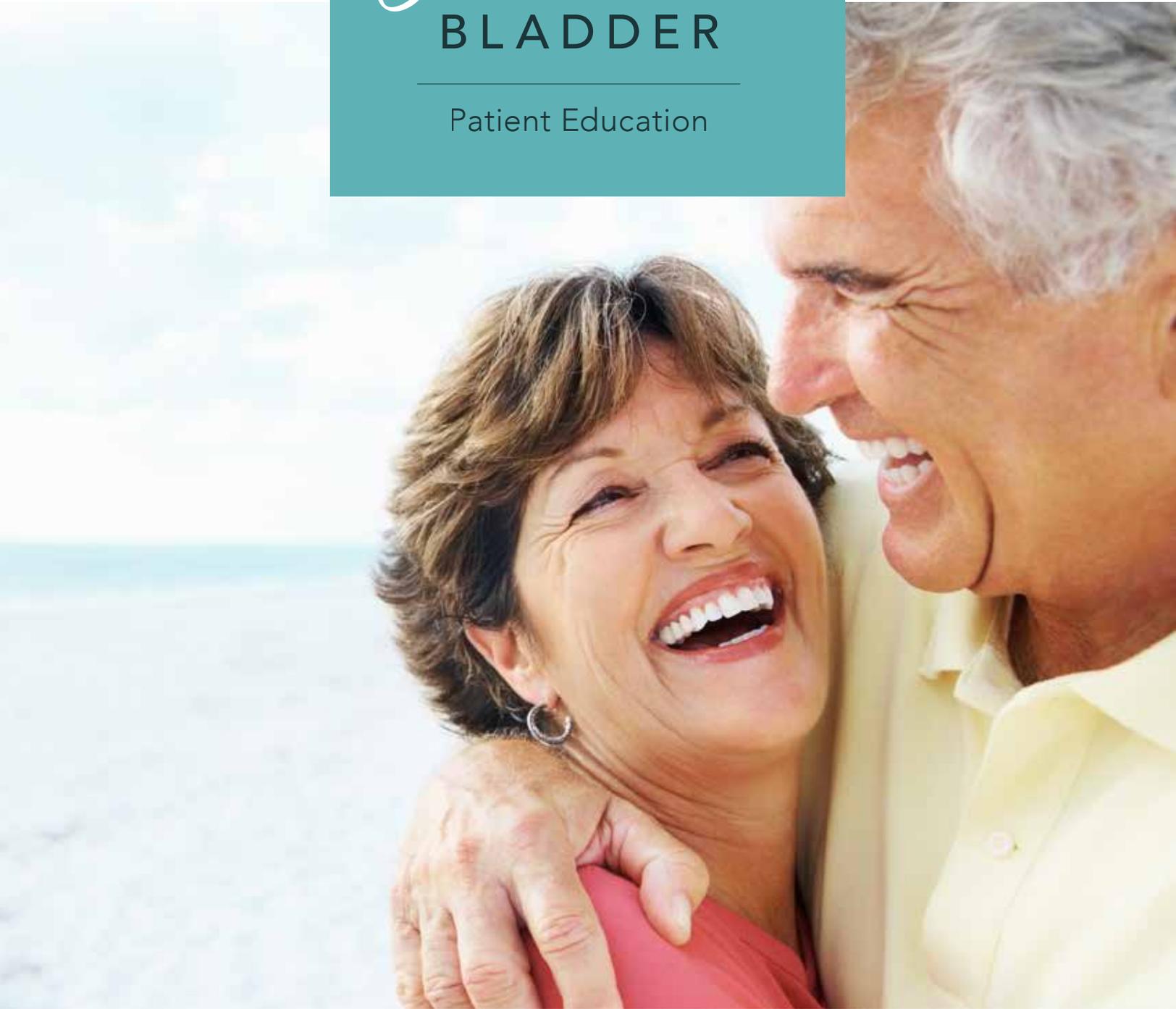


# *Overactive* BLADDER

Patient Education



# UROLOGY CENTERS OF ALABAMA / UCA WOMEN'S CENTER OVERACTIVE BLADDER (OAB) CENTER OF EXCELLENCE

The American Urological Association estimates that 30% of all men and 40% of all women live with OAB. At Urology Centers of Alabama (UCA) / UCA Women's Center we want to eliminate the stigma that has kept people from seeking help for this condition. OAB symptoms of urgency, frequency, and leakage are not normal at any age. They may occur more often as people get older, but that doesn't mean they are a normal part of aging. The chances of experiencing OAB increase when a woman goes through menopause. The same is true for men who have had prostate problems. Other conditions can increase the risk of OAB, such as diseases that affect the brain and nervous system. Many people hesitate to seek treatment or may think that their symptoms are not serious enough to seek treatment. At UCA we are committed to helping our patients and are here to assist them in finding a way to control, or stop, their bothersome bladder symptoms.

**30%**  
**MEN**

**40%**  
**WOMEN**

*Live with OAB*

Physicians have more resources and treatment options available today than ever before to help patients manage their OAB symptoms. OAB Center of Excellence is here to help you explore all potential treatments and evaluate what the best treatment(s) will be for you. We want you to enjoy life again and not have to worry where the closest restroom is, whether you can make the car ride without stopping, make it through the whole movie, or to go shopping without worry...

Our OAB Health Navigator will work together with your Urologist to evaluate your symptoms and walk you through the treatment options available. Every individual's symptoms are different and there is not a "one size fits all" medication or treatment that works for every patient. It is important to communicate with your physician and the Navigator about noticed improvements or unchanging to worsening symptoms after trying a treatment option. We ask you to be honest if a treatment is not working so that we can look at additional treatment options for you.

## UCA OAB Treatment Options

An overactive bladder can have a major impact on your life and finding the right treatment can be just as frustrating. At UCA, our experienced OAB physicians assess our patients and discuss treatment options to work to find the best options and treatment plans.

