ADVANCED UROLOGY ASSOCIATES

A division of UROPARTNERS





Overactive Bladder

Patient Education





Advanced Urology Associates
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 Advanced Urology Associates (AUA) 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 AUA, 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.

Incontinence Management Strategies
- Padding
- Skin barriers
- Condom catheter
- Absorbent underwear

Behavioral Therapy
- Timed voiding
- Urge suppression
- Fluid management
- Irritant avoidance

Non-Invasive Therapies
- PFT/Biofeedback
- TTNS

Pharmacologic
- Beta-3 agonist
- Antimuscarinic
- Anticholinergics

Optimize Comorbidities
- Constipation
- GSM
- Diuretics
- Diabetes/glucosuria
- Tobacco
- BPH/POP

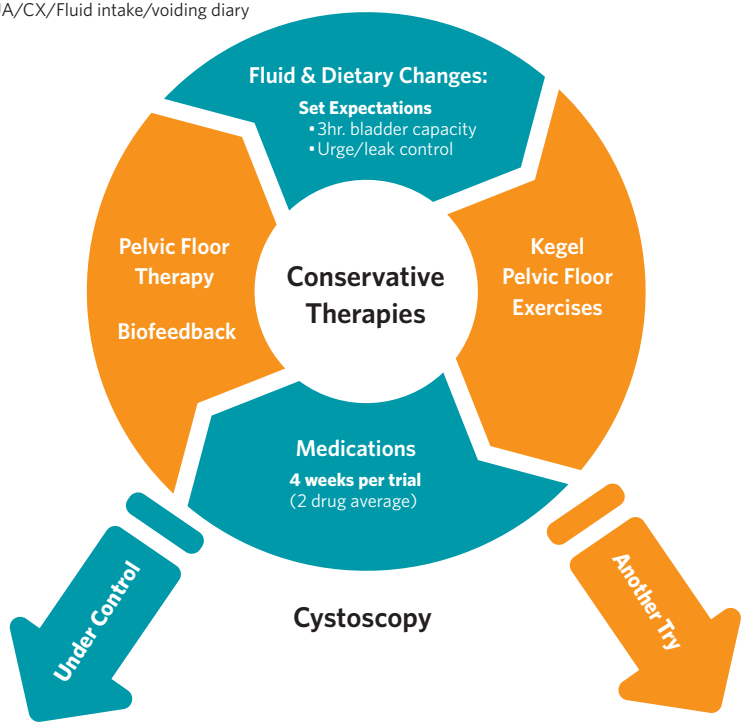
Minimally Invasive
- PTNS
- Implantable tibial
- BTX
- SNM

Invasive Therapy
- Augmentation
- Urinary diversion

Indwelling Catheter
- Suprapubic tube
- Urethral catheter

Overactive Bladder
Care Plan Management

1 **Step One**
EVALUATION
UA/CX/Fluid intake/voiding diary



Cystoscopy

2 **Step two**
See us for a yearly visit

2 **Step two**
See us to adjust your treatment
Urodynamics/Urocuff
Voiding Diary

3 **Step three**
Advanced therapies

Tibial Nerve Stimulation
12 wk Office Treatment

Botox
Office/hospital bladder instillation

Sacral Nerve Test Stimulation
Office procedure

Sacral Nerve Implant
Outpatient procedure

Solesta
Office procedure

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.

Behavioral Therapy/Bladder Retraining

Timed voiding or bladder retraining drills are very helpful and usually one of the first lines of therapy for overactive bladder. This excellent treatment is free, completely safe, and effective in improving symptoms in two thirds of patients suffering from this common disorder.

GET STARTED
See Behavioral Therapy/Bladder Retraining included in this patient education packet.

Physical Therapy/Kegel Exercises

Pelvic muscle exercises (Kegels) are used to strengthen or retrain the muscles of the pelvic floor. Regular daily exercising of the pelvic muscles can improve and even prevent urinary incontinence.

GET STARTED
See Physical Therapy/Kegel Exercises included in this patient education packet.

Biofeedback/Pelvic Floor Stimulation

- If you are having problems performing pelvic floor exercises, your doctor may prescribe this treatment, in addition, to the Kegel exercises.
- Pelvic floor electrical stimulation consists of a special electrical device inserted into the vagina of women and rectums of men to stimulate the pelvic floor muscles with the aim of making them contract and become stronger.
- This is usually scheduled on a weekly basis for eight weeks in the office and lasts about 60 minutes.

