

# Treatments for Overactive Bladder

## Patient Information

Gynaecology Services

Author ID: Obs & Gynae Guidelines Group  
Leaflet Number: Gyn 051  
Version: 4  
Name of Leaflet: Treatments for overactive bladder  
Last reviewed: January 2021  
Next review date: January 2023



## Introduction

Urinary incontinence is a condition when you pass urine when you do not mean to. It can range from a small dribble to large floods of urine. Incontinence affects women more than men. There are two common types of incontinence:

- **Stress incontinence:** urine leaks most when you cough, sneeze, laugh or exercise. It is usually due to weakness in the pelvic floor muscles and the common reason for this is childbirth. It is also common with increasing age and with being overweight.
- **Urgency incontinence or overactive bladder:** symptoms include an urgent feeling to go to the toilet, going to the toilet frequently, and leaking before getting to toilet (urgency incontinence). The bladder normally relaxes when it fills up with urine (like a balloon) and when it is half full you will have the feeling of wanting to pass urine. Most people can put off emptying their bladder until it is convenient to do so. People with an overactive bladder have less control over their bladder and it seems that the bladder contracts (squeezes) without warning even when it is not completely full and not when you want it to. This will give you the sudden feeling of a need to go to the toilet.
- **Mixed incontinence** is when you have a combination of stress and urgency incontinence.

This leaflet covers treatments for overactive bladder.

## Bladder training

Bladder training (also called bladder drills, bladder retraining or bladder re-education) may help the problem. The aim is to slowly stretch your bladder so that it can hold a larger volume of urine. With time the bladder muscle should become less overactive and you should become more in control of your bladder. The doctor or the continence advisor will explain how to do bladder retraining.

## Medications

There are two types of medication available – anticholinergics and mirabegron.

### Anticholinergic (antimuscarinic) medications

In addition, your doctor may prescribe some medications to relax the bladder. These are called anticholinergics (or antimuscarinics). They work by relaxing the bladder so it can hold more urine. Therefore you will go to the toilet less often; you will have fewer urine leaks and less urgency. It may take up to four to six weeks to notice a significant improvement in your symptoms.

Once your symptoms improve you should continue taking the medications. After six months your doctor or continence advisor will reassess your symptoms and might advise you to stop the tablets, but some women may need to continue for longer.

There are several preparations of anticholinergics available and all are effective. However, they have differences and you may find that if one medicine causes troublesome side effects, switching to a different one may suit you better.

These are:

Oxybutynin (Cystrin®, Ditropan®, Kentera® and Lyrinel® XL) It is available in tablet form and transdermal (patches).

Tolterodine (Detrusitol®)

Tropium chloride (Regurin®, Flotros®)

Propiverine (Detrunorm®)

Solifenacin (Vesicare®)

Darifenacin (Emselex®)

Fesoterodine fumarate (Toviaz®)

## Side effects

There are a few common side effects with these medications; they are not serious and usually you get used to them after a few weeks. The most common is a dry mouth; this can be helped by having frequent sips of water, sucking on a boiled sugar-free sweet or chewing gum.

Other common side effects include constipation, therefore if you are prone to constipation try to increase your intake of vegetables and fruit. Other side effects include indigestion, dry eyes and blurred vision (because it relaxes your eye muscles). There are very few conditions when you should not take these tablets. Your doctor will assess your suitability.

## Mirabegron

Mirabegron is another medication for the treatment of urinary frequency, urgency and urgency incontinence associated with overactive bladder syndrome. It also acts by relaxing the bladder to hold more urine, but working through a different mechanism from the anticholinergic medications mentioned above.

It is recommended as an option only if the anticholinergic medications are ineffective, cannot be used, or are not well tolerated. The dose is 50 mg once daily.

It is generally well tolerated, but side effects can include tachycardia (fast heart beats), and less commonly, indigestion and high blood pressure. It is recommended that you should have your blood pressure checked by your doctor soon after starting using Mirabegron if you suffer from high blood pressure.

## **Botox injections**

If the tablets don't work very well or you could not tolerate the side effects, then we can offer treatment with botulinum toxin (Botox).

The treatment is called botulinum toxin A and commonly known as Botox.

### **What are the benefits of Botox?**

The botulinum toxin works by paralysing part of the bladder muscle so the bladder becomes more relaxed and stretchy and able to hold more urine before you feel the need to empty your bladder; this means fewer episodes of urgency and urgency incontinence.

### **Will I feel better straight away after the treatment?**

Your symptoms may take 14 days to respond to the treatment. Your symptoms may get worse before they get better. The effect of the treatment can last between 6 and 12 months. Most people with overactive bladders need repeated injections.

Botox has only been used for about ten years in the bladder. As it is a relatively new treatment, we do not yet know a lot about the very long-term effects of repeated treatments.

About 85% of patients report improvement in their symptoms.

### **Side effects**

The majority of procedures are carried out without any problems.

About 5-10 patients out of a hundred may have difficulty emptying their bladder. For this reason you will be seen by one of our continence nurses before your procedure to be taught how to empty your bladder using bladder catheters.

One patient in ten might get cystitis, a urine infection, in the first few days after the treatment. This should get better with antibiotics.

Some patients may have blood in their urine; it is usually a small amount and should settle within 24 hours.

Very rarely patients may experience flu like illness or generalised muscle weakness following the procedure which may last for a week or two.

### **Having the procedure**

Botox is usually injected under local anaesthetic (you are awake) but can be done with general anaesthetic (you are asleep). The procedure usually takes about 10-15 minutes. Under local anaesthetic: The procedure will be carried out in the clinic at the Hanover Women's Health Unit. A local anaesthetic gel is put into the urethra (tube passing from your bladder to the outside through which you pass urine) a few minutes before the

procedure. The doctor will then pass a special telescope called a cystoscope through the urethra into the bladder. The Botox will be injected into the bladder wall using a special needle passed through the telescope. You will be able to go home once the procedure is completed. It is unusual for there to be any change in your bladder function until at least a few days after the procedure.

Under general anaesthesia: The procedure will be carried out as a day case under general anaesthetic. You should be able to go home the same day once you have passed urine and had a bladder scan to confirm that it's empty.

## Contact Information

If you have any questions please contact:

### **Continence Advisory Service**

Hindley Health Centre  
Liverpool Road  
Hindley  
WN2 3HQ

continenceservice@bridgewater.nhs.uk  
01942 482497

### **Women's Health Unit**

Hanover Building,  
Leigh Infirmary

01942 264960

---

## Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

## Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

The Patient Relations/PALS Manager  
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust  
Royal Albert Edward Infirmary  
Wigan Lane  
Wigan WN1 2NN

---

## Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



[https://www.wrightingtonhospital.org.uk/media/downloads/sdm\\_information\\_leaflet.pdf](https://www.wrightingtonhospital.org.uk/media/downloads/sdm_information_leaflet.pdf)

---

## How We Use Your Information

For details on how we collect, use and store the information we hold about you, please take a look at our “how we use your information” leaflet which can be found on the Trust website: [wwl.nhs.uk](http://wwl.nhs.uk)

This leaflet is also available in audio, large print, Braille and other languages upon request. For more information please ask in the department/ward.

---

© Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust  
All rights reserved. Not to be reproduced in whole or in part without the permission of the copyright owner.

**Call 111 first when it's less urgent than 999.**



EMPLOYER RECOGNITION SCHEME

SILVER AWARD

Proudly supporting those who serve.

Phone: 0808 802 1212

Text: 81212

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