- 1 Natural Treatment Plans**  
Diet modifications, bladder training, and pelvic floor exercises
- 2 Oral Medications**  
Anticholinergics (Oxybutynin, Detrol, Vesicare) are the first-line drugs of choice to help control bothersome bladder symptoms in conjunction with natural treatments. If these medications are not helpful, another class of medication can be tried called Beta-3 agonists (Myrbetriq).
- 3 Injectable Medication (BOTOX®)**  
A BOTOX® prescription medication injected into the wall of the bladder
- 4 SNM Therapy (Implant)**  
A surgical neuromodulation therapy implant
- 5 Medtronic NURO® Percutaneous Tibial Nerve Modulation**  
An external non-surgical neuromodulation device



## Questions?

If you have any questions about any of the treatments included in this packet or think a specific treatment is the right option for you, please discuss these options with your physician.

# OVERACTIVE BLADDER (OAB) - CARE PLAN

**EVALUATION**  
Incontinence.....Urgency.....Frequency  
- History & Physical - Urinalysis - Culture - Bladder Diary

**NATURAL TREATMENT PLAN**  
- Lifestyle Changes  
- Behavioral Therapy/Bladder Retraining  
- Kegel Exercises

**ORAL MEDICATIONS (4 WEEKS)**  
Myrbetriq - Vesicare - Oxybutynin - Detrol

**Pre-Treatment Checklist**  
1. Explain treatment options  
2. Consider AUA guidelines  
3. Define timelines for each Tx  
4. Consider Insurance coverage

**Continue Medication**  
**Switch Medication**  
**4-8 Week GOAL**  
50% or Greater Symptom Improvement

**RE-EVALUATION**  
- Urodynamics - Urinalysis - Culture - Bladder Diary - Cystoscopy

**PFT**  
Consider - Pelvic Floor Therapy

**ADVANCED TREATMENT OPTIONS** — **IN OFFICE SMN Therapy Evaluation**

**Injectable Medication (BOTOX®)**  
6 Month Treatment

**Percutaneous Tibial Nerve Modulation (NURO®)**  
12 week trial

**SMN Therapy**

**RE-EVALUATION 5-MONTHS**

**Injectable Medication (BOTOX®)**  
6 Month Treatment

**Percutaneous Tibial Nerve Modulation (NURO®)**  
4 week trial

**SMN Therapy**

# 1 NATURAL TREATMENTS

There are a few non-pharmacologic treatment options to try once diagnosed with OAB to help decrease your bothersome bladder symptoms. We will give you information on self-care, behavioral therapy, physical therapy, and biofeedback options.

