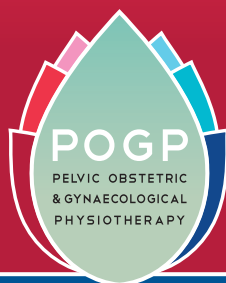


# Management of Urinary Frequency, Urgency and Urge Incontinence



EDUCATES, SUPPORTS AND PROMOTES SPECIALIST PHYSIOTHERAPISTS

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## Getting help

If you have any difficulty with the exercises in this booklet or find that your symptoms are not improving, ask to be referred (or self-refer if available) to your nearest specialist physiotherapist.

You can search on **thepogp.co.uk** (see resources links) or contact the POGP at **info@thepogp.co.uk** on **01543 442199**.

# Management of Urinary Frequency, Urgency and Urge Incontinence

## **This is sometimes called Overactive Bladder**

An overactive bladder (or OAB) is where a person regularly gets a sudden need to pass urine. This sensation is difficult to put off and this can happen at any time during the day or night, often without any warning.

## **Definition of Symptoms**

Urinary frequency - Passing small amounts of urine more than 8 times a day.

Urinary urgency - An unexpected strong urge to rush and pass urine.

Urge incontinence - Leaking urine with a strong urge to pass urine.

Nocturia - Being woken up in the night by the need to pass urine.

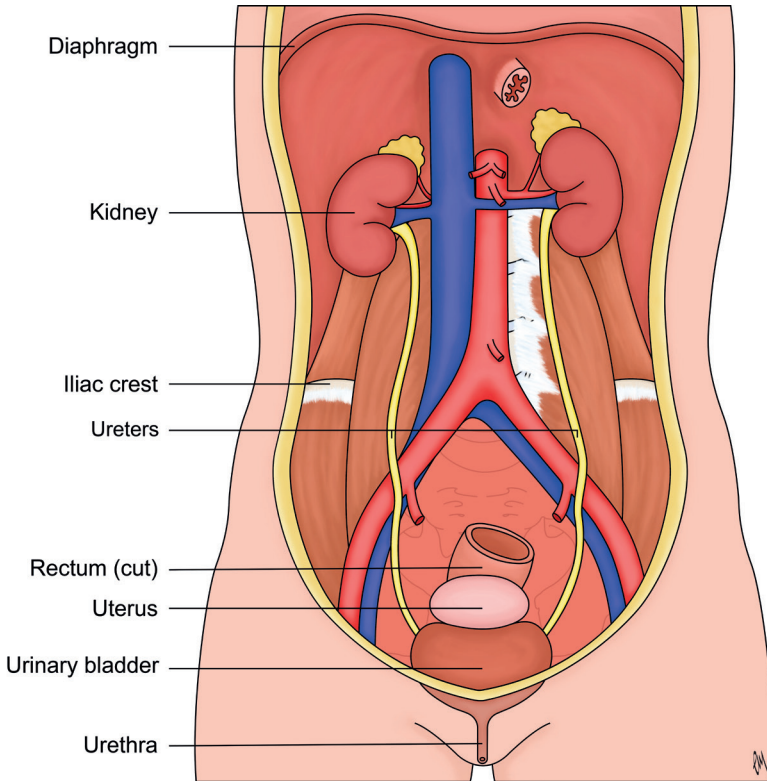
These symptoms are common and can significantly affect your quality of life. Approximately 12% of the adult population suffer from OAB.

## **These symptoms affect both men and women.**

You can use this leaflet alone or with the advice given to you by your health professional. If you have any difficulty understanding the information or following the advice you should ask your doctor, specialist Pelvic Health Physiotherapist or Continence Advisor.

# Normal Bladder function

The bladder is a muscle called the detrusor, and its function is to store urine, produced by your kidneys. Your kidneys produce urine all the time, but the volume depends on how much you eat, drink, and sweat. It should fill up gradually and remain relaxed, allowing you to hold on until you get to a toilet, then contracting to enable you to urinate.



## Normal Bladder function

Everyone's bladder capacity and function varies but as a rough guide if you are drinking between 1.5-2litres of fluid:

- You should look to pass urine between 6-8 times a day
- A normal void (wee) should be between 250 - 400mls
- Your bladder should be able to hold a maximum of 500-800mls (especially first thing in the morning if you have not been during the night)

# Self-Management strategies

If your symptoms are new you may wish to discuss them with a GP first as they may indicate other conditions.

If your symptoms of frequency and urgency have come on suddenly especially if there is any pain or discomfort, it may be that you have a urinary tract infection (water infection/cystitis). Speak to a health care professional for advice.

Try to cut down or preferably stop smoking. Please speak to your GP or local pharmacist to advise you on local support systems to achieve this.

Ensure you are a healthy weight – your GP or physiotherapist can help guide you in this as it is not always easy to start.

