder pacemaker" to control these signals to stop OAB symptoms. SNS is a two-step surgical process. The first step is to implant an electrical wire under the skin in your lower back. This wire is first connected to a handheld "pacemaker" to send pulses to the sacral nerve. You and your doctor will test whether or not this pacemaker can help you. If it helps, the second step is to implant a permanent pacemaker that can regulate the nerve rhythm.

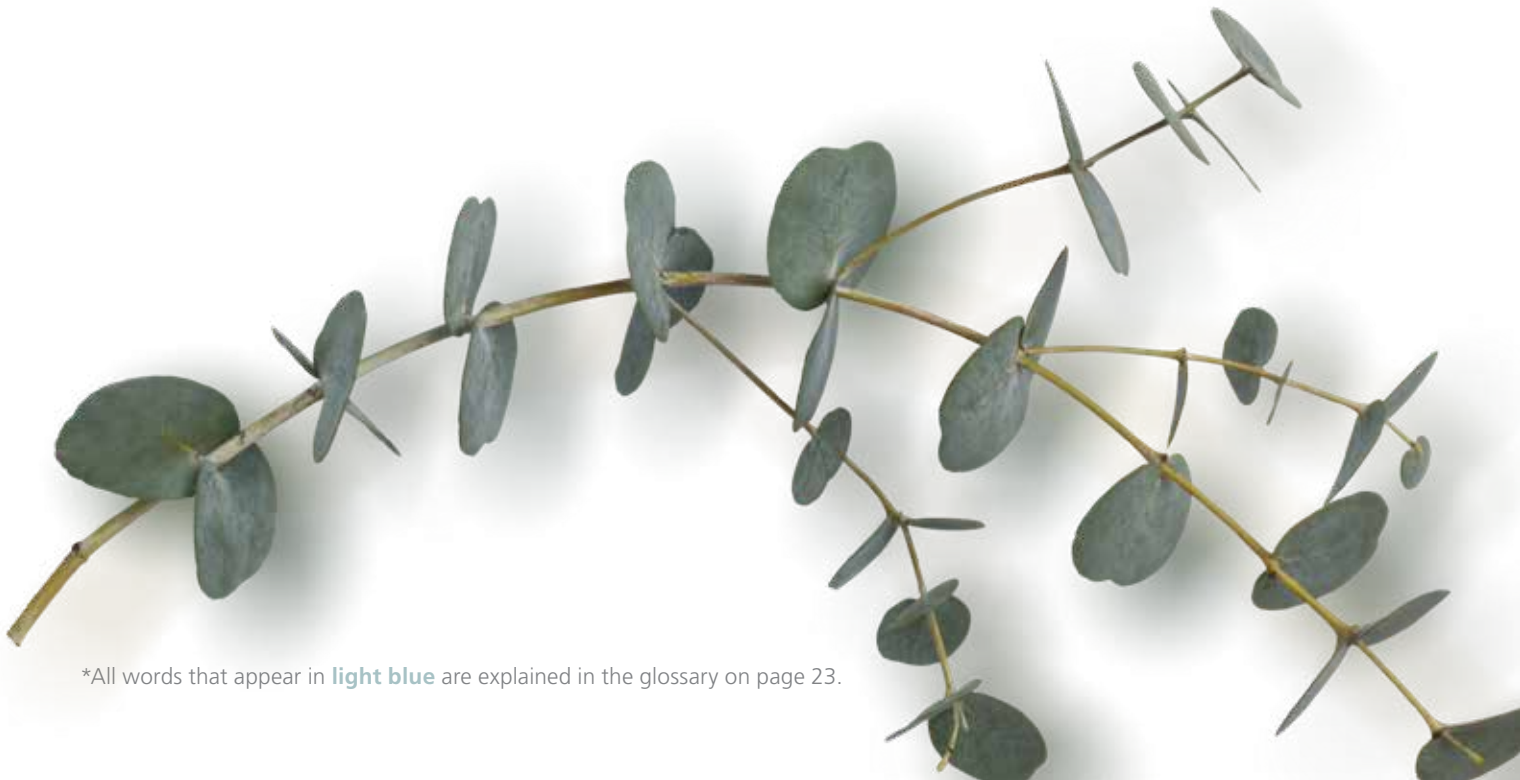


- **Percutaneous tibial nerve stimulation (PTNS)** is another way to correct the nerves in your bladder. For this type of nerve stimulation you will not have to have surgery. PTNS is performed during an office visit that takes about 30 minutes. PTNS is done by placing a small electrode in your lower leg near your ankle. It sends pulses to the tibial nerve. The tibial nerve runs along your knee to the sacral nerves in your lower back. The pulses help control the signals that aren't working right. Often, patients receive 12 treatments, depending on how it's working. [This therapy is pronounced: PER-cyoo-TAY-nee-uhs TI-bee-ahl NERV STIM-yoo-LAY-shun.]