## Self-Care

- Avoid known dietary irritants such as caffeine, carbonation, and alcohol. Other common irritants are foods and fluids high in acid such as citrus fruits and juices, spicy, and tomato based foods.
- Drink normal quantities of fluids. It may seem sensible to cut back on the amount that you drink so the bladder does not fill so quickly. However, this can make symptoms worse as the urine becomes more concentrated, which may irritate the bladder muscle. Aim to drink normal quantities of fluids each day which is about 6-8 cups or 2 liters.
- Try to live a healthy lifestyle by maintaining a healthy weight and avoiding cigarette smoking as both of these are known to worsen the symptoms of an overactive bladder.



## Bladder Training

Normally, the bladder can hold urine for 2 to 4 hours - then you feel an urge and should be able to walk to the bathroom and urinate normally. Women with overactive bladder feel a sudden urge to urinate immediately, which is called urgency. This urgency may lead to urine leakage. Bladder training can help hold the urine longer and overcome that gotta-go sensation without medicines or surgery.

## Physical Therapy/Pelvic Floor PT

Learning how to strengthen the pelvic floor muscles can help reduce or stop urine leakage. Pelvic floor muscle exercises (PFME) are most helpful for women with mild to moderate urine leakage. Women with severe urine leakage often need more than exercises to improve.

## Learn The Terms

**Pelvic floor muscle exercises (Kegals):** Exercises that strengthen the muscles of the pelvic floor. Regular daily exercising of the pelvic muscles can improve and even prevent urinary and bowel leakage.

**Bladder training:** Behavior therapy that helps you wait longer between bathroom trips, so that you go to the bathroom when it's convenient rather than when you feel that sudden urge to go.

**Pelvic floor muscles:** The bowl-shaped muscles in the pelvis that support the vagina, bladder, and rectum.

**Urethra:** Tube from the bladder to the outside of the body that urine passes through during urination.

**Overactive bladder (OAB):** Urinary urgency, usually with frequency and nocturia, and sometimes with urinary urgency incontinence. This occurs without an infection or other health problems.

**Constipation:** Having a bowel movement fewer than three times a week, along with straining to produce a hard bowel movement.

## 2 ORAL MEDICATIONS

If there is not enough improvement with bladder training alone, oral medications called anticholinergics may also help. These medications work by blocking certain nerve impulses to the bladder, which relaxes the bladder muscle which can increase the bladder capacity.

Medication improves symptoms in most cases, but not in all. The amount of improvement varies from person to person. You may have fewer toilet trips, fewer leakage episodes, and less urgency. It is uncommon, however, for symptoms to go away completely with medication alone. Your physician will commonly try a course of medication for 4-6 weeks. If the medication is helpful, you may be advised to continue for up to six months or so and then stop the medication to see how symptoms are without it. Your symptoms may return at this time but if you combine a course of medication with bladder training, the long-term outlook may be better and symptoms may be less likely to return when the medication is stopped. This is why it is best to use these medications in combination with bladder training.

Side effects are quite common with these medications but are often minor and tolerable. Read the information sheet that accompanies your medication for a full list of possible side effects. The most commonly reported side effect is dry mouth but most are able to tolerate this by taking small sips of water throughout the day. Other common side effects include dry eyes, constipation, and blurry vision. Different medications have different reactions with each individual person, so if you find that you are having bothersome side effects with one, you may not have any side effects with another.