If you feel these symptoms could be linked to hormonal / menopausal changes then speak with your GP or specialist. The use of vaginal hormone treatments can help reduce these symptoms.

Prevent constipation. Ensuring good fluid intake, alongside the inclusion of fruits, vegetables and wholegrains in your diet are good ways of improving bowel function. Please see our other booklet resources for further guidance on 'Improving your bowel function'.

Avoid bladder irritants, caffeine (e.g. tea, coffee, green tea, cola, and chocolate), fizzy drinks, alcohol, acidic drinks like blackcurrant, or citrus juices (e.g. orange, grapefruit, lemon and pineapple) and artificial sweeteners. Some people find tea containing peppermint or hibiscus to be irritating too.

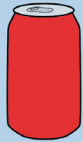
There may be some foods that can contribute to bladder irritation. These can include high water content foods such as watermelon, cucumbers and tomatoes and there may also be a link with spicy foods. This can be quite individual, but you may want to monitor this and alter your diet, as necessary.

Some medications, both over the counter and prescribed; for other health conditions can also have an affect on your bladder including diuretics, blood pressure medications, cold and flu medicines and some antidepressants. Therefore, it may be worth discussing this with your GP or specialist.

The use of some recreational drugs such as Ketamine have also been shown to cause overactive bladder symptoms, and can result in permanent damage to the urinary system.

# Potential bladder irritants

There are a number of foods, drinks and medications that can irritate bladder symptoms.



Fizzy drinks



Smoking



Drugs



Spicy foods



Chocolate & sugars including artificial sugars



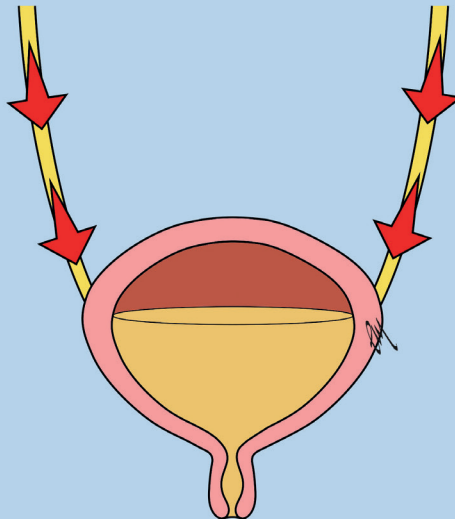
Alcohol



Caffeine



Fizzy water & excessive fluid intake over a short period



Ensure you are drinking enough fluid. Aim for 1.5-2 litres of a non-irritating fluids daily, non-fizzy water is always good. If you do not drink enough your urine will become concentrated which irritates the bladder. Drink enough so your urine is a pale straw colour.

Don't 'hover' over the toilet, sit comfortably and try to relax.

If you get up in the night to urinate more than once (dependant on age), try to reduce your fluid intake for 3 hours before going to bed. Or use distraction techniques as detailed below.

Avoid 'just in case' visits to the toilet.

Practice regular pelvic floor exercises. Please see below for further guidance on this.

Try to avoid getting stressed or anxious regarding your symptoms.

## Pelvic floor exercises

Pelvic floor muscle exercises (sometimes called Kegels) should include long, held squeezes as well as short, quick squeezes; ensuring that you let the muscle 'go' or 'relax' after each squeeze. You should work the muscles until they tire and do the exercises regularly to help the muscles become stronger and more effective.

### Long squeezes

- Tighten your pelvic floor muscles, hold them tight, then release and let them fully relax. How long can you hold the squeeze?
- Repeat the squeeze and hold until the pelvic floor muscles tire. How many times can you repeat the squeezes?

### Short squeezes

- Quickly tighten your pelvic floor muscles, then immediately let them go again. How many times can you do this quick squeeze before the muscles get tired?
- Always let the muscles fully relax after each squeeze

Aim to be able to do 10 long squeezes, holding each squeeze for 10 seconds, followed by 10 short squeezes.

You may need to start with 'little and often' if you find that you can only hold the squeeze for a short time, or only do a few before the muscles tire.

You should do your pelvic floor muscle exercises at least 3 times each day. You may find it easier to start your programme when you are sitting or lying down.

Build up your exercise routine gradually over the weeks and months. You should notice an improvement in 3 - 5 months and then keep practising your pelvic floor muscle exercises once a day to maintain the improvement.

As your muscles improve, aim to do your exercises in other positions such as standing up. Eventually you can practise using these muscles whilst doing activities such as walking and bending.

For further information on pelvic floor exercises please see the POGP website and accompanying booklet on 'Pelvic Floor Exercises'.

There are many ways to help to remind you to practise your pelvic floor exercises - using a regular task, or notes in the home, or using an app on your mobile device - like the NHS Squeezy App - which gives you reminders and a visual aid to help. Your physiotherapist can help with these tips.

