

A PATIENT'S GUIDE

Millions live with
Overactive Bladder.
Get help and break free!



IT'S TIME
TO TALK
ABOUT OAB

ADULT PEDIATRIC UROLOGY &
UROGYNECOLOGY

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Urology Care
FOUNDATION™
*The Official Foundation of the
American Urological Association*

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Introduction

Millions of people in the United States live with Overactive Bladder (OAB) symptoms. The most common symptom of OAB is a sudden urge to urinate that makes you fear you will leak urine if you don't get to a bathroom right away. OAB can get in the way of your work, social life, exercise and sleep.

The Urology Care Foundation™ developed this guide as part of a campaign to start people talking about Overactive Bladder. We hope this guide and our *It's Time to Talk about OAB* campaign will help you.

Our goal is to get people talking openly about Overactive Bladder. Many people are embarrassed to talk about their OAB symptoms or think that there are no good treatments. Because of this, many people wait years to talk with their healthcare professional about their symptoms. We hope the information in this guide provides you with answers to some of your questions about Overactive Bladder. We encourage you to talk openly with your healthcare professional about your

OAB symptoms. There are many ways to manage OAB. Working together, you and your healthcare professional will decide what treatment is best for you.

The medical information contained in this guide is based on the American Urological Association's publication *Guidelines for Diagnosis and Treatment of Overactive Bladder*. We want to thank the Foundation's **Overactive Bladder Expert Advisory Panel** for reviewing these materials for medical correctness. Many thanks also to our **Overactive Bladder Community Advisory Panel**. They helped us better understand the patient's point of view.

The Urology Care Foundation provides this information based on current medical and scientific knowledge. This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please see your urologist or other healthcare professional about any health concerns. Always talk to a healthcare professional before you start or stop any treatments, including medications.

Get the facts. Get diagnosed. Take control.

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Get the Facts

What is OAB?

Overactive Bladder (OAB)* isn't a disease. It's the name of a group of urinary symptoms. The most common symptom of OAB is a sudden urge to urinate that you can't control. Some people will leak **urine** when they feel the urge. Leaking urine is called "**incontinence**." Having to go to the bathroom many times during the day and night is another symptom of OAB.

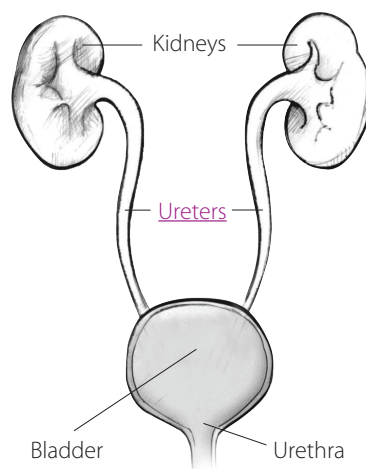
There is another common **bladder** problem called **Stress Urinary Incontinence** or SUI, which is different from OAB. People with SUI leak urine while sneezing, laughing or doing other physical activities. Previously, the Foundation developed the *It's Time to Talk about SUI* campaign to help people with SUI understand the problem and get the help they need. We encourage you to learn more about SUI at www.UrologyHealth.org/SUI.

How the Urinary Tract Works and What Causes OAB

The bladder and **kidneys** are part of the **urinary tract**—the organs in our bodies that make, store and pass urine. You have two kidneys that make urine. Then urine is stored in the bladder. The muscles in the lower part of your abdomen hold your bladder in place.

When it is not full of urine, the bladder is relaxed. When nerve signals in your brain let you know that your bladder is getting full, you feel the need to urinate. If your bladder is normal, you can delay urination for some time.

YOUR URINARY TRACT

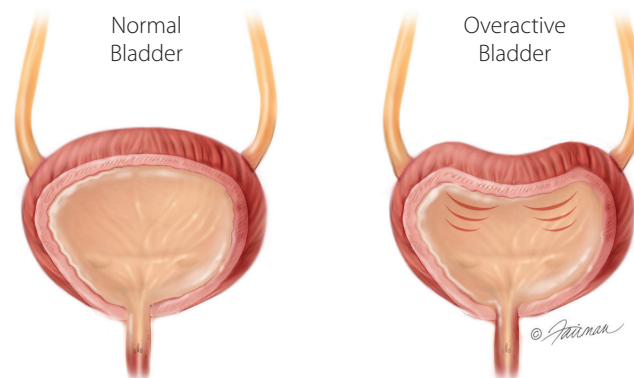


National Institute of Diabetes and Digestive and Kidney Diseases,
National Institutes of Health

Once you are ready to urinate, the brain sends a signal to the bladder. Then the bladder muscles squeeze (or "contract"). This forces the urine out through the **urethra**, the tube that carries urine from your body. The urethra has muscles called **sphincters**. They help keep the urethra closed so urine doesn't leak before you're ready to go to the bathroom. These sphincters open up when the bladder contracts. OAB can happen when the nerve signals between your bladder and brain tell your bladder to empty even when it isn't full. OAB can also happen when your bladder muscles are too active. Either way, you suddenly feel that you need to urinate before your bladder is full. This sudden, strong need to urinate is called "**urgency**."