### Types of Oral Medications

The most commonly prescribed generic anticholinergics are Oxybutynin (Ditropan), Tolterodine (Detrol), Darifenacin (Enablex), and Tropicium chloride (Sanctura).

The two common brand name anti-muscarinic medications are Fesoterodine fumarate (Toviaz) and Solifenacin succinate (Vesicare).

A new type of medication on the market is called Mirabegron (Myrbetriq). This medication is a beta-3 adrenergic agonist and works by relaxing the detrusor muscle itself resulting in the bladder being able to hold more urine and lessen the symptoms of overactive bladder. This medication does not have the drying side effects of the anti-muscarinics but this medication can raise your blood pressure.



### Insurance Coverage

Depending on the specific insurance coverage, many OAB patients will need to try and fail 2-3 generic medications prior to a brand name medication and/or other treatment options being approved by insurance.

### 3 INJECTABLE MEDICATIONS (BOTOX®)

BOTOX® treats adults with the OAB symptoms of leaking, going too often, and the strong sudden need to go.

#### What is BOTOX®?

BOTOX® is a prescription medicine that is injected into the bladder muscle and approved to treat overactive bladder symptoms such as a strong need to urinate with leakage or wetting accidents (urge urinary incontinence) a strong urge to urinate right away (urgency) and urinating often (frequency) in adults 18 years and older when another type of medication (anticholinergic) does not work well enough or cannot be taken.

#### How Does BOTOX® Treatment Work?

BOTOX® treatment works by calming the nerves that trigger the overactive bladder muscle. In your body, certain chemicals travel from nerve cells to muscle cells to make your bladder contract so that you can urinate. With OAB, these muscles contract uncontrollably, creating leakage, the strong sudden need to go, and going too often.



**BOTOX® is injected into the bladder muscle and works on the nerve to help block the signals that trigger OAB, which helps:**

- Reduce daily leakage episodes.
- Treat the strong need to urinate right away.
- Reduce the number of times that you need to empty your bladder daily.

#### When Can I Expect to See Results?

BOTOX® begins to work at the source of your Overactive Bladder to reduce daily leakage episodes after just 2 weeks.

#### How Long Does BOTOX® Last?

BOTOX® is not a daily treatment. In clinical trials, one BOTOX® treatment provided up to 6 months of OAB symptom improvement. (Your results may vary.) Talk to your doctor about your re-treatment timing, waiting at least 3 months between treatments.

#### When Should I Consider BOTOX® as Treatment?

BOTOX® is a different type of treatment option to consider when another type of medication (anticholinergic) does not work well enough or cannot be taken.

**The American Urological Association (AUA) treatment guidelines list BOTOX® as an appropriate therapy to consider discussing with your doctor when:**

- Self-management is not effective.
- Anticholinergic medications do not work well enough or are too difficult to tolerate.

#### How are BOTOX® Treatments Administered?

Once you and your doctor decide that BOTOX® is right for you, very often it can be administered in your Urologist's office.

### Before your treatment day:

- Your doctor may prescribe an antibiotic to prevent against a urinary tract infection.
- The week prior to your procedure your doctor might order a urine culture to ensure you do not have an infection.

### On the treatment day:

- Your doctor will numb your bladder for a more comfortable treatment.
- Once your bladder is numb, a small lighted tube called a cystoscope will be inserted through the urethra (the natural opening where the urine comes out).
- BOTOX® is injected through the cystoscope into multiple areas of your bladder muscle.
- The entire process takes approximately one hour: 30 minutes to prepare and administer the BOTOX® and 30 minutes for post-procedure evaluation.

### After treatment:

- You will be scheduled for a follow up visit after your procedure for a post void residual to ensure you are emptying your bladder.

### Are BOTOX® Treatments Painful?

You should not experience significant pain after the BOTOX® treatment, although it may sting or burn when you urinate the first few times. You may also see some blood in the urine right after treatment, but significant bleeding is rare. See your doctor if either of these symptoms persist.