Even with doing these treatments, it may still be necessary to add a medication to the treatment plan to give you the best relief of bothersome bladder symptoms.



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

Commonly generic medications will be trialed first. There are many different anticholinergic medications available in generic. These include Oxybutynin (Ditropan), Tolterodine (Detrol), Darifenacin (Enablex), Trospium chloride (Sanctura). Another subgroup of anticholinergics used are anti-muscarinic medications. There are two popular medications within this group commonly used that are also available in generic. These are Fesoterodine fumarate (Toviaz) and Solifenacin succinate (Vesicare).

The last, and newest type of medication to come to market, is a beta-3 adrenergic agonist. This works by relaxing the detrusor muscle resulting in the bladder being able to hold more urine and lessen the symptoms of overactive bladder. This type of medication does not have the drying side effects of the anticholinergics. One of these, Mirabegron (Myrbetriq) is available in generic whereas Gemtesa is still just available in brand.



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 will prescribe an antibiotic to prevent against a urinary tract infection.
- The week prior to your procedure your doctor will 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.

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

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.

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 InterStim® Therapy (Implant)

InterStim Therapy® expands options for patients with urge incontinence, urgency-frequency, or non-obstructive urinary retention.



What is InterStim® Therapy?
InterStim® Therapy is a proven neuromodulation 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.

The InterStim® system 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 InterStim® Therapy by going through a trial assessment, you and your doctor will determine the next step that is right for you.

Should I Consider InterStim® Therapy as a Treatment Option?
If you've tried other treatments without success or could not tolerate the side effects, InterStim® Therapy may be the answer for you.



Will InterStim® 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 InterStim® 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 InterStim® Therapy?
The InterStim® System, is an effective, long-term treatment that is clinically proven to:

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

InterStim® 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.

In a long -term clinical study, it was found that 59% of patients with urge incontinence who received the InterStim® System and completed follow-up with their doctors had at least 50% fewer leaks per day when compared to the number of leaks before therapy.

How Does InterStim® Therapy Work?
InterStim® 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 InterStim® 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 InterStim® Therapy

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

InterStim® 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 InterStim® Therapy may be an option for you or have questions, please discuss this treatment option with your physician.

5 Urgent® PC (Non-Surgical Treatment)

Bladder confidence and control without drugs or surgery.



What is Urgent PC?
Urgent PC 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
- Up to 80% of patients improve with treatment
- May work, even if other treatments have failed

How Does Urgent® PC Work?
The Urgent PC system delivers a specific type of neuromodulation called percutaneous tibial nerve stimulation (PTNS). 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 pelvis that control bladder function. This process is also referred to as neuromodulation.



Urgent® PC 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 an Urgent® PC 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 Urgent® PC treatment Feel Like?
Because patients may experience the sensation of the Urgent PC 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. Urgent PC 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.

"Sometimes it's a numbed feeling and other times a pulsing or vibrating or a simple, single twitch of a toe."

- Judith

"I usually feel tingling in my toes and the bottom of my foot during treatment. It's very comfortable and relaxing."

- Ann*

How often will I need Urgent PC treatments?
You will receive an initial series of 12 treatments scheduled about a week apart. If you respond, you will likely need a treatment about once per month to maintain your improvements.

How soon will I see results with Urgent PC?
Because Urgent PC gently modifies the signals to achieve bladder control, it usually takes 5-7 weeks for symptoms to change. However, patients respond at different rates. In a review of about 100 patients who had success with Urgent PC, symptoms improved anywhere between 2-12 weeks. For about 20% of these patients, the symptoms of urgency and/or urge incontinence didn't improve until after 8 weeks.

There is no way to anticipate who will respond earlier, later or not at all. That's why it is important to receive the 12 recommended treatments before you and your physician evaluate whether this therapy is an appropriate and effective choice for you.

Will Urgent® PC Work for Me?
Many studies show up to 80% of patients get better with Urgent® PC treatment. Most Urgent® PC patients go to the bathroom less and have less accidents.

In one study, patients got better between 2-12 weeks. For 1 out of 5, it took 8 weeks before they got better.

Risks or Side Effects Associated with Urgent® PC

The risks associated with Urgent® PC therapy are low. Most common side-effects are temporary and include mild pain or skin inflammation at or near the stimulation site.

For more information on side effects talk with your doctor.

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



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