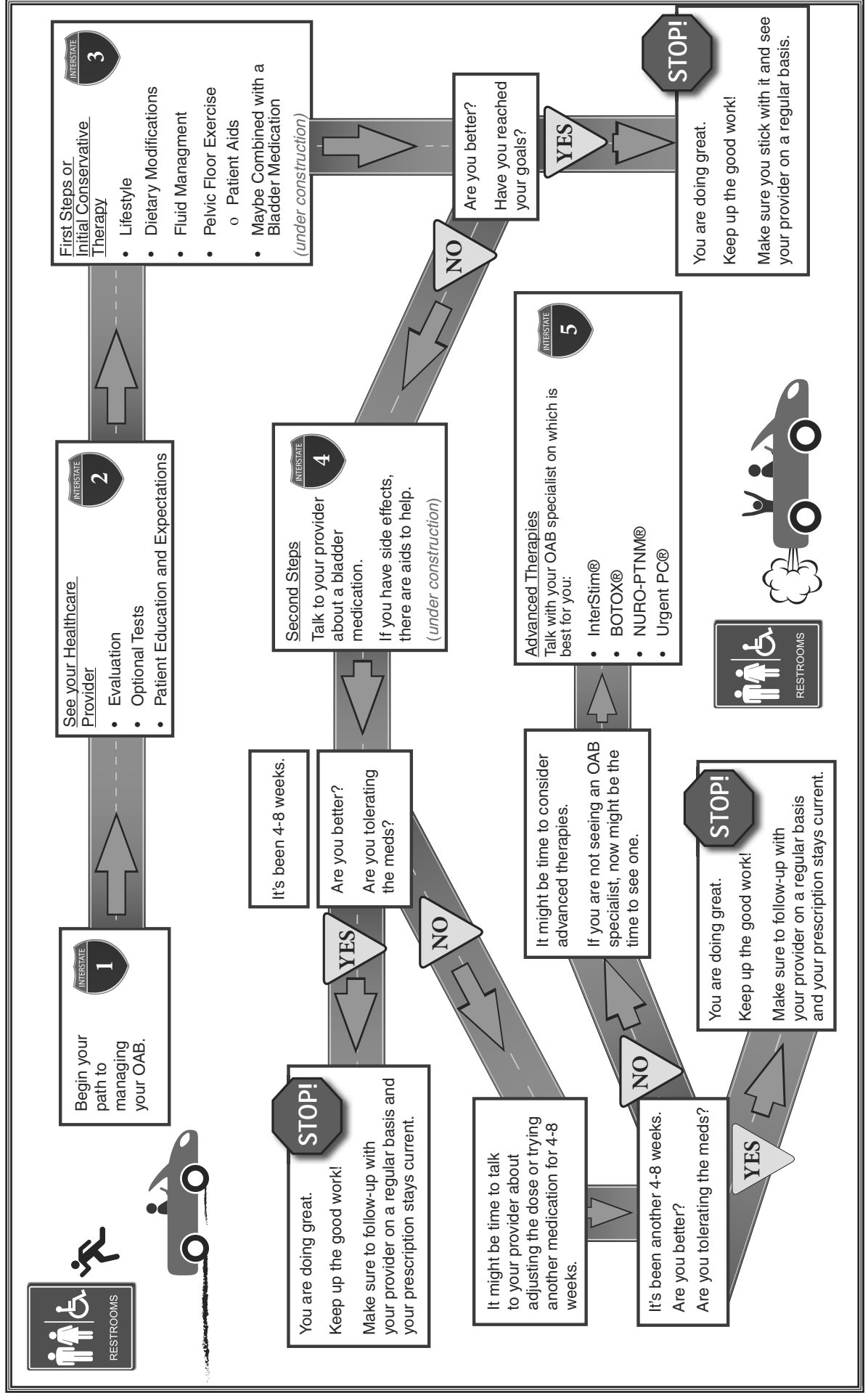


The SUFU Foundation Overactive Bladder Clinical Care Pathway

Patient Road Map : Take the Path to Better Bladder Control

For more information, please visit the SUFU website at: www.sufuorg.com.