**All words that are underlined and appear in purple are explained in the glossary.*

NORMAL BLADDER VS. OVERACTIVE BLADDER



Symptoms of OAB

Urgency: The major symptom of OAB is a sudden, strong urge to urinate that you can't ignore. This "gotta go" feeling makes you afraid you will leak urine if you don't get to a bathroom right away. You may or may not leak urine after feeling this urge to go.

If you live with OAB, you may also:

- **Leak urine (incontinence):** Sometimes people with OAB also have "**urgency incontinence**." This means that urine leaks after you feel the sudden urge to go. Some people may leak just a few drops of urine. Other people experience a sudden gushing of a large amount of urine.
- **Urinate frequently:** You may also need to go to the bathroom many times during the day. The number of times someone urinates is different

from person to person. But many experts agree that going to the bathroom more than eight times in 24 hours is "**frequent urination**."

- **Wake up at night to urinate:** Having to wake from sleep to go to the bathroom more than once a night may be another symptom of OAB.

Risk for OAB

As you grow older, you're at a higher risk for OAB. But not all people will have OAB symptoms as they age. No matter what your age, there are treatments that can help.

Both men and women are at risk for OAB. Women who have gone through menopause ("change of life") have a higher than normal risk. Men who have had **prostate** problems also seem to have a higher risk for OAB. People with

diseases that affect the brain or spinal cord, such as stroke and [multiple sclerosis](#) (MS), are at high risk for OAB.

Food and drinks that can bother your bladder, like caffeine, artificial sweeteners, alcohol and very spicy foods, may make OAB symptoms worse.

OAB is a Common Problem

OAB affects millions of Americans. As many as 30 percent of men and 40 percent of women in the United States live with OAB symptoms. Some experts estimate that 33 million Americans have Overactive Bladder.

But the number of people suffering from OAB may be much larger. That's because many people living with OAB don't ask for help. Some are embarrassed. They don't know how to talk to their healthcare professional about their symptoms. Other people don't ask for help because they think there aren't any treatments that work for OAB.

Don't wait. **Get the facts. Get diagnosed. Take control.**

How OAB can Affect Your Life

OAB can get in the way of your work, social life, exercise and sleep. Without treatment, OAB symptoms may make it hard to get through your day without lots of trips to the bathroom. You may feel nervous about going out with friends or doing everyday activities because you're afraid you may not find a bathroom when you need one. Some people begin to shy away from social events. This can make them feel lonely and isolated.

OAB may affect your relationships with your spouse and your family. It can also rob you of a good night's sleep. Too little sleep will leave you tired and depressed. If you leak urine, you may develop skin problems or [infections](#).

You don't have to let OAB symptoms change your life. There are treatments available to help. If you think you have OAB, please see your healthcare professional.

The Truth about OAB

Knowledge is power! Don't let myths about OAB prevent you from getting the help you need. Learn the truth about OAB:

- ▶ OAB is **not** "just part of being a woman."
- ▶ OAB is **not** "just having an 'enlarged' (big) prostate."
- ▶ OAB is **not** "just a normal part of getting older."
- ▶ OAB is **not** caused by something you did.
- ▶ Surgery is **not** the only treatment for OAB.
- ▶ There **are** treatments for OAB that can help people manage symptoms.
- ▶ There **are** treatments that many people with OAB find helpful.
- ▶ There **are** treatments that can help, even if your symptoms aren't severe or if you don't have urine leaks.

SECTION II

Talking about Overactive Bladder

What to Do if You Think You Have OAB

Take the test. If you're not sure if you are having OAB symptoms, answer the questions in the *Think You Have Overactive Bladder?* quiz on page 14, Appendix A in this guide.

The quiz will help you learn more about your symptoms. This is the first step to taking control of OAB. After you complete the quiz, schedule a visit with your healthcare professional. That is the only way to know whether you have OAB and learn what treatments could be right for you. You also need to know whether an infection, illness, damage to nerves, or a side effect of a medication is causing your symptoms.

