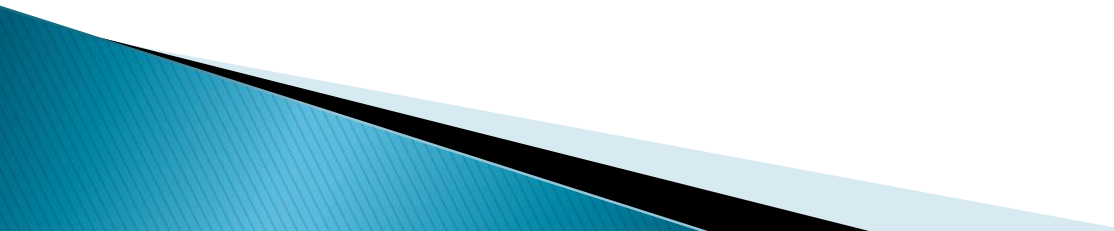


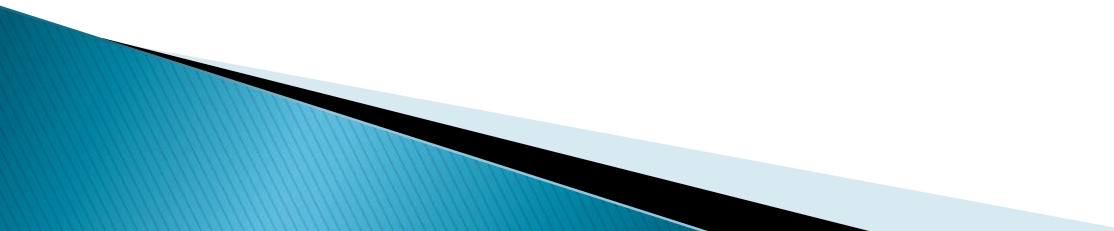
Management of Over Active Bladder

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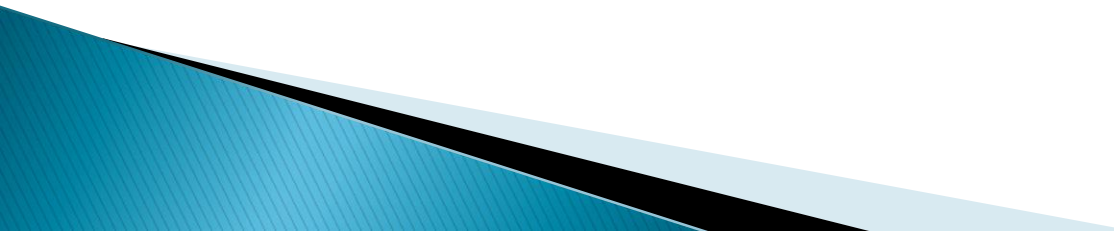
Physiology of Overactive Bladder

- ▶ Urinary Bladder has physiological functions of urinary storage and voluntary micturition
 - ▶ Regulated through complex interactions between neural and myogenic mechanisms
 - ▶ Acetylcholine causes the initiation of micturition via muscarinic receptors
 - ▶ M3, M2
- 

Over Active Bladder Symptoms

- ▶ Diurnal Frequency
 - ▶ Nocturia
 - ▶ Small voided Volume
 - ▶ Urge sensation with leakage
 - ▶ Urge sensation without leakage
- 

OAB Men

- ▶ Can coexist with other pathology
 - ▶ Storage symptoms can be associated with Bladder Out flow obstruction such Prostate enlargement or tight bladder neck.
 - ▶ Symptoms can persist following out flow surgery
- 

Prevalence of OAB

	<39 years	40–59 years	>60years	Total
Male	7.1	8.9	19.1	10.8
Female	9.7	11.2	18.3	12.8

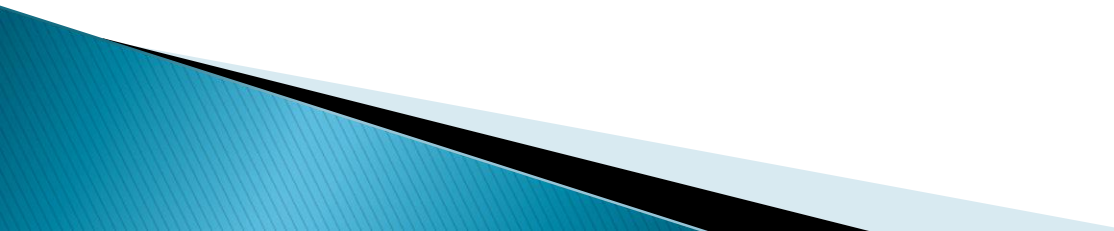
EPIC study 2006

Assessment

- ▶ History
- ▶ Bladder Diary
- ▶ Urinalysis
- ▶ Flow Rate
- ▶ Post micturition Residual
- ▶ Cystoscopy
- ▶ Urodynamics



Detrusor Overactivity (DO)

- ▶ OAB often presents with DO
 - ▶ DO diagnosed with urodynamic assessment
 - ▶ DO demonstrated in 64% of dry OAB and in 90% of patients with wet OAB. (Hasim, Abrams J Urol 2006)
- 

Treatment

- ▶ Conservative Therapy
 - ▶ Medical management
 - Anticholinergics
 - ▶ Sacral Nerve neuromodulation
 - ▶ Botulinum toxin
 - ▶ Surgery
 - Augmentation
 - Urinary Diversion
- 

Conservative Management

- ▶ Fluid advice
 - Caffeine
 - Alcohol
 - Fizzy highly coloured drinks
- ▶ Smoking cessation
- ▶ Weight
- ▶ Bladder training
- ▶ Pelvic floor exercises
- ▶ Containment devices

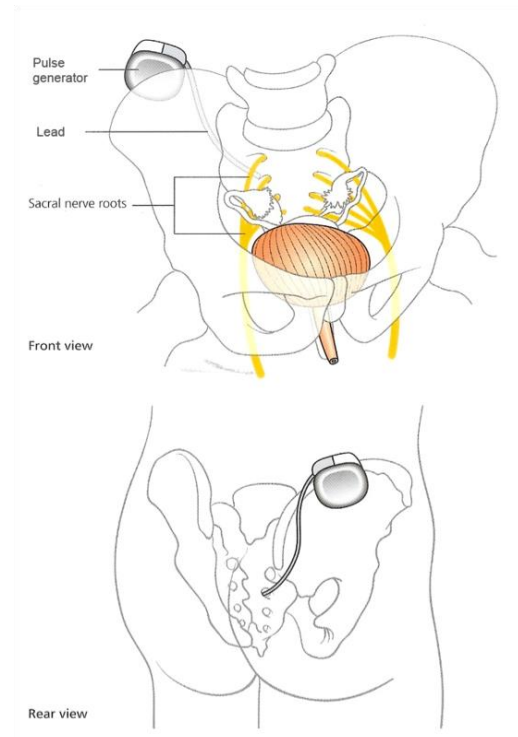


Medical Management

- ▶ Anticholinergics
 - Decrease parasympathetic influence on the bladder and reduce storage symptoms
- ▶ Combination with alpha blocker for men with mixed LUTS. Storage and voiding symptoms.

Sacral Neuromodulation

- ▶ Electrical stimulation of Sacral nerves
- ▶ Re - op rate 33%
- ▶ Pain at implant site 25%



Botulinum Toxin