QUESTIONS TO ASK – TAKING CONTROL

- What treatment(s) do you recommend for me?
- What would happen if I don't treat my OAB?
- Are there problems that can come from treatment?
- What are the good and bad things that I should know about these treatments?
- How soon after treatment will I feel better?
- What problems should I call you about after I start treatment?
- What happens if the first treatment doesn't help?
- Will I need treatment for the rest of my life?
- Can my OAB be "cured"?
- What lifestyle changes should I make?
- Are there any exercises I can do to help?
- Do I need to see a physical therapist?
- What's my next step?



Overactive Bladder Assessment Tool

How do I use this Assessment?

Read this list of questions and answer them based on the last month. Then bring your completed assessment to your health care provider. This assessment and your answers will make it easier for you to start talking about your symptoms. The questions will help measure which Overactive Bladder (OAB) symptoms you have and how much your symptoms bother you. The better your health care provider knows the level and impact of your symptoms, the better he or she can help you manage them.

SYMPTOM QUESTIONS	Not at all	Occasionally	About once a day	About three times a day	About half the time	Almost always	SCORE
1. Urgency – How often do you have a strong, sudden urge to urinate that makes you fear you will leak urine if you can't get to a bathroom immediately?	0*	1	2	3	4	5	
2. Urgency Incontinence – How often do you leak urine after feeling a strong urge to go? (whether you wear pads/protection or not)	0	1	2	3	4	5	
	None	Drops	1 Tea-spoon	1 Table-spoon	¼ cup	Entire bladder	
3. Incontinence – How much urine do you think usually leaks? (whether you wear pads/protection or not)	0	1	2	3	4	5	
	1-6 times	7-8 times	9-10 times	11-12 times	13-14 times	15 or more times	
4. Frequency – How often do you urinate during the day?	0	1	2	3	4	5	
	None	1 time	2 times	3 times	4 times	5 times or more	
5. Waking to urinate – How many times do you usually get up at night to urinate, from when you went to bed until you get up in the morning?	0	1	2	3	4	5	
TOTAL SYMPTOM SCORE	Add score from questions 1+2+3+4+5 =						

*If you score 0 on question 1, you probably don't have OAB.

0 = no symptoms
5 = most severe symptoms

Circle the response that best answers each question.

QUALITY OF LIFE QUESTIONS How much does this bother you:	I am not bothered at all					I am bothered a great deal
	0	1	2	3	4	5
1b. Urgency – a strong, sudden urge to urinate that makes you fear you will leak urine if you can't get to a bathroom immediately?	0	1	2	3	4	5
2b. Urgency Incontinence – leaking after feeling an urge to go?	0	1	2	3	4	5
3b. Frequency – urinating frequently	0	1	2	3	4	5
4b. Waking from sleep to urinate?	0	1	2	3	4	5
	I would not be bothered at all					I would be bothered a great deal
5b. Overall satisfaction – If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?	0	1	2	3	4	5
6b. How have your symptoms changed your life? – How have your symptoms (urgency, frequency, urine leakage, and waking at night) changed your life? Are your symptoms: (Please check all that apply)						
<input type="radio"/> Keeping you from getting a good night's sleep?						
<input type="radio"/> Causing you to stay home more than you would like?						
<input type="radio"/> Keeping you from social activities or entertainment?						
<input type="radio"/> Causing you to exercise less or limit your physical activity?						
<input type="radio"/> Causing problems with friends or loved ones?						
<input type="radio"/> Keeping you from traveling, taking trips, or using public transit?						
<input type="radio"/> Making you plan trips around your knowledge of public restroom location?						
<input type="radio"/> Causing problems at work?						
<input type="radio"/> Other ways your symptoms have changed your life:						

Score the "bother" questions (1b, 2b, 3b, 4b, 5b & 6b) separately.
Do not add them together.

Even if you have mild symptoms, you and your health care provider should discuss available treatment options.

How do I score my results?

For “Symptom Questions” (1 through 5):

Add 1 + 2 + 3 + 4 + 5 to get a score from 0 (no symptoms) to 25 (most severe symptoms).

For “Quality of Life” Questions (1b, 2b, 3b, 4b, 5b, & 6b):

DO NOT add your “Quality of Life” scores together. Each “Quality of Life” question is scored separately.

What my total “Symptom” score means:

The higher your score for questions 1-5 is, the more severe your OAB symptoms are. However, if your score for question 1 is 0, then you do not have the major symptom of Overactive Bladder – strong sudden urges to urinate that you cannot ignore. The answers to the “Symptom” questions can help you and your health care provider understand which of your OAB symptoms are most severe.

