

Overactive Bladder

Service User Information Leaflet

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What is Overactive Bladder? (also called Irritable Bladder)

There are three common problems experienced by people with Overactive Bladder.

Firstly you may experience **urgency**.

This is when you need to go to the toilet suddenly and if you do not get there quickly enough, the bladder muscle starts to squeeze and you may leak urine.

Secondly you may experience **frequency**.

This is when you need to go to the toilet a lot, but only pass small amounts of urine. It is normal to go to the toilet between 5 and 8 times a day and no more than once during the night. A healthy adult bladder should hold 200-300ml through the day.

Finally, you may experience **nocturia**.

This is when you have to empty your bladder several times in the night.

What causes Overactive Bladder?

Poor bladder habits. If you get into the habit of emptying your bladder “just in case”, the bladder gets used to holding only a small amount of urine and makes you feel like you need to go more often even though it is not full.

Certain drinks. Usually those containing:

- caffeine (tea, coffee, green tea, hot chocolate)
- bubbles (fizzy drinks, sparkling water)
- blackcurrant juice
- alcohol

Certain foods. Usually those containing spicy foods, citrus, tomato, chocolate and artificial sweeteners.

Anxiety. This is due to your fight or flight response and makes the bladder squeeze more often and with more force, causing a sudden need to go to the toilet.

Not drinking enough. This makes your urine strong and irritates your bladder.

Constipation, urine infection and certain medicines can also be triggers.

What can I do about it?

Drink and eat healthily.

- Drink about 1.5 to 2 litres of fluid each day (6 to 8 mugs).
- Reduce your intake of caffeine gradually to prevent headaches.
- Reduce or avoid other irritants.
- Drink still water, milk, caffeine free tea or coffee, herbal teas, diluted fruit juice such as apple, pear, grape or peach.
- Try to avoid constipation.

Work on a bladder re-training programme.

- Avoid “just in case” visits to the toilet.
- When you feel the urge to go to the toilet, try to hold on for a few minutes to start with. Increase this time as your bladder improves.
- Helpful tips for holding on
 - Sit on a firm surface, like a hard chair, or step.
 - Squeeze your pelvic floor muscles.
 - Cross your legs.
 - Stand on your tiptoes.
 - Distract yourself by thinking of something else, doing a hard sum in your head or counting backwards.
- Be patient! It is the repeated effect of following all the advice in this leaflet that makes a lasting difference.

What else can be done?

Your physiotherapist may refer you to another healthcare professional for further treatment.

Drug Treatment. Your doctor may prescribe tablets to help with this type of bladder problem.

Vaginal oestrogen. Hormones may be inserted into the vagina. This is suitable for post-menopausal women but may not be suitable in women who have had breast cancer.

Urodynamic investigation. Tests which measure how much fluid the bladder holds and how well it squeezes to empty.

Botox injections into the bladder. To prevent your bladder muscle from squeezing too much.

Nerve stimulation. A stimulator may be inserted into the body to affect the nerves that control the bladder.

Toilet Card

This card states that the card holder has a medical condition and needs to use a toilet quickly. It can help to gain access to toilets when shopping or socialising. To apply go to www.bladderandbowel.org or Tel 01926 357220.

Further information

www.nhs.uk/conditions/urinary-incontinence
www.bladderandbowel.org
www.bladdermatters.co.uk

References

NICE Guidance Managing OAB in Women
BAUS Leaflet 16/173 Comparison of treatment options for OAB Apr 17
BAUS Leaflet 16/002 Bladder Training Jun 17
Palma, I-A, Staack (2016) Impact of Caffeine on OAB Symptoms. Current Bladder Dysfunction Reports 11:1-7