

What is Overactive Bladder?

Overactive Bladder (OAB) is the name given to a common condition that causes a variety of urinary symptoms in both women and men. This form of bladder dysfunction is associated with a strong desire to urinate (Urgency) usually with frequent voids (Frequency) and/or night voids (Nocturia) with or without urinary incontinence (Urge Incontinence).

OAB is an extremely common condition and is known to affect 33 million Americans. According to current estimates 40 percent of women and 30 percent of men in the US live with OAB symptoms. Although, the true impact of this condition is likely to be much larger due to undiagnosed cases.

Talk with your Genesis Urologist about your symptoms and to learn what treatment option might be right for you.

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Genesis Healthcare is San Diego's largest premier multi-specialty physician practice, dedicated to the accurate diagnosis and treatment of urologic conditions, digestive health issues and many cancers. With over 15 offices located throughout San Diego County, our integrated team of medical professionals provides access to the latest advances in clinical research, cutting-edge technology and minimally invasive treatment alternatives to benefit the health and welfare of our patients. **For more information call 855.888.7701.**

Overactive Bladder

Learn to take control of your urinary symptoms and return to a normal life



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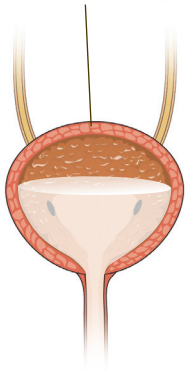
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What Causes Overactive Bladder?

OAB may be caused by a variety of disorders or conditions including urinary tract infection, aging, pelvic organ prolapse, neurological disorders (stroke, multiple sclerosis, Parkinson's disease, spinal cord injury), benign prostatic hypertrophy (BPH) and many others.

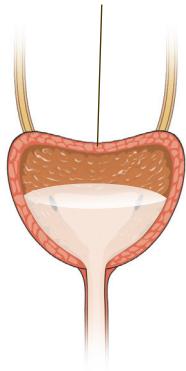
Normal Bladder

DETRUSOR MUSCLE DOES NOT CONTRACT UNTIL BLADDER IS FULL



Overactive Bladder

DETRUSOR MUSCLE CONTRACTS BEFORE BLADDER IS FULL



Symptoms of Overactive Bladder

The following are some of the symptoms experienced by people suffering from OAB:

- Urinate frequently (Frequency)
- Urinate at night (Nocturia)
- Feel a sudden urge to urinate that's difficult to control (Urgency)
- Involuntary loss of urine immediately following an urgent need to urinate (Urge Incontinence)

Editor's Note: It's important to remember that these symptoms may also occur in people who don't have OAB. Other potentially life threatening conditions such as bladder cancer can also carry some of these symptoms. For this reason it's important to be properly diagnosed by a medical professional.

Treatment of Overactive Bladder

After being diagnosed with OAB the next step is to determine how best to treat your specific case. OAB is a very manageable condition and in many cases does not require medication or other types of clinical intervention. OAB management follows an algorithm that includes Behavioral Modifications, Oral Medications and Third Line Therapy (Advanced Therapy).

Tier 1: Behavioral Modifications

As the title suggests this is where you essentially make some life choices that will limit or eliminate your OAB symptoms. Common options include:

- Limiting or eliminating consumption of caffeine, spicy foods, citrus juices and alcoholic beverages
- Weight loss has been shown to reduce the incidence of OAB
- Pelvic muscle exercises improve the control of OAB symptoms. This can be done with the aid of a therapist (Biofeedback) or individually by the patient (KEGEL exercises). Be sure to consult your physician prior to beginning an exercise program

Tier 2: Oral Medications

While many people do not need medication to treat OAB—depending on your symptoms and lifestyle—your doctor may suggest the use of medications. Commonly prescribed OAB medications include:

- Detrol (Tolterodine)
- Toviaz (Fesoterodine)
- Vesicare (Solifenacin)
- Enablex (Darifenacin)
- Sanctura (Trospium)
- Myrbetriq (Mirabegron)
- Ditropan (Oxybutynin)

Tier 3: Third Line Therapy (Advanced Therapy)

Third line therapy offers an alternative management option for OAB in patients who have not responded to behavioral modifications or are unable to tolerate medications. Third line therapy involves state-of-the-art technology to alter bladder behavior either through neurostimulation, bladder pacemaker, acupuncture based technology (PTNS) or chemodenervation of the bladder using Botox®. Third line therapy has revolutionized the management of OAB and is now well established as a safe and effective management option.

PERCUTANEOUS TIBIAL NERVE STIMULATION

Percutaneous tibial nerve stimulation (PTNS) is an FDA cleared device. The technique uses electrical stimulation for the management of urinary frequency, urgency, and incontinence. The idea of stimulating the tibial nerve is based on the traditional Chinese practice of using acupuncture to affect bladder activity. An electrode is used to send an electrical pulse that travels to the sacral nerve plexus via the tibial nerve. The procedure is short and is administered weekly over a period of 12 weeks.

BOTOX INJECTION IN THE BLADDER

Botox injections in the bladder is another alternative management option for patients with OAB who have failed or are unable to tolerate Behavioral Mediation or Oral Therapy. Botox injections is an effective therapy for patients with OAB. The procedure is short and is usually done in the office. As the effects of Botox wear off over time, the procedure may need to be repeated once or twice a year.

INTERSTIM® NEUROMODULATION (Bladder Pacemaker)

Interstim® neuromodulation is a bladder pacemaker. This implantable device sends electrical pulses to regulate the sacral nerves located near the tailbone. The sacral nerves control the bladder and the pelvic muscles related to urinary function. This device modulates bladder and pelvic muscle behavior. It is a minimally invasive procedure that is done under local anesthesia in an outpatient setting.

Talk to your Genesis Urology Specialist about these OAB management options.