What my “Quality of Life” results mean:

Questions 1b, 2b, 3b, 4b, 5b, & 6b on this assessment help show how your symptoms impact your life. This will help you start a discussion with your health care provider about your symptoms. Seeing how much your symptoms have changed your life can help your health care provider decide what treatment choices are best for you. Even if you have mild symptoms, you and your health care provider should discuss what treatment options are available to you.

What if I have other symptoms?

Please let your health care provider know about any other symptoms you may have. (For example, do you have urine leakage when sneezing or exercising? Do you have bladder pain? Do you have to strain to begin urinating?) This will help your health care provider figure out if your symptoms could be caused by something other than OAB. It will also help him/her to offer the treatment choices that are best for you.

Where can I find a health care professional?

If you need a health care professional, visit UrologyHealth.org/FindAUrologist to find a urologist near you. Choose “incontinence” as a “special interest area” to find urologists who said they treat patients who leak urine or have OAB.



Bladder Diary & Instructions

See page 22 for instructions.

Keeping a daily Bladder Diary will help you and your health care provider understand your urinary symptoms. See instructions on the other side of this page.

	Time	Drinks		Trips to the bathroom		Accidental leaks	Did you feel a strong urge to go?	What were you doing at the time?
		What kind?	How much?	How many times?	How much urine?	How much?	Yes / No	Sneezing, exercising, etc.
<i>Example</i>	2-3 p.m.	soda	12 oz. can	4	about 8 oz.	yes - large amount	No	Laughing

Print and copy this sheet to record as many days as necessary.

*All words that appear in light blue are explained in the glossary on page 23.

What is a Bladder Diary?

A bladder diary is a tool used by you and your health care provider to better understand your bladder symptoms.

It helps you track a number of things: when and how much fluid you drink, when and how much you urinate, how often you have that “gotta go” urgency feeling, and when and how much urine you may leak.

When is a Bladder Diary used?

You can use a Bladder Diary before or after visiting with your health care provider.

Having a Bladder Diary during your first visit can be helpful because it describes your daily habits, your urinary symptoms and demonstrates how they are affecting your life. Your doctor will use this information to help treat you.

How do you use the Bladder Diary?

1. Begin writing in your diary when you wake up each day. Take notes throughout the day, and continue until you complete 24 hours. For example, if you wake up at 7 a.m. on the first day of your diary, take notes until 7 a.m. the next day.
2. Write down what you drink (i.e., water, juice, coffee, wine) and how much. Measuring the amount is helpful. If you are unable to measure your drinks,

then it's important to take a good guess about the number of ounces every time you drink something. Most containers will list the number of ounces they contain. Use these listings to help you make an estimate—for example, an 8 oz. cup of juice, 12 oz. can of soda, or 20 oz. bottle of water.

3. Write down when and how much you urinate, both during the day and night. Doctors often provide a special measuring collection device to use. It sits under your toilet seat and is marked with measurements to let you know how much you urinated.

If you are keeping the diary on your own before visiting a health care provider, then you may want to collect your urine in a paper cup. Choose a cup that you know holds a certain amount of liquid, such as 8 oz.

Rinse the urine collection device with water after each use. Keep the device close to your toilet until you've finished your diary.

4. It's best to keep a diary for at least three days. A one-day diary may not provide enough information to give a true picture of your bladder condition. Also, the three days you keep your diary don't have to be three days in a row. Any three days you chose will be fine, as long as they represent three “typical days” for you. Print as many pages of the Bladder Diary you need to complete the three days.
5. Don't forget to bring your completed diary with you to your office visit.

Appendix C– Glossary

Anti-muscarinic(s) drugs: A type of drug for OAB used to relax the bladder muscle to prevent it from contracting when it isn't full.

Behavioral therapies: Basic things that people can do to change the way they live or function. For example, to schedule bathroom visits regularly as a way to control the bladder.

Beta-3 agonist(s) drug: A type of prescription drug for OAB used to relax the bladder muscle to prevent it from contracting when it isn't full.

Biofeedback: A process used in behavioral therapy to help patients become aware of how their body

functions. This can help patients gain awareness and control over their pelvic muscles.

Bladder: The hollow, balloon-shaped organ where urine is stored. Urine then moves through the urethra and out the body.

Bladder Diary: Diary used to note how often and when you urinate over several days. It is used to help in the diagnosis and treatment of OAB.

Bladder exercises: Exercises, such as “quick flicks” and Kegel exercises to relax or strengthen the muscles of the pelvic floor. Quick flicks are often recommended to reduce OAB symptoms.

Bladder scan ultrasound: A tool used to help diagnose OAB. It measures the amount of urine in the bladder by using sound waves (ultrasonography).

Catheterization: A narrow tube is inserted through the urethra or through the front of the abdominal wall into the bladder to help the bladder empty.

