

The Overactive Bladder and Bladder Re-training

What is Overactive Bladder?

Overactive bladder or OAB is where a person regularly gets a sudden and compelling need or desire to pass urine. This sensation is difficult to put off (defer) and this can happen at any time during the day or night, often without any warning. Common symptoms you may experience are; increased frequency to pass urine during the day and night and urgency to pass urine. This can also be associated with a leakage of urine prior to getting to the toilet. It can affect people of all ages and often the cause is unknown.

Why do bladder re-training?

The purpose of bladder training is to help you to regain control of your overactive bladder by suppressing its contractions. Instead of rushing to the toilet as soon as you get the urge to pass urine, it is important to try to hold on. If you have difficulty doing this, try to distract yourself by doing something else such as sitting on your feet, crossing your legs or sitting on a rolled up towel. Your aim is to gradually increase the capacity of the bladder by increasing the time interval between passing water. This gradual increase in capacity reduces the feeling of urgency, allowing the bladder to hold more urine. This will reduce the number of times you need to visit the toilet and reduce the likelihood of leakage. The process of bladder re-training may take weeks or even months, but you will succeed!

The 'normal' bladder'

Average capacity of the bladder is 300 - 600mls

Average number of times we pass urine each day is 4 - 8, plus up to once a night if under 60 years old and twice per night if over 60 years old.

What is a good fluid intake?

It is very important not to reduce your fluid intake as a way of trying to manage your bladder symptoms. Your urine will become more concentrated which can irritate your bladder, making your symptoms worse. You are also more likely to get a urinary tract infection or become constipated. Fluid intake should be approximately 8 drinks per day (3 - 4 pints or 1.5 - 2 litres).

What should I drink?

Urinary urgency and frequency is frequently made worse by caffeine. This can be found in tea (including green tea), coffee, and cola drinks. Cutting down can significantly help your symptoms. Try to completely exclude these drinks for a trial period of at least 2 weeks if possible. Cut down gradually to avoid withdrawal symptoms such as headaches and irritability. Try decaffeinated versions instead. Other drinks that may affect the bladder include; alcoholic drinks, fizzy drinks, acidic fruit juices and the artificial sweetener Aspartame. Drinks that are not believed to irritate the bladder include water, milk and dilute juice.

Do you go 'just in case'?

The bladder is designed to be stretched to hold urine. Going to the toilet before you leave the house or when you arrive somewhere to make sure the bladder is empty, can make your symptoms worse. This pattern of passing urine will give the bladder the message that

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it is normal to pass urine frequently and it does not need to stretch and hold the urine. Over the coming months of following the bladder re-training programme your confidence in your bladder will grow and you can begin to stop the 'just in cases'!

Methods of bladder re-training

You will be asked to complete a bladder chart for at least three days. This allows your clinician to see how much your bladder holds and how often you need to pass urine. Bladder re-training should be undertaken in small stages. Try extending the time or 'holding on' by a few minutes at a time. Start off by putting off going to the toilet by 1-5 minutes using the following techniques:

- Tighten the pelvic floor muscles for 10 seconds (see separate leaflet for details)
- Stop moving - stand still or sit down on a hard surface – initially waiting a minute before you make your way to the toilet.
- Keep calm - try to distract your mind.
- Press up against your pelvic floor with your hand.
- Cross your legs.
- Avoid rushing to the toilet.

Latch key urgency training

If you get urinary urgency when you arrive home and put your key in the door, you will need to retrain this bladder habit by:

- Sitting in the car and tighten the pelvic floor muscles for 10 seconds.
- Once at the door – stand still or cross your legs as you open the door.
- Calmly put your bags down.
- Either stand or sit still and count to 60 before making your way to the toilet. As the sense of urgency reduces you can wait longer before you pass urine.

The effect of medication

Some medication may result in urinary frequency and/or urgency, for example diuretics (water tablets). In these circumstances bladder re-training may be more difficult for the few hours after you have taken the tablet. Please speak with your continence nurse, physiotherapist or doctor if you feel your medication is affecting your bladder.

What if bladder re-training doesn't work?

Sometimes the overactive bladder fails to improve with bladder re-training alone. There are other treatments available. The next step is often medication that can be prescribed to reduce urgency. Talk to a health care professional about your options.

Reference: Urinary Incontinence in Women (NICE CG171), Lower Urinary Tract Symptoms in Men (NICE CG97)

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.

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