

OVERACTIVE BLADDER

Overactive bladder affects 1 in 6 adults. Although this is a treatable condition many people are embarrassed to discuss their condition or feel that it is simply a right of passage into the latter years of their life. Some people remained confused regarding what an overactive bladder is.

Overactive bladder (OAB) is a general term used to describe several symptoms that are associated with bladder control issues. If you answer yes to any of the following questions you may have OAB:

Urinate more than 8 times during the day?

Urinate more than 2 times after going to bed?

Are you bothered by the number of times that you urinate?

Do you have a sudden overwhelming urge to urinate or an urge that you can not ignore?

Have you had wetting accidents because you are unable to control the urge to urinate and are unable to get to the restroom in time?

The next question many women will ask is what has caused my OAB? OAB is felt to be caused by the disruption of specific nerves and muscles that surround the bladder whose function is to control bladder function. This mechanism can be disrupted by pregnancy and childbirth, pelvic surgery, medications, natural aging process, chronic disease, trauma, or obesity. OAB can typically be diagnosed by your physician after they take a complete history and physical followed by a voiding diary and specific bladder tests if necessary.

Once diagnosed with OAB you will have to decide what treatment options are best suited for your situation. Some women will respond to behavior modifications such as limiting your fluid intake and avoiding certain foods and beverages that have a high caffeine content or acidity. Pelvic muscle strengthening exercises known as kegels have been shown to reduce incontinence episodes by 50%. If the above measures prove to be unsuccessful drug therapy is typically the next step. The first tier medications for OAB are Ditropan and Detrol. They have been proven to be effective in controlling OAB however they are occasionally associated with a dry mouth. The next tier of medications includes Vesicare and Enablex. This set of medications will be successful in controlling OAB in up to 70% of women. Common side effects of this group of medications also includes dry mouth. Constipation is also a common side effect of this group but is often times responsive to stool softeners. Contraindications to medical therapy include sensitivity to the medication or glaucoma.

Another innovative approach to treating OAB is neurostimulation, which involves stimulating nerves that control the bladder. Bladder function is regulated by a group of nerves at the base of the spine. By stimulating these nerves through gentle electrical impulses (neurostimulation), your bladder activity can be changed. One approach to stimulate these nerves is to surgically implant a stimulator near your spine to send continuous impulses to the sacral nerve plexus. Another way is through Percutaneous Tibial Nerve Stimulation (PTNS) by using the Urgent PC Neuromodulation System. PTNS is an emerging office-based, minimally invasive treatment for OAB symptoms. PTNS is designed to indirectly stimulate the nerves responsible for bladder control using a nerve in your leg.

PTNS treatment involves placing a slim needle electrode near the tibial nerve located near the inside portion of your ankle. The needle is connected to a battery-operated generator that sends impulses to the nerves at the base of the spine, which are responsible for controlling bladder function. Each treatment lasts 30 minutes. Initially patients receive 12 treatments over 6 weeks. After the initial 12 treatments you and your physician will determine at what frequency you will require any additional treatments.

The risks or side effects associated with PTNS are minimal. Potential side effects include discomfort or bleeding at the stimulation site.

Because PTNS gently modifies the signals to achieve bladder control, it will probably take at least 6 treatments for you to see your symptoms change. A majority of individuals using PTNS experience significant improvement in bladder control. It is important that you continue receiving PTNS treatments for the recommended 12 treatments before you or your physician evaluate whether this therapy is an appropriate treatment for your OAB symptoms.

Scientific studies using the Urgent PC System for PTNS show that 2 out of 3 individuals treated see a reduction in their OAB symptoms of urinary urgency, urinary frequency and urge incontinence. In addition, many individuals with OAB are successfully treated with PTNS after failing other therapies. Depending on your symptoms and responses to PTNS, your physician may decide that PTNS alone is appropriate for you: or, your physician may combine PTNS with another therapy.

As can be seen, OAB is a common disorder that affects a large population of people. Fortunately, advances in medical technology and pharmacology are successfully treating this disorder. Should you suffer from OAB or know someone that does please contact Dr. Craig McCoy at Central Missouri Women's Healthcare to discuss further.