Talking with Your Healthcare Professional

You may feel uneasy talking with your healthcare professional about your OAB symptoms. A little planning beforehand will make you more confident. Here are some tips to help you prepare for your visit and start talking:

- ▶ **Be prepared:** Before your visit with your healthcare professional, gather some important information. Bring a list of the prescription drugs, over-the-counter medicines, vitamins and/or herbs you take. Make a list of all your past and current illnesses or injuries. Take the *Think You Have Overactive Bladder?* quiz on page 14, Appendix A of this guide. Bring the test results with you on your visit to help you discuss your symptoms.

- ▶ **Bring a friend:** If you don't mind sharing your health information with a relative or good friend, ask someone to go with you to your visit. An "appointment buddy" can help remind you of things you may have forgotten to ask. A "buddy" can be a second set of ears to help you remember what your healthcare professional said.
- ▶ **Bring up the topic:** If your healthcare professional doesn't ask you about your OAB symptoms, bring the topic up yourself. Don't wait until the end of your visit. Talk about it early on so there will be plenty of time for questions. If a nurse meets with you before you see your doctor, tell the nurse about your symptoms.
- ▶ **Take notes:** Bring a pad of paper and a pen to take notes.
- ▶ **Speak freely:** Tell your healthcare professional about *all* of your symptoms. Talk about how they are changing the way you live your life. Share everything you are feeling. Your healthcare professional is used to hearing about all kinds of problems. Even before your visit, ask yourself these questions and let your healthcare professional know your answers:
 - Are my symptoms stopping me from doing or enjoying things outside of my home?
 - Am I afraid to be too far away from a bathroom?

- Have my symptoms changed my relationships with friends or family?
- Do my symptoms make it hard to get a good night's sleep?

► **Ask questions:** Knowing more about OAB is the best way to take control of the problem. A visit to your healthcare professional is the right time to ask questions. Use the lists of questions highlighted in each section of this guide to help you. It is best to write down a list of questions you want to ask and bring it with you to your visit.

► **Talk about follow-up care:** Finally, ask your healthcare professional when you should make a second appointment. And ask what you should bring with you to that visit.

Questions to Ask Your Healthcare Professional

When Talking About OAB

- What is Overactive Bladder (OAB)?
- What causes OAB?
- Can you prevent OAB?
- Can you cure OAB?
- Can you help me? Or, do I need to see a specialist? If I need a specialist, how can I find the right one for me?
- Will I need to have tests to find out if I have OAB?

Notes:

SECTION III

Get Diagnosed

How Your Healthcare Professional will Diagnose OAB

After you talk about your symptoms, your healthcare professional may do an exam right away. They may also schedule a separate exam to see if you have OAB. Your healthcare professional may refer you to a specialist, such as a [urologist](#), who can perform the exam. Some urologists specialize in incontinence and OAB.

During your visit, your healthcare professional may:

- **Ask about your medical history:** Your healthcare professional will ask you a number of questions to understand your medical history. This should include information about the symptoms you are having, how long you have had them, and how they are changing your life. A medical history will also include information about your past and current health problems. You should bring a list of the over-the-counter and prescription drugs you usually take. Your healthcare professional should also ask you about your diet and about how much and what kinds of liquids you drink during the day.
- **Do a physical exam:** Your healthcare professional will examine you to look for something that may be causing your symptoms. In women, the physical exam will likely include examining your abdomen, the organs in your pelvis and your rectum. In men, your physical exam will

include examining your abdomen, prostate and rectum.

- **Ask you to keep a "Bladder Diary:"** Your healthcare professional may ask you to keep a [Bladder Diary](#). This will help them learn more about your day-to-day symptoms. In the Bladder Diary, you will note how often you go to the bathroom and any time you leak urine. You will find a Bladder Diary you can use on page 18 of Appendix B of this guide.
- **Do other tests, such as a urine culture or ultrasound, if you need them:** Your healthcare professional may ask you to leave a sample of your urine to test for infection or blood. Sometimes your healthcare professional may perform other tests such as a [bladder scan](#). It shows how much urine is still in the bladder after you go to the bathroom. Your healthcare professional may also want you to have a [cystoscopy](#). During this test, your healthcare professional inserts a narrow tube with a tiny lens into the bladder. This allows them to rule out other causes of your symptoms. Your healthcare professional may also ask you to have [urodynamic testing](#). These tests check to see how well your lower urinary tract stores and releases urine.

See next page for Questions to Ask Your Healthcare Professional When Getting Diagnosed.