CMG (also known as a cystometrogram): A test used to see how the bladder stores and releases urine.

Cystoscopy: A procedure where your doctor uses a thin telescope-like tool with lenses and a light to see inside the bladder and remove tissue samples.

Detrusor muscle: The muscle that surrounds the walls of bladder and helps to release urine.

Fluoroscopy: An x-ray tool that creates real-time moving images of internal structures in the body.

Frequent urination: A condition when a person urinates more often than normal—generally more than eight times each day.

Hematuria: When there are red blood cells in the urine.

Incontinence (also called Urinary Incontinence): An uncontrolled leaking of urine.

Infection: When bacteria or other germs cause irritation or pain.

Inflammation (also called an inflammatory condition): Swelling, redness, and pain from irritation, injury or infection.

Kegel exercises: Exercises to strengthen the muscles of the pelvic floor. These are often recommended to reduce incontinence and the symptoms of other urinary problems.

Kidneys: Two large, bean-shaped structures that remove waste from the blood.

Multiple sclerosis: A disease that affects the brain and spinal cord, slowing or blocking messages between the brain and body.

Neuromodulation therapy: A group of treatments that deliver electrical pulses to nerves to change how they work.

Nocturia: When a person wakes from sleep one or more times to urinate.

Overactive Bladder (OAB): A condition that causes the strong, sudden urges to urinate that are difficult to ignore; and that may cause an unexpected leaking of urine; frequent trips to the bathroom; and getting up more than once during the night to go to the bathroom.

Pelvic exam: A complete physical exam of a woman's pelvic organs to check the size and position of the bladder, vagina, cervix, uterus and ovaries.

Percutaneous Tibial Nerve Stimulation (PTNS): A treatment for OAB in which a needle electrode delivers electrical pulses to the tibial nerve near your ankle. The pulses help block the nerve signals to your bladder that aren't working correctly.

Prostate: A small walnut-shaped gland in men that produces seminal fluid that transports sperm.

"Quick flick" exercises: Exercises where you quickly squeeze and release the muscles in your pelvis. This exercise is used to relax the bladder muscle of the pelvic floor when you are feeling urgency (that "gotta go" feeling).

Rectal exam: An exam in which a health care provider inserts a lubricated, gloved finger into the rectum to check anal tone, pelvic floor tone in women, rule out prostate cancer or tumors in men and feel for obstructions or impacted stool that can cause urinary problems.

Sacral neuromodulation (SNS): A treatment for OAB in which a device implanted under the skin delivers electrical pulses to the sacral nerves that carry signals between the spinal cord and the bladder.

Sphincter: A circular muscle at the bottom of the bladder that normally prevents urine leakage.

Stress Urinary Incontinence (SUI): An unexpected loss of urine caused by sneezing, coughing, laughing or exercise.

Transdermal patch: An adhesive patch placed on the skin to deliver a specific dose of a medication.

Ureters: Two thin tubes that carry urine downward from the kidneys to the bladder.

Urethra: A thin tube that carries urine from the bladder out of the body (in men, it also carries semen, and it exits through the end of the penis).

Urgency: A strong, sudden urge to urinate; this “gotta go” feeling makes you fear you will leak urine if you don’t get to a bathroom right away.

Urgency Incontinence: An unexpected loss of urine following a strong, sudden need to urinate that is hard to control.

Urinalysis: A test of a urine sample that can reveal many problems of the urinary tract and some other body systems.

Urinary incontinence: A condition in which a person is unable to hold urine and prevent it from leaking.

Urinary tract: The organs that take waste from the blood and carry it out of the body as urine.

Urinary tract infection (also known as UTI): An illness caused by harmful bacteria, viruses or yeast growing in the urinary tract.

Urine: A liquid, usually yellow in color, made by the kidneys and containing waste and water.

Urodynamics: A study that shows how well the bladder and urethra are storing and releasing urine.

Urologist: A doctor who specializes in the study, diagnosis and treatment of problems of the urinary tract.

UTI: See Urinary tract infection.

Void (voiding): To empty (emptying) the bladder.



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About the Urology Care Foundation


The Urology Care Foundation is the world's leading urologic foundation – and the official foundation of the American Urological Association. We provide information for those actively managing their urologic health and those ready to make health changes. Our information is based on the American Urological Association resources and is reviewed by medical experts.

To learn more, visit the Urology Care Foundation's website, UrologyHealth.org/UrologicConditions or go to UrologyHealth.org/FindAUrologist to find a doctor near you.

Disclaimer:

This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please talk to your urologist or health care provider about your health concerns. Always consult a health care provider before you start or stop any treatments, including medications.

For copies of printed materials about OAB and other urologic conditions, visit UrologyHealth.org/Order or call 800-828-7866.



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