Over 50% of patients have a 75% or greater reduction in urinary incontinence episodes

### Risks or Side Effects of BOTOX® Treatments

BOTOX® may cause serious side effects that can be life threatening. Get medical help right away if you have any of these problems any time (hours to weeks) after injection of BOTOX®:

- Problems swallowing, speaking, or breathing, due to weakening of associated muscles, can be severe and result in loss of life. You are at the highest risk if these problems are pre-existing before injection. Swallowing problems may last for several months.
- Spread of toxin effects. The effect of botulinum toxin may affect areas away from the injection site and cause serious symptoms including: loss of strength and all-over muscle weakness, double vision, blurred vision and drooping eyelids, hoarseness or change or loss of voice, trouble saying words clearly, loss of bladder control, trouble breathing, trouble swallowing.
- BOTOX® may cause loss of strength or general muscle weakness, vision problems, or dizziness within hours to weeks of taking BOTOX®. If this happens, do not drive a car, operate machinery, or do other dangerous activities.

Other side effects of BOTOX® include: urinary tract infection, painful urination, and/or inability to empty your bladder on your own. If you have difficulty fully emptying your bladder after receiving BOTOX®, you may need to use disposable self-catheters to empty your bladder up to a few times each day until your bladder is able to start emptying again. Other side effects include dry mouth, discomfort or pain at the injection site, tiredness, headache, neck pain, and eye problems: double vision, blurred vision, decreased eyesight, drooping eyelids, swelling of your eyelids, and dry eyes.

**For more information on side effects talk with your doctor.**

If you feel that BOTOX® may be an option for you or have other questions, please discuss this treatment option with your physician.

## 4 SACRAL NEUROMODULATION (SNM) THERAPY (IMPLANT)

Sacral Neuromodulation (SNM) for patients with urge incontinence, urgency-frequency, or nonobstructive urinary retention.

### What is SNM Therapy?

Sacral neuromodulation is a proven therapy that targets the communication problem between the brain and nerves that control the bladder.

If those nerves are not communicating correctly, the bladder will not function properly.

SNM uses an external device during a trial assessment period and an internal device for long-term therapy. You and your doctor may decide to try SNM Therapy by going through a trial assessment, you and your doctor will determine the next step that is right for you.



### Should I Consider Sacral Neuromodulation Therapy as a Treatment Option?

If you've tried other treatments without success or could not tolerate the side effects, SNM Therapy may be the answer for you.

### Will SNM Treatment Work for Me?

If you've tried several treatments for bladder control problems without success, don't lose hope. There is no single bladder control treatment that works for everyone, and sometimes it takes time to find the one that works for you.

A simple in-office procedure initiates an evaluation to determine in as few as 3-7 days whether an implanted SNM system is likely to provide long-term control over symptoms.

Your doctor will discuss the evaluation procedure with you and the options for using either a temporary lead (a thin wire) or long-term lead for the evaluation. You and your doctor will decide together whether your evaluation was successful. The evaluation is considered a success if you experience a significant reduction in your symptoms.

For example, your evaluation may be considered a success if you went to the bathroom 20 times per day before the evaluation and went 10 or fewer times per day during the evaluation.

## How Effective Is SNM Therapy?

The SNM System, is an effective, long-term treatment that is clinically proven to:

- Significantly improve quality of life
- Relieve symptoms when other treatments fail

SNM Therapy is clinically proven to improve bladder control in people who have not had success with other treatments, such as oral medication, behavioral therapies, and dietary and fluid changes.

## How Does SNM Therapy Work?

SNM Therapy works with the sacral nerves, located near the tailbone. The sacral nerves control the bladder and muscles related to urinary function.

It is believed that one possible cause of overactive bladder is miscommunication between the brain and the sacral nerves; when the brain and sacral nerves don't communicate correctly, the nerves will not tell the bladder to function correctly, which can cause bladder control problems.

The theory behind SNM Therapy is that gentle electrical stimulation of the sacral nerves reduces the signals to the nervous system which may be causing bladder control symptoms such as leaks, the sudden urge to go, or going too often.