THE KEY TO CONQUERING YOUR OVERACTIVE BLADDER (OAB)



What is OAB?

OVERACTIVE BLADDER

Overactive bladder (known as OAB) is a group of symptoms (things you feel) that include urinary urgency (a strong compelling desire to urinate), frequent urination (going to urinate a lot), getting up often at night to urinate, and for some people loss of urine or urinary incontinence. You don't need all of these symptoms to have OAB, but if you think this is a problem for you, bring it up to your health care provider. Don't be embarrassed; it is very common - in fact more common than being left-handed!



Planning Your OAB Treatment

EVALUATION

Your health care provider will start by talking to you about your urinary symptoms. They will want to make sure you don't have other problems that might be causing your urinary symptoms. You can help by telling them when you think it started and how long it has been going on for. You can explain how often you go to the toilet and/or how often you get wet because you just can't hold your urine. They may want to know what you drink during the day. Your healthcare provider should ask you about other medical problems you may have, examine you and test your urine. This test (urinalysis) is checking for infections or small amounts of blood in the urine that you might not see.

OPTIONAL NON-INVASIVE TESTS

In some cases your healthcare provider may elect to do further evaluations. They may check your bladder to make sure you are getting all the urine out and not holding on to any. This is called a post-void residual or PVR which is usually performed by ultrasound. They also may ask you to keep a diary or log of how often you go to the bathroom to urinate and how much liquid you drink.

ADDITIONAL POSSIBLE TESTS

These test can help too, but may not be needed for everyone.

If they still need more information (not the situation for everyone with OAB - but if the case is hard to figure out, or if the basic treatments are not working as well as you would like) other tests may help figure things out. Sometimes a camera is used to look in the bladder. This is known as a cystoscopy and it takes about two minutes to do. You may need an ultrasound to look at your kidneys (where your urine is made) and bladder. There is a bladder test they can do to see what you (and your bladder) are feeling when you are trying to hold your urine in, and then they can look at what happens when you think it is time to go to the toilet. This is called a urodynamic study and is usually done in your provider's office.

PATIENT EDUCATION AND EXPECTATIONS

You should talk to your healthcare provider about how the bladder works and what "normal" means. This can include information about healthy bladder habits, how many times you should go to the bathroom (usually less than eight times in 24 hours), and how much you should be drinking (4-6 glasses of fluid a day may be enough).

Your healthcare provider should talk to you about OAB and the fact that the symptoms can vary, however most people have the condition for a long time. Treatments can make urinary symptoms feel better, but may not make them go away completely.

You can also talk with your provider about your goals and expectations for therapy. How likely will you meet your expectations? Is it likely that you'll reach your goals with a specific line of therapy? While most patients begin with "first steps" or conservative treatments, if you have higher expectations or if you have severe OAB, you may wish to discuss more aggressive therapies with your provider.



Mapping Out Your OAB Treatment

FIRST STEPS

(INITIAL CONSERVATIVE TREATMENT)

People can see big improvements by changing their lifestyle and daily routine. For instance, you may find that your OAB symptoms get better simply by limiting your fluid intake and avoiding bladder irritants such as coffee, tea and carbonated beverages. Better control of your weight and bowel habits may be useful too. Similar to regular physical exercises, you should start training and strengthening the pelvic floor muscles in your body (Kegel exercises). These are the muscles that help you hold on to your urine. Formal pelvic floor exercise programs may help OAB but can take a few weeks (4-8 weeks) for results. Your healthcare provider can help with this or they can send you to a specialist such as a physical therapist. You will learn to identify these muscles and exercise them regularly, as well as how to suppress that strong desire to go to the bathroom when it comes unexpectedly. Lifestyle modifications, fluid management and pelvic floor exercises can be used alone or in combination with bladder medication.