Questions to Ask Your Healthcare Professional

When Getting Diagnosed

- ▶ Can you help me? Or do I need to see a specialist? If I need a specialist, how can I find the right one for me?
- ▶ Will I need to have tests to find out if I have OAB?
- ▶ Would you explain each test, and why you think I need them?
- ▶ Are there any dangers from having these tests?
- ▶ If I don't have OAB, what other problem could be causing my symptoms, and why?
- ▶ Are there any lifestyle changes I can make that could help my symptoms?
- ▶ What's my next step?

Notes:

SECTION IV

Take Control

There are a number of treatments to help manage OAB. Your current healthcare professional may prescribe treatment to help you manage your symptoms. Or, you may be referred to a specialist, such as a urologist, for treatment.

There's no single treatment right for everyone. Your healthcare professional may use one treatment alone, or several at the same time. You and your healthcare professional should talk about what you want from treatment and about each treatment choice.

OAB treatments include:

Lifestyle Changes

Lifestyle changes—known as “[behavioral therapy](#)”—are often the first treatments used to manage OAB. In behavioral therapy, you make some changes in the way you live day-to-day. This may include changing your diet, or practicing methods that may help control your symptoms. Most patients don't get rid of all their symptoms with lifestyle changes. But many do have fewer symptoms using this type of treatment.

1. *Limit food and drinks that you find “bladder-irritating”:* Some people have fewer symptoms when they eat less “bladder irritating” foods. Foods that bother some people's bladders include coffee, tea, artificial sweeteners, caffeine, alcohol, soda, other fizzy drinks, citrus fruit, food made with tomatoes, chocolate (but not white chocolate) and spicy foods. You can

try taking all “bladder irritating” foods out of your diet and adding them back one at a time. Once you figure out which foods and drinks make *your* symptoms worse, you can avoid them.

2. *Keep a Bladder Diary:* Writing down when you make trips to the bathroom for a few days can help you and your healthcare professional understand your symptoms better. A diary may help show you some things that make your symptoms worse. For example, are your symptoms worse after eating or drinking a certain kind of food? Are they worse when you don't drink enough liquids? You will find a Bladder Diary on page 18, Appendix B of this guide.
3. *Double voiding (emptying your bladder twice):* This may be helpful for people who have trouble emptying their bladders completely. After you go to the bathroom, you wait a few seconds and then try again to pass urine.
4. *Delayed voiding:* In this method of urinating, you teach yourself to put off going to the bathroom, even when you feel an urge. At first, you wait just a few minutes. Gradually you will be able to wait two to three hours between bathroom visits. But it's important to try this only if your healthcare professional tells you to. Some people develop worse symptoms or have urine leaks when they wait too long to go to the bathroom.

5. *Timed urination:* With this method, you follow a daily schedule of going to the bathroom. Instead of going when you feel the urge, you go to the bathroom at set times during the day. Depending on how often you go to the bathroom now, your healthcare professional may ask you to urinate every two to four hours, whether you feel you have to go or not.
6. *Exercises to relax your bladder muscle:* These can help decrease that “gotta go” feeling when it hits. Some doctors call these exercises “[quick flicks](#)” because you quickly squeeze and release the muscles in your pelvis. These exercises are different from “[Kegel](#)” or pelvic floor muscle exercises, but use the same muscles. You do “quick flicks” a number of times when you feel the urge to go. When you do this exercise, it helps to be still, relax and concentrate just on the “quick flicks.” Your healthcare professional can explain this exercise in more detail.

Prescription Drugs

When lifestyle changes don’t help enough, your healthcare professional may ask you to take a prescription drug. You may take the drug alone or at the same time as using behavioral therapy.

There are several prescription drugs available to relax the bladder muscle. These drugs can help stop your bladder from contracting when it isn’t full. You take some of these medicines by mouth. With other drugs, you may use a gel or adhesive patch to deliver the drug through the skin.

Your healthcare professional should follow you closely to look for changes in your symptoms and any problems while you are taking this medicine. Common side effects of these drugs include dry mouth and eyes, constipation and blurred vision.

To get the best results, your healthcare professional may ask you to take different doses of the drug. Your healthcare professional may also give you a different drug to try.

Neuromodulation Therapy

If lifestyle changes and prescription drugs don’t work for you, more advanced therapies may be the right choice. You will most likely be referred to a specialist who treats patients with incontinence and OAB, such as a urologist. After reviewing your problem, the specialist may recommend [neuromodulation](#) [pronounced: NER-oh-mahd-yoo-LAY-shun] [therapy](#).