## Risks and Side Effects of SNM Therapy

Implanting an SMN Therapy System has risks similar to any surgical procedure, including swelling, bruising, bleeding, and infection. Talk with your doctor about ways to minimize these risks.

SNM Therapy might cause you to experience some of these side effects:

- Pain at the implant site or new pain
- Infection or skin irritation
- Lead (thin wire) movement/migration
- Device problems
- Interactions with certain other devices or diagnostic equipment
- Undesirable changes in urinary or bowel function
- Uncomfortable stimulation (sometimes described as a jolting or shocking feeling)

**For more information on side effects talk with your doctor.**

If you feel that SNM Therapy may be an option for you or have questions, please discuss this treatment option with your physician.

## 5 MEDTRONIC NURO® (NON-SURGICAL TREATMENT)

Bladder confidence and control without drugs or surgery.

### What is NURO®?

NURO is a non-drug, non-surgical option for overactive bladder and associated symptoms of urinary urgency, urinary frequency and urge incontinence.

- Periodic, in-office treatment for long-term relief
- Works in men and women
- Low-risk option for most OAB patients
- May work, even if other treatments have failed

### How Does NURO® PC Work?

The NURO system delivers a specific type of neuromodulation called percutaneous tibial nerve modulation (PTNM). During treatment, a small, slim needle electrode is inserted near your ankle. The needle electrode is then connected to the battery-powered stimulator. During your 30-minute treatment, mild impulses from the stimulator travel through the needle electrode, along your leg and to the nerves in your pelvic floor that control bladder function. This process is also referred to as neuromodulation.

NURO® produces mild impulses which:

- Enter through a needle electrode placed near ankle
- Travel up tibial nerve in the leg
- Reach nerves responsible for bladder control

### What is a NURO® treatment like?

A slim needle electrode is temporarily placed near the ankle. A device that delivers mild electrical impulses is attached to the electrode. There are twelve 30-minute weekly sessions required to determine your level of response and monthly sessions are used to maintain results.

### What Does a NURO® treatment Feel Like?

Because patients may experience the sensation of the NURO therapy in different ways, it's difficult to say what the treatment would feel like to you. Patients often describe the sensation as "tingling" or "pulsating." Treatment is typically well-tolerated by patients. NURO offers many different levels of stimulation, so your clinician will be able to adjust treatment to suit you as well as address any discomfort that you might experience during treatment.





### **DR. NICOLE MASSIE / UROGYNECOLOGIST**

Nicole DeSouza Massie, M.D. completed her medical training at the University of Virginia, followed by an internship and residency at the University of Alabama at Birmingham in surgery and urology.

Her clinical and practice interests include voiding dysfunction, female incontinence and pelvic prolapse. Additionally, she is robotically trained in pelvic floor reconstruction as well as BOTOX treatment for urinary incontinence.



### **DR. ALI PARDEN / UROGYNECOLOGIST**

Dr. Parden is double board-certified in both Obstetrics-Gynecology and Female Pelvic Medicine and Reconstructive surgery (FPMRS). FPMRS is an additional 3 years of specialty training in the evaluation, diagnosis, and surgical treatment of problems involving the female pelvic organs.

Dr. Parden offers specialty surgical and non-surgical treatment for women with pelvic floor issues including urinary incontinence or leakage, fecal incontinence, urinary tract infections, pelvic organ prolapse, overactive bladder, trouble emptying the bladder or rectum, pelvic and bladder pain and fistulas.



### **DR. PAULA ROOKIS / UROLOGIST**

Dr. Rookis earned her medical degree from the University of Alabama at Birmingham. Continuing her training, Dr. Rookis served her general surgery internship at Baptist Medical Center in Birmingham and her residencies in urology, anesthesiology, and general surgery at the University of Alabama at Birmingham.

Her areas of specialty are female urinary incontinence, voiding dysfunction, vaginal prolapsed, and stones. She also sees a wide variety of other urologic problems in both men and women.



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