THE KEY TO CONQUERING YOUR OVERACTIVE BLADDER (OAB)

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Mapping Out Your OAB Therapy (Continued)

SECOND STEP

(MEDICATION)

Your provider might decide that medications are necessary to help manage your symptoms. Typically these medications work by calming the bladder thereby reducing unwanted urges to urinate. Your provider will discuss potential side effects such as constipation, dry mouth, hypertension, or changes in memory which may be associated with some of the medications. Your provider can give you helpful aids to deal with some of the side effects. Currently two groups of medications are used: The first group is called antimuscarinics and the other group is called Beta-3 agonists. Usually these medications work fairly quickly. If you don't see any improvement in 4-8 weeks, or if you have intolerable side effects, then you should discuss adjusting the dose, *using the patient education aid tool**, trying another medication or consider moving to the next step. Often oral medications work better when used with the First Steps Therapy. If you are satisfied with behavior modification, fluid management, pelvic floor exercises, or medications, you should stick with that treatment. If at any point you are not satisfied, you should discuss the next steps (called 3rd Line Therapy) with your healthcare provider. If your healthcare provider is not an OAB specialist, it might be time to see one.

**Under Construction*

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Advanced Therapy Treatment Options (3rd Line Therapy)

If you have failed or could not tolerate the earlier OAB treatments (dietary and lifestyle modifications, pelvic exercises, OAB medications) or if your expectation and preference is for more aggressive therapy, you should ask your OAB Specialist about advanced therapy treatment options which are called 3rd Line Therapy. Currently, there are three options available: Sacral neuromodulation (InterStim[®]). OnabotulinumtoxinA (BOTOX[®]) and percutaneous tibial nerve stimulation (Urgent PC[®] and NURO-PTNM[®]). Each therapy is discussed below. Different clinicians may prefer different treatments, but you should speak with your OAB Specialist in case one of these is a better fit for you.

Sacral Neuromodulation/InterStim[®]: This therapy works by directly stimulating the nerves near the tailbone which are responsible for bladder control. This is done by placing a thin wire next to a nerve called the sacral nerve. This procedure is performed using a needle and local anesthesia. After this is done, you will undergo a testing phase that is usually 1-2 weeks. During the testing phase, you will be able to determine if this treatment works for you. If your OAB symptoms are improved during the testing phase, then the wire will be connected to a small pacemaker-like battery that is placed under the skin in the buttock area, which is performed as a minor procedure. This provides a continuous therapy and the battery is expected to last five years after which it will need to be replaced. Infection and discomfort from the device are possible side effects but are rare. Sacral neuromodulation may also improve incomplete bladder emptying and fecal incontinence. If you have an Interstim[®] placed, your ability to have an MRI may be limited but most other x-rays tests are fine.

OnabotulinumtoxinA/BOTOX[®]: This is performed by delivering this medication directly to the bladder. This is usually done in your provider's office with local anesthesia to numb the bladder, but it can be done in a setting where you can have more anesthesia if needed. BOTOX[®] works directly on the bladder nerves that are responsible for causing your OAB symptoms. The most common side effect is a urinary tract infection which is easily treated with an antibiotic. BOTOX[®] can cause some patients to have incomplete bladder emptying. This is usually temporary and does not occur very often. BOTOX[®] works on your OAB symptoms on average for 6-12 months. You can have a repeat injection after it wears off, usually once or twice a year.

Percutaneous Tibial Nerve Stimulation/Urgent PC[®] or NURO-PTNM[®]: This therapy works by stimulating a nerve near the ankle (the tibial nerve) that communicates directly with nerves responsible for bladder control. This is done in your provider's office using an acupuncture needle and hooking it up to a temporary electrical stimulator. The treatment usually lasts for 30 minutes and is repeated once a week for 12 weeks. If this works, you will need to have regular maintenance treatments typically about once a month.

IMPORTANT NOTE

This Roadmap was written by the Overactive Bladder Clinical Care Pathway Panel of the Society of Urodynamics and Female Pelvic Medicine and Urogenital Reconstruction ("SUFU"). SUFU offers this aid to assist patients in managing an overactive bladder. The Roadmap does not pre-empt the judgement of a healthcare provider in individual cases. An overactive bladder is a medical condition which requires diagnosis by a qualified healthcare provider.

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