Neuromodulation therapy is the name given to a group of treatments that deliver harmless electrical impulses to nerves in order to change how they work. This type of therapy is offered to some patients when medications or behavioral therapies don’t work. A specialist may also offer this therapy when patients have serious side effects from prescription drugs.

There are two types of neuromodulation therapy:

- [Sacral neuromodulation \(SNS\)](#) works by changing how the sacral nerve works. This nerve carries signals between the spinal cord and the bladder. In OAB, these nerve signals aren’t working the right way. SNS interrupts these signals, which can improve OAB symptoms. During the

SNS procedure, a surgeon makes a small incision (cut) and places a thin wire close to the sacral nerves. The surgeon then connects the wire to a small battery-operated device placed under the skin. This device delivers electrical impulses to the bladder to stop the signals that can cause OAB.

- [Percutaneous tibial nerve stimulation \(PTNS\)](#) is another type of neuromodulation therapy. For this treatment, you will not have to have surgery. PTNS is performed during an office visit that takes about 30 minutes. The healthcare professional places a needle electrode near your ankle. It sends electrical impulses to the tibial nerve. The tibial nerve runs along your knee to the sacral nerves. The impulses help block the nerve signals that aren’t working correctly. Generally, patients receive 12 weekly treatments, depending on how well they are doing. [The name of this therapy is pronounced: PER-cyoo-TAY-nee-uhs TI-bee-ahl NERV STIM-yoo-LAY-shun.]

Injections

Some experts think that injections of botulinum toxin, better known as Botox®, can help patients who don’t do well on other treatments. As of mid-2012, the U.S. Food and Drug Administration had approved the use of this drug only for some OAB patients. These injections were approved for patients with OAB due to brain or spinal cord disease or injury when other, simpler treatments had failed. After talking about it, you and your specialist may decide botulinum toxin injections would be helpful for you.

Small doses of this drug can paralyze muscles. When injected into bladder muscle, this drug may help keep it from contracting too often. This treatment can wear off, and you may need to have another treatment six or nine months after the first injection. The specialist should follow you closely to watch for side effects, including retaining urine.

Questions to Ask Your Healthcare Professional

Taking Control

- What types of treatment are there for OAB?
- Are there problems that can come from treatment?
- What are the good and bad things about each type of treatment?
- What treatment do you think is right for me and why?
- How soon after treatment will I feel better?
- After I start treatment, are there problems I should I watch out for? When should I call you?
- What happens if the first treatment doesn’t help?
- Will I need treatment for the rest of my life?
- Can you “cure” OAB?
- Are there any exercises I can do to help my symptoms?
- Do I need to see a physical therapist?
- Are there any lifestyle changes I can make that could help my symptoms?
- What would happen if I don’t treat OAB?
- What’s my next step?

Appendix A – Think you Have OAB?

Quiz & Scoring Instructions

Do you think you have Overactive Bladder? Millions of men and women live with Overactive Bladder. This quiz will help you measure which Overactive Bladder (OAB) symptoms you have and how severe those symptoms are. Base your answers on the past month.

(Circle the response that best answers each question)

Symptom Questions	Not at all	Occasionally	About once a day	About three times a day	About half the time	Almost always	SCORE
1. Urgency – How often do you have a strong, sudden urge to urinate that makes you fear you will leak urine if you can't get to a bathroom immediately?	0*	1	2	3	4	5	
2. Urgency Incontinence – How often do you leak urine after feeling an urge to go? (whether you wear pads/protection or not)	0	1	2	3	4	5	
	None	Drops	1 Tea-spoon	1 Table-spoon	¼ cup	Entire bladder	
3. Incontinence – How much urine do you think usually leaks? (whether you wear pads/ protection or not)	0	1	2	3	4	5	

	1-6 times	7-8 times	9-10 times	11-12 times	13-14 times	15 or more times	
4. Frequency – How often do you urinate during the day?	0	1	2	3	4	5	
	None	1 time	2 times	3 times	4 times	5 times or more	
5. Wake to urinate – How many times do you usually get up each night to urinate, from when you went to bed until you got up in the morning?	0	1	2	3	4	5	
TOTAL SYMPTOM SCORE (Add score from questions 1+2+3+4+5) =							

0 = no symptoms

25 = most severe symptoms

*If you score 0 on question 1, you probably don't have OAB.

