Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Treatment for Overactive Bladder

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Treatments for Overactive Bladder in Women

Patient Information

Gynaecology Services

The Patient Information Leaflets page on the Trust website is available on the link:

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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 in women.

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

Tolterodine (Detrusitol®, Neditol® XL)

Trospium chloride (Regurin®, Flotros®)

Propiverine (Detrunorm®)

Solifenacin (Vesicare®)

Darifenacin (Emselex®)

Fesoterodine fumarate (Toviaz®, Teraleve®)

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, so 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 works through a different mechanism from the anticholinergic medications mentioned above. The dose is 50 mg once daily.

Side effects

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 so is 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 been used for about twenty years in the bladder, and as far as can be determined, there are no very long-term adverse effects from 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 may 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; this 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, (tubepassing from your bladder to the outside through which you pass urine), a few minutes before the procedure. The doctor will then pass a 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.

Percutaneous tibial nerve stimulation (PTNS)

This is another alternative treatment for those where tablets have not worked or are not tolerated. The nerves which control your bladder can be stimulated via a nerve in your ankle, reducing any bladder overactivity.

What are the benefits of PTNS?

It helps to relax the bladder, making it able to hold more urine before you feel the need to empty your bladder; this means fewer episodes of urgency and urgency incontinence

Having the procedure

The procedure is carried out as an outpatient on Ward 3 at Leigh Infirmary.

A fine needle is placed into the skin of your ankle and a sticky pad is placed on the arch of your foot. The stimulator is attached to the needle and turned on for 3 minutes. You will feel a throbbing or burning sensation in your ankle or foot, which is not usually painful; however, if it feels too strong, the stimulation can be turned down. The course of treatment is 30 minutes each week for 12 weeks. It may take up to 6 weeks before you start to notice any improvement.

Sacral neuromodulation

This is another method of stimulation of the nerves that control your bladder using a stimulator implanted into the base of your spine. It is not available In Wigan and Leigh, but you can be referred to Salford Royal if you wish to consider it.

Contact Information

If you have any questions, please contact:

Continence Advisory Service

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