

# The overactive bladder and bladder retraining

Information for patients



## Normal bladder function

Your bladder normally stores urine produced by your kidneys. The kidneys produce urine all the time but the amount of urine you produce depends on how much you drink, eat and sweat.

The bladder should act like a balloon which fills gradually. The outlet for the urine (the urethra) is normally kept closed. This is helped by the pelvic floor muscles beneath the bladder that sweep around the urethra. As the bladder fills, the need to pass urine increases. When the bladder functions normally it is possible to wait for a suitable and convenient time to empty the bladder.

Your bladder should normally hold around 400-600mls (1 pint) of urine. Visits to the toilet should be around 7-8 times during the day and possibly once during the night. The amount of fluid you drink will affect how often you need to pass urine. For most people the average fluid intake should be approximately 2 litres (3 and 1/2 pints) a day.

The bladder is made up of a muscle called the 'detrusor'. When this contracts (squeezes), the muscles in the urethra relax and your bladder will empty.

Normally it should be possible for you to 'hold on' if it is not convenient or appropriate to pass urine.

Complex nerve messages are sent between the brain, bladder and the pelvic floor muscles. This influences the sensation of your bladder filling and the use of the right muscles at the right time.

## What is an overactive bladder?

If your bladder contracts without any warning it can give you an urgent need to pass urine. This gives you little or no time to get to the toilet. This is called **urinary urgency**. People who have this problem often need to pass urine more frequently and in small volumes. This is because the bladder often feels fuller than it actually is. It can also cause you to get up in the night to pass urine more than once.

If the contractions are large or the pelvic floor muscles are weak an overactive bladder can cause leakage of urine. This is called **urge incontinence**.

Urodynamics is a special test on your bladder used to help find out the cause of your bladder symptoms. It may show the cause of symptoms such as incontinence, urgency or difficulty emptying your bladder. If the results of the urodynamic investigation show that you have uncontrolled contractions of the bladder muscle then the diagnosis would be called **detrusor over-activity**.

## What causes it?

For most people the cause of an overactive bladder is unknown. Other members of your family may suffer from similar symptoms. There could be a neurological cause for the problem (relating to the brain or spinal nerves) but this is uncommon. Stress can make the problem worse and the types of fluid you drink can also influence your symptoms (see below). An overactive bladder can be a problem for many people of all ages.

## How is it treated?

### **Bladder retraining:**

- Instead of rushing to the toilet as soon as you get the urge to pass urine it is important to try to learn to 'hold on'. People with an overactive bladder tend to go to the toilet more often than they need to as a precaution. Unfortunately, rather than helping the problem this can make it worse as the bladder becomes used to holding less urine. The bladder then becomes more sensitive even when there is very little urine in it to stretch it. Try to avoid 'just in case' visits to the toilet.
- Bladder retraining should be undertaken in small stages. For example if you find you are going to the toilet every half an hour, try extending the time (or 'holding on') by 10 minutes for a week, then by 15 minutes for a week, and then 30 minutes etc.
- Ideally you should be able to hold on for 3-4 hours between toilet visits.

### **Learn to suppress the urgency:**

There are different techniques for this. What works for one person may not work for another. Here are some suggestions:

- Sit straight on a hard seat.
- Distract yourself – e.g. try doing a crossword or word search puzzle; count down from 100; think of girls or boys names beginning with a certain letter; read a book or newspaper. It is important to plan in advance how you will distract yourself so that you are prepared.
- Contract your pelvic floor muscles (see our separate leaflet). Contracting these muscles may help to suppress both urgency and incontinence.

The above techniques may help you gradually, but patience is needed as it may take weeks or months before you notice a significant improvement. You will find it helpful to keep a diary

of when you go to the toilet at the start of bladder training and then again a few months later. You may see more improvement than you expected.

### **Change your drinking habits:**

There are a number of drinks that may irritate the bladder (see below). If you do have these drinks, try to have them less often or stop having them completely to see if this helps.

Drinks which **may irritate** the bladder are:

- Drinks containing caffeine such as tea, coffee and Coke
- Carbonated (fizzy) drinks
- Drinks containing aspartame (an artificial sweetener which can be found in diet drinks. It can also be labelled as E951)
- Hot chocolate
- Alcohol
- Green tea and mint tea
- Blackcurrant juice
- Citrus fruit juices (e.g. orange and grapefruit)

Drinks which are believed **not to irritate** the bladder are:

- Water (definitely not a bladder irritant)
- Fruit teas
- Caffeine-free tea and coffee (make sure all the caffeine has been removed). However, some people's bladders can also be irritated by de-caffeinated drinks. Try de-caffeinated drinks for a month to see if this improves your symptoms.
- Milk
- Diluted fruit juice

Many people with an overactive bladder reduce the amount they drink. However, this can make the problem worse as the bladder then never gets full and so loses the ability to stretch. Also, the urine becomes concentrated which can irritate the bladder even further. Aim to drink 1.5 to 2 litres a day (although this amount

will vary depending on the weather, your activity levels and your weight).

### **Medicines that may help:**

There are various medicines that you can try. They work for some people, but not all. It's worth trying them for a month before deciding if they are suitable for you. Normally you start taking a low dose – many of them can be increased if necessary. If they do work, they will work best alongside the techniques described above. They may have to be taken permanently.

The medicines are called antimuscarinics or anticholinergics. They work by blocking certain nerve impulses to the bladder which stops it contracting and helps it to hold on to more urine.

You may need to try different medicines to find one that works best for you. All medicines have possible side effects. The most common side effects from these medicines are a dry mouth and constipation. Ask your doctor or specialist nurse for more information on side effects and make sure they know your medical history before prescribing the medicines.

### **Medicines that may make the problem worse:**

If you take diuretics (water tablets) they can make you pass more urine – so it may be worth adjusting the time you take them. For example, don't take them late at night as you will pass urine a lot during the night. You may not wish to take them in the morning if that is the time of day when you want to go out. Discuss this with your GP before you change the pattern of taking your diuretics.

Other medicines can also adversely affect your bladder. Discuss this with your doctor or specialist nurse.

### **Botox therapy:**

There is another form of therapy using a bacterial toxin (Botox) which can help an overactive bladder. However, it is an invasive

procedure involving injections into the bladder and is only performed as a last resort. This would need to be discussed carefully with your doctor or nurse.

### **Absorbent pads**

If you do leak urine you may be entitled to receive pads through the NHS. Contact your District Nurse or GP about this.

## How to contact us

If you have any questions or concerns you may contact:

Beverly White and Tiana Howard  
Urogynaecology Nurse Specialists

Tel: **01865 222 767**

## Further help and information

### **Bladder and Bowel Foundation**

Tel: **0845 345 0165**

SATRA Innovation Park  
Rockingham Road  
Kettering  
Northants  
NN16 9JH

[www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)

### **The Cystitis and Overactive Bladder Foundation**

946 Bristol Road South  
Northfield  
Birmingham  
B31 2LQ

Tel: **0121 702 0820**

[www.cobfoundation.org](http://www.cobfoundation.org)

These organisations provide information and support to people with bladder problems.

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@ouh.nhs.uk**

Beverly White, Urogynaecology Nurse Specialist  
Version 2, November 2012  
Review November 2015  
Oxford University Hospitals NHS Trust  
Oxford OX3 9DU  
[www.ouh.nhs.uk](http://www.ouh.nhs.uk)