Quality of Life Questions How much does this bother you:	I am not bothered at all					I am bothered a great deal
1b. Urgency – a strong, sudden urge to urinate that makes you fear you will leak urine if you can't get to a bathroom immediately?	0	1	2	3	4	5
2b. Urgency Incontinence – leaking after feeling an urge to go?	0	1	2	3	4	5
3b. Frequency – urinating frequently	0	1	2	3	4	5
4b. Waking from sleep to urinate?	0	1	2	3	4	5

Continued on page 16

	I would not be bothered at all					I would be bothered a great deal
5b. Overall satisfaction – If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?	0	1	2	3	4	5
6b. How have your symptoms changed your life? – Please let us know how your symptoms (urgency, frequency, urine leakage, and waking at night) have changed your life. Are your symptoms: (Please check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Keeping you from getting a good night's sleep? <input type="checkbox"/> Causing you to stay home more than you would like? <input type="checkbox"/> Keeping you from social activities or entertainment (movies, concerts, etc.)? <input type="checkbox"/> Causing you to exercise (walking, sports, etc.) less or limit your physical activity? <input type="checkbox"/> Causing problems with friends or loved ones <input type="checkbox"/> Keeping you from traveling, taking trips, or using public transit? <input type="checkbox"/> Making you plan trips around your knowledge of public restrooms? <input type="checkbox"/> Causing problems at work? <input type="checkbox"/> Other ways your symptoms have changed your life: <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>						

Score the "bother" questions (1b, 2b, 3b, 4b, 5b & 6b) separately.
Do not add them together.

Even if you have mild symptoms, if they bother you enough to change your life, you and your healthcare professional should discuss what treatment options are available to you.

Instructions – How do I use this Quiz?

Read this list of questions and answer them. Then bring your completed quiz to your next visit with your healthcare professional. This can be an easy way to start talking about your symptoms. The questions will help measure which Overactive Bladder (OAB) symptoms you have and how much your symptoms bother you. The better your healthcare professional knows the level and impact of your symptoms, the better he or she can help you manage them.

Scoring – What do my results mean?

For "Symptom Questions" (1 through 5):

Add 1 + 2 + 3 + 4 + 5 to get a score from 0 (no symptoms) to 25 (most severe symptoms).

What your total "Symptom" score means:

The higher your score for questions 1-5 are, the more severe your OAB symptoms are. However, if your score for question 1 is 0, then you do not have the hallmark symptom of Overactive Bladder – strong sudden urges to urinate that you cannot ignore. The answers to the "Symptom" questions can help you and your healthcare professional understand which of your OAB symptoms are most severe.

For "Quality of Life" Questions (1b, 2b, 3b, 4b, 5b, & 6b):

DO NOT add your "Quality of Life"

scores together. Each "Quality of Life" question is scored separately.

What your "Quality of Life" results mean:

Questions 1b, 2b, 3b, 4b, 5b, & 6b on this quiz help show how your symptoms impact your life. We hope this will help you start a discussion with your healthcare professional about your symptoms. Seeing how much your symptoms have changed your life can help your healthcare professional decide what treatment choices to offer. Even if you have mild symptoms, if they bother you enough to change your life, you and your healthcare professional should discuss what treatment options are available to you.

What if I have other symptoms?

Please let your healthcare professional know about any other symptoms you may have. (For example, do you have urine leakage when sneezing or exercising? Do you have bladder pain? Do you have to strain to begin urinating?) This will help your healthcare professional figure out if your symptoms could be caused by something other than OAB. It will also help them offer the treatment choices that are best for you.

Where can I find a healthcare professional?

If you need a healthcare professional, visit www.UrologyHealth.org/FindAUrologist to find a urologist near you. Chose "incontinence" as a "special interest area" to find urologists who said they are interested in helping patients who leak urine or have OAB.

