SUFU
SOCIETY OF URODYNAMICS, FEMALE PELVIC MEDICINE & UROGENITAL RECONSTRUCTION

Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction Foundation

Overactive Bladder Clinical Care Pathway

Overactive Bladder Syndrome (OAB):
A clinical syndrome characterized by the presence of urinary urgency, usually accompanied by frequency and nocturia, with or without urgency urinary incontinence in the absence of obvious pathology.

Diagnostic Approach

Goal:

To document symptoms and signs that characterize OAB and to exclude other disorders that could be cause of patient's symptoms

Required Evaluation:

- History/Assessment of Lower Urinary Tract Symptoms (LUTS) – onset, duration, and degree of bother
- Contributing comorbidities
- Fluid Intake
- PE
- Urinalysis

Optional Evaluation: performed at provider's discretion

- Post void residual urine *(if retention is suspected)*
- Bladder diary
- Urodynamics, cystoscopy and diagnostic renal/ bladder ultrasound should *not* be used in the initial work-up of the uncomplicated patient, but may be used in complicated or refractory patients at provider's discretion

Patient Education

Patient Discussion:

- Discuss healthy bladder habits
- Review normal bladder function
- Discuss normal fluid intake and voided volumes
- What is normal vs. abnormal frequency?

Establish Treatment Plan/Expectations:

- OAB is variable and chronic symptom complex, with no single ideal treatment
- Available treatments vary in required patient effort, invasiveness, risks, and reversibility
- Most OAB treatments can improve but do not eliminate symptoms

1st Line or Initial Treatment

Behavior/Lifestyle:

Should be discussed and offered as first line therapy to all patients

- Urge suppression, PFMT, bladder training
- Dietary modification
- Therapies may be instituted at any time and combined with pharmacotherapy
- Optimal treatment duration/trial 4-8 weeks

2nd Line Treatment (medication)

Pharmacotherapy:

Initiate if inadequate improvement with conservative management or at provider's discretion if the symptoms warranted to be bothersome enough

- Current classes of medications include: Antimuscarinics, Beta-3 agonist
- Choice of class or medication depends on age, comorbidities, concomitant medications, formulary restriction
  - Trial of pharmacotherapy should be at least 4-8 weeks
  - Manage side effects (if present)
    - Avoid constipation
    - Adjust fluids, dry mouth aids
    - *Patient medication aid tool**
    - Medication change or dose adjustment

Reassess After 4 - 8 Weeks

If at any point during treatment the patient is satisfied, continue present treatment. If inadequate symptom relief, consider adding medication, dose escalation, change in medication, combination antimuscarinic and Beta-3 agonist medication, consider 3rd line treatments or refer to specialist.

**Coming Soon*

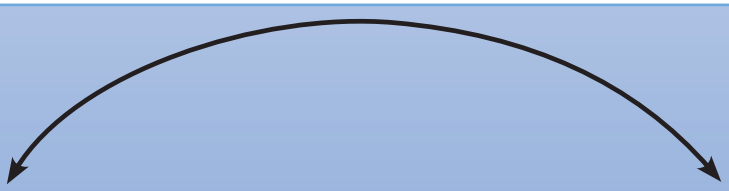
Advanced Therapy

3rd Line Or Advanced Therapies

Refractory Uncomplicated OAB: The patient has failed sufficient behavioral therapy trial and pharmacotherapy with at least one medication. Clinicians may offer advanced treatments *in any order*, however there are certain patient characteristics that may favor one intervention over another.

Complicated OAB: In the patient with concomitant neurologic disease, prior genitourinary surgery, obstructive voiding symptoms, consider urodynamic, cystoscopic, or radiographic evaluation of the urinary tracts as necessary to rule out confounding diagnostic factors that may influence treatment - such as foreign body in bladder or outlet, bladder outlet obstruction, elevated post-void residual urine volume, or hydronephrosis. The provider will then determine if advanced therapy is still appropriate or if other options should be considered.

Options for Advanced Therapy are below, no specific order is intended

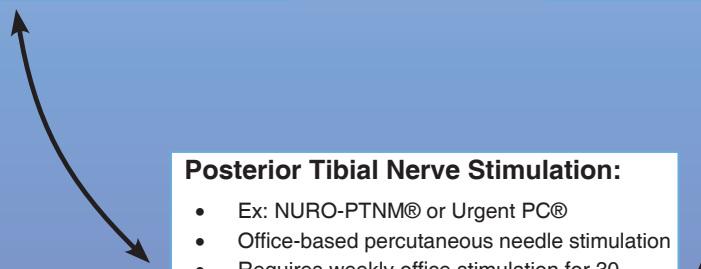


Sacral Neuromodulation:

- Ex: InterStim®
- Minimally invasive surgical implantation
- No maintenance therapy
- Battery life 3-5 years
- *Contraindications: Need for MRI below the neck*

Chemodenervation:

- Ex: BOTOX®
- Cystoscopic bladder injection of OnabotulinumtoxinA
- Must be repeated 1-2 x per year to maintain efficacy
- *Contraindications: inability to perform self-catheterization*



Posterior Tibial Nerve Stimulation:

- Ex: NURO-PTNM® or Urgent PC®
- Office-based percutaneous needle stimulation
- Requires weekly office stimulation for 30 minutes x 12 weeks followed by regular maintenance therapy, as needed
- *Contraindications: severe LE edema or venous disease*

For more information please contact the SUFU Executive Office at *info@sufuorg.com* or visit the website: *www.sufuorg.com*

Disclaimer

This Clinical Care Pathway (CCP) was written by the Overactive Bladder Clinical Care Pathway Panel of the Society of Urodynamics and Female Pelvic Medicine and Urogenital Reconstruction (SUFU). While this CCP does not establish the standard of care, SUFU offers this aid to assist providers in their practices related to the condition being treated. The Clinical Care Pathway does not pre-empt provider judgement in individual cases. Providers must take into account variations in resources, patient tolerances, needs, and preferences. Conformance with any clinical guideline or clinical care pathway does not guarantee a successful outcome. The CCP may now or in the future include text or information regarding treatments or options that are not approved by the Food and Drug Administration. The provider is encouraged to carefully follow all available prescribing information about indications, contraindictions, precautions and warnings. The CCP is not intended to provide legal advice about use and misuse of these options.

The SUFU Foundation Overactive Bladder Pathway is supported by educational grants from Medtronic, Allergan and Astellas Scientific