## How is OAB assessed?

You will be asked questions about your problem and your general health. The health professional may do investigations and perform an internal examination. A urine test to check for infection may be done. You are often asked to complete a Bladder Diary for 2 or 3 days as guided by your health care professional. (This function is also available on the Squeezy app - if you are using it to remind you with your exercises). This involves recording the times of passing urine and volumes of urine you pass, alongside the urgency you feel to go. Your health care professional will explain this to you in more detail if appropriate.

Urodynamic testing may also be offered prior to Botox or more invasive treatment like sacral nerve stimulation. Your doctor will explain what this involves and why it is needed.



# Treatment Options

## Bladder Retraining

Many people with urgency and frequency get into the habit of going to the toilet too often. This can make the problem of urgency even worse because the bladder gets used to holding less and less urine.

The aim of bladder retraining is for you to be able to hold on for longer with less urgency, have less urinary leakage and to be able to hold larger volumes of urine.

So, you have control of your bladder rather than it controlling you.

Start by trying to hold on for longer when you get the urge to go, initially aim for 2-5 minutes before going to the toilet. Start your retraining in a safe environment for example when you are at home. As your symptoms improve you will feel more confident when you are out.

### **Some strategies for reducing or suppressing your urge to help with this may be:-**

Staying calm / using breathing techniques – your physiotherapist can guide you with this.

Do your pelvic floor exercises – please see the section above on how to ‘squeeze’ your pelvic floor muscles - as this will help to relax your bladder muscle.

Distraction – think about something complex or keep busy. Mental math can help - start from 100 and count down in 7’s.

Sitting on a firm seat.

Curl your toes / Stand on tip toes.

Be positive and tell yourself you can do it, don’t rush to the toilet, you are in charge of your bladder.

Bladder retraining is challenging and needs consistency, but it does get easier with time and practice.

## Bladder Drill

Sometimes if frequency is more significant – every 15-30mins, using a more measured approach works better. Just adding 5mins to increase the time between each void until things become more manageable, then increasing the wait. Your therapist will guide you more specifically with this if appropriate.

# Other treatment options

Bladder retraining is recommended by NICE as the first line treatment for overactive bladder. If this is not effective, then other treatments may be considered. Your doctor / nurse will discuss this with you as appropriate.

## Medication

There are various medications that can be prescribed. They work by blocking certain nerve impulses to the bladder, which stop it contracting and allow the bladder to hold more urine. Discuss this with your GP or health professional if you feel the self-management strategies are not helping enough.

## Botox

This is used when other treatments have not been effective. Botox (botulinum toxin A) is injected into your bladder wall via your urethra. This prevents your bladder from contracting too much. Therefore, helping you hold more urine and for longer. You may need to be taught intermittent self catheterisation prior to treatment as there is sometimes a risk of temporary urinary retention developing – your consultant will discuss this with you if appropriate.

## PTNS (Percutaneous Tibial Nerve Stimulation)

This treatment uses a small handheld device attached to 2 small needles. These needles are placed around the foot and ankle and a small electric current is used to stimulate the nerve which corresponds to the pelvic area.

Electroacupuncture is often used to perform this treatment.

The treatment usually needs to be repeated a few times on a weekly basis and then can often be followed by home treatment if needed, using sticky pads in place of needles.

## Sacral nerve stimulation

This is a small device placed under the skin of your bottom which sends bursts of electrical signals to the nerves that control your bladder. It is only offered when no other treatment has worked and is normally only available at specialist centres.

# Getting help

If you have any difficulty following the advice or exercises in this booklet, or find that your symptoms are not improving, possibly due to other health conditions; ask to be referred, or if available, refer yourself to a physiotherapist with experience in treating men and women with pelvic and pelvic floor muscle problems. He or she will be able to assess you and offer specific treatments/alternatives that are suitable for your needs.

To find your nearest specialist physiotherapist visit: @thepogp.co.uk

Further advice and information booklets are also available from [thepogp.co.uk/resources/booklets](https://thepogp.co.uk/resources/booklets).

## Resources

### **Bladder and Bowel UK**

<https://www.bbuk.org.uk/>"<https://www.bbuk.org.uk/>

### **British Association of Urological Surgeons**

<https://www.baus.org.uk/>"<https://www.baus.org.uk/>

### **British Society of Urogynaecology**

<https://bsug.org.uk/>"<https://bsug.org.uk/>

### **Pelvic, Obstetric and Gynaecological Physiotherapy (Male and Female Pelvic Floor Exercises and Tips for Healthy Bowels)**

<https://pogp.csp.org.uk/booklets>"<https://pogp.csp.org.uk/booklets>

NICE guideline [NG123]

### **For NHS support to cut down or give up smoking**

<https://www.nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit/>

### **Pelvic floor reminder app with bladder diary function**

<https://squeezeapp.com/>



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