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Appendix C – Glossary

- ▶ **Antibiotics:** Drugs that kill bacteria or prevent their growth; also called antimicrobial or anti-infective drugs.
- ▶ **Anti-muscarinic(s) drugs:** One type of drug often used to treat OAB by relaxing the bladder muscle to prevent it from contracting when it isn't full.
- ▶ **Behavioral therapies:** Treatments that use basic learning techniques to change the way people act day-to-day.
- ▶ **Beta-3 agonist(s) drugs:** Another type of drug used to treat OAB by relaxing the bladder muscle to prevent it from contracting when it isn't full.
- ▶ **Biofeedback:** A process sometimes used in behavioral therapy to help patients become aware of how their body functions; this can help patients gain awareness and control of their pelvic muscles.
- ▶ **Bladder:** The hollow, balloon-shaped organ in which urine is stored before it moves through the urethra.
- ▶ **Bladder Diary:** Diary used to note how often and when a patient urinates over several days; used to help in the diagnosis and treatment of OAB.
- ▶ **Bladder exercises:** Exercises, such as “quick flicks” and Kegel exercises used to relax or strengthen the muscles of the pelvic floor; often recommended to reduce OAB and the symptoms of other urinary problems.
- ▶ **Bladder scan ultrasound:** A tool used in to help diagnose OAB; it measures the amount of urine in the bladder by using sound waves (ultrasonography).
- ▶ **Cancer** (also called a malignant tumor or malignancy): An abnormal growth that can move to nearby tissue and spread to other parts of the body.
- ▶ **Catheterization:** Insertion of a narrow tube through the urethra or through the front of the abdominal wall into the bladder to help the bladder empty.
- ▶ **CMG** (also known as a cystometro-gram): A test used to see how the bladder stores and releases urine.
- ▶ **Cystitis:** A condition in which the bladder is inflamed most often the result of infection.
- ▶ **Cystoscopy:** A procedure where your doctor inserts a pencil thin telescope-like tool with lenses and a light to see the inside of the bladder and remove tissue samples.
- ▶ **Detrusor muscle:** The muscle that surrounds the walls of bladder and helps to release urine.
- ▶ **Fluoroscopy:** A tool that uses x-rays to create real-time moving images of the internal structures of the body.
- ▶ **Frequent urination:** A condition in which a person urinates more often than normal—generally thought to be more than eight times each day.
- ▶ **Hematuria:** A condition in which there are red blood cells in the urine.
- ▶ **Incontinence** (also called Urinary Incontinence): An uncontrolled leaking of urine.
- ▶ **Infection:** A condition resulting from bacteria or other germs.
- ▶ **Inflammation** (also called an inflammatory condition): Swelling, redness, and pain that results from irritation, injury or infection.
- ▶ **Interstitial cystitis** (also known as IC and painful bladder syndrome): A type of bladder inflammation that can cause bladder pain when there is no bacterial infection.
- ▶ **Kegel exercises:** Exercises used to strengthen the muscles of the pelvic floor; often recommended to reduce incontinence and the symptoms of other urinary problems.
- ▶ **Kidneys:** Two large, bean-shaped structures that remove waste from the blood.
- ▶ **Multiple sclerosis:** A disease that affects the brain and spinal cord and slows down or blocks messages between the brain and body.
- ▶ **Neurologic (neurological):** Having to do with the nervous system.
- ▶ **Neuromodulation therapy:** A group of treatments that deliver harmless electrical impulses to nerves in order to change how they work.
- ▶ **Neurotransmitter:** A chemical that carries messages between different nerve cells or between nerve cells and muscles.
- ▶ **Nocturia:** A condition in which a person wakes from sleep one or more times to urinate.
- ▶ **Overactive Bladder (OAB):** A condition that causes strong, sudden urges to urinate that are difficult to ignore; and that may cause an unexpected leaking of urine; frequent trips to the bathroom; and getting up more than once during the night to go to the bathroom.
- ▶ **Percutaneous Tibial Nerve Stimulation (PTNS):** A treatment for OAB in which a needle electrode delivers safe, electrical impulses to the tibial nerve near your ankle. The impulses help block the nerve signals to your bladder that aren't working correctly.
- ▶ **Pelvic exam:** A complete physical exam of a woman's pelvic organs to check the size and position of the bladder, vagina, cervix, uterus, and ovaries.
- ▶ **Prostate:** A small walnut-shaped gland in men that produces seminal fluid that transports sperm.
- ▶ **“Quick flick” exercises:** Exercises where you quickly squeeze and release the muscles in your pelvis. This exercise is used to relax the bladder muscle of the pelvic floor when you are feeling urgency (that “gotta go” feeling).
- ▶ **Rectal exam:** An exam in which a healthcare professional inserts a lubricated, gloved finger into the rectum to check anal tone, pelvic floor tone in women, rule out prostate cancer or tumors in men, and feel for obstructions or impacted stool that can cause urinary problems.
- ▶ **Sacral neuromodulation (SNS):** A treatment for OAB in which a device implanted under the skin delivers safe, electrical impulses to the sacral nerves that carry signals between the spinal cord and the bladder.
- ▶ **Sphincter:** A circular muscle at the bottom of the bladder that normally prevents urine leakage.

