

## OVERACTIVE BLADDER (OAB)

### What happens under normal conditions?

The urinary bladder, a spherical organ, has a soft inner lining & an outer muscle layer. Urethral sphincter muscle pinches the urinary passage below the bladder preventing the urine from leaking.

The normal function of the bladder is to store urine till a socially acceptable place & time can be found. It then expels urine in a coordinated, controlled fashion.

Normally the bladder muscle is kept relaxed & the sphincter muscle kept contracted. This aids in urinary storage. The bladder slowly expands in capacity as more & more urine gets added. The contracted sphincter ensures that no urine leaks out. After collecting around 350-400 ml of urine the bladder sends a message to brain saying it is full. This is when the person feels the urge to go & void. The brain then sends back a message & the opposite happens. Now the bladder muscle contracts to push out the urine & the sphincter muscle relaxes allowing the urine to pass out.

## OVERACTIVE BLADDER TREATMENT

### What is Overactive Bladder (OAB)?

Overactive bladder (OAB) is a condition when person feels a sudden, uncomfortable need to pass urine. This may be accompanied by urine leakage. OAB occurs because muscle of the bladder contracts even when it is not full & at inappropriate times. Normally the bladder muscle keeps relaxing as more & more urine fills up.

### What Causes OAB?

By definition, the cause of OAB is unknown. However, identifiable underlying causes can include drug side effects, nerve damage or neurological disease or paralysis. There are also conditions that are associated with urgency & frequency - including bladder cancer, urinary tract infections & benign prostatic hyperplasia - that must be excluded during an examination.

### How is Overactive Bladder Diagnosed?

One of the first steps toward diagnosing OAB is to keep a urination diary. This includes the time & the volume of urine passed. The patient will also have to document any sense of urgency or actual leakage of urine. This will help your urologist make the proper diagnosis.

A urine test must be performed to rule out infection & to look for sugar, blood, white cells. Ultrasound is done to look for any associated problems. The patient may be advised to undergo Urodynamic Studies (UDS). This special test evaluates the urinary bladder mechanics, i.e. how much is the capacity of bladder what is the pressure at which the urine is stored in bladder.

### How is Overactive Bladder Treated?

#### Medicines:

Agents that relax the detrusor or prevent a bladder contraction are effective for OAB & urge incontinence. They are helpful in relieving urgency to an extent of about 70% & incontinence to an extent of about 25%. Dry mouth is a common side effect of these drugs.

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Tolterodine Solifenacin are examples of these drugs.

### Behavioral Therapies

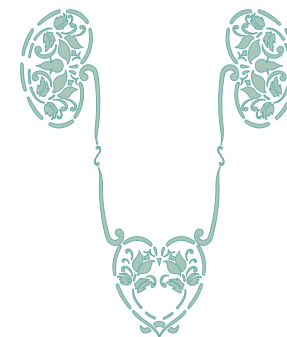
These can range from simple manoeuvres such as timed voiding (passing urine after fixed time) & fluid management. Pelvic muscle exercises (Kegel exercises) are beneficial in controlling urge incontinence, & can be done alone or in combination with the above drugs.

### Diet & lifestyle changes

Avoid diet high in bladder irritants (e.g., coffee, tea, cola, chocolate & acidic fruit juices). Losing weight & stopping smoking may also help.

### Surgery

Some women with OAB & urinary incontinence will exhibit vaginal prolapse & stress urinary incontinence (leakage of urine while coughing). Correction of these conditions can improve the overactive bladder. This is a relatively simple surgery. Surgery to enlarge the bladder is considered only when the bladder is extremely small or generates high pressure.



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