- ▶ **Stress Urinary Incontinence (SUI):** An unexpected loss of urine caused by sneezing, coughing, laughing, or exercise.
- ▶ **Transdermal patch:** An adhesive patch placed on the skin to deliver a specific dose of a medication.
- ▶ **Ureters:** Two thin tubes that carry urine downward from the kidneys to the bladder.
- ▶ **Urethra:** A thin tube that carries urine from the bladder out of the body (in men, it also carries semen, and it exits through the end of the penis).
- ▶ **Urgency:** A strong, sudden urge to urinate; this “gotta go” feeling makes you fear you will leak urine if you don’t get to a bathroom right away.
- ▶ **Urgency Incontinence:** An unexpected loss of urine following a strong, sudden need to urinate that is hard to control.
- ▶ **Urinalysis:** A test of a urine sample that can reveal many problems of the urinary tract and some other body systems.
- ▶ **Urinary incontinence:** A condition in which a person leaks urine.
- ▶ **Urinary tract:** The organs that take waste from the blood and carry it out of the body as urine.
- ▶ **Urinary tract infection** (also known as UTI): An illness caused by harmful bacteria, viruses or yeast growing in the urinary tract.
- ▶ **Urine:** A liquid, usually yellow in color, made by the kidneys and containing waste and water.
- ▶ **Urodynamics:** A study that shows how well the bladder and urethra are storing and releasing urine.
- ▶ **Urologist:** A doctor who specializes in the study, diagnosis, and treatment of problems of the urinary tract.
- ▶ **UTI:** See Urinary tract infection.
- ▶ **Void (voiding):** To empty (emptying) the bladder.



Appendix D – Other Resources

Sometimes it’s hard to know where to go for good information regarding OAB. Below are just a few additional organizations that provide resources and support to people living with OAB and incontinence.

Urology Care Foundation
(www.UrologyHealth.org)
1-800-828-7866

The official foundation of the American Urological Association, the Urology Care Foundation is committed to advancing urologic research and education. We collaborate with researchers, healthcare professionals, patients and caregivers to improve patients’ lives.

American Urological Association
(www.auanet.org)

The American Urological Association promotes the highest standards of urological clinical care through education, research and healthcare policy.

Find-a-Urologist Tool
(www.urologyhealth.org/FindAUrologist)

If you need to find a healthcare professional near you, you can use the Urology Care Foundation’s **Find-a-Urologist** tool online. Chose “incontinence” as a “special interest area” to find urologists who specialize in helping patients who leak urine or have OAB.

It’s Time to Talk about OAB
(www.ItsTimeToTalkAboutOAB.org)
Get the facts. Get diagnosed. Take control.

Order printed materials about OAB, take our “Overactive Bladder Quiz,” and download a “Bladder Diary” to track your symptoms.

It’s Time to Talk about SUI
(www.UrologyHealth.org/SUI)

Find out more about Stress Urinary Incontinence, order printed materials and take the SUI quiz.

National Kidney and Urologic Diseases Clearinghouse
(www.kidney.niddk.nih.gov/kudiseases/pubs/uiwomen/)

The National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) that provides information on kidney and urologic diseases. The NIDDK is part of the U.S. National Institutes of Health (NIH).

National Association For Continence
(www.nafc.org)

The National Association For Continence (NAFC) is a national, private, non-profit organization dedicated to improving the quality of life of people with incontinence, voiding dysfunction, and related pelvic floor disorders. NAFC’s purpose is to be the leading source for public education and advocacy about the causes, prevention, diagnosis, treatments, and management alternatives for incontinence.

Simon Foundation for Continence
(www.simonfoundation.org)

The mission of the Simon Foundation is to bring the topic of incontinence out into the open, remove the stigma surrounding incontinence, and provide help and hope to people with incontinence, their families and the health professionals who provide their care.

**IT'S TIME
TO TALK
ABOUT OAB**

The Urology Care Foundation™ launched the *It's Time to Talk about OAB* campaign to help you better understand OAB symptoms and the steps you can take to help yourself. To get more information on Overactive Bladder and help finding a specialist in your community, visit us at **It'sTimeToTalkAboutOAB.org**.

Get the facts. Get diagnosed. Take control.

ItsTimeToTalkAboutOAB.org

About Urology Care Foundation:

The Urology Care Foundation is committed to advancing urologic research and education. We collaborate with researchers, healthcare professionals, patients and caregivers to improve patients' lives. The Urology Care Foundation is the official foundation of the American Urological Association (AUA) and was formerly known as the AUA Foundation.

The Foundation is a nonprofit 501(c)(3) organization and relies on donations to make publications and information such as this guide available to everyone. Please go to **www.UrologyHealth.org/Donate** today and make an online donation to help us continue this important work. Thank you!

For more information, contact:

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*The Official Foundation of the
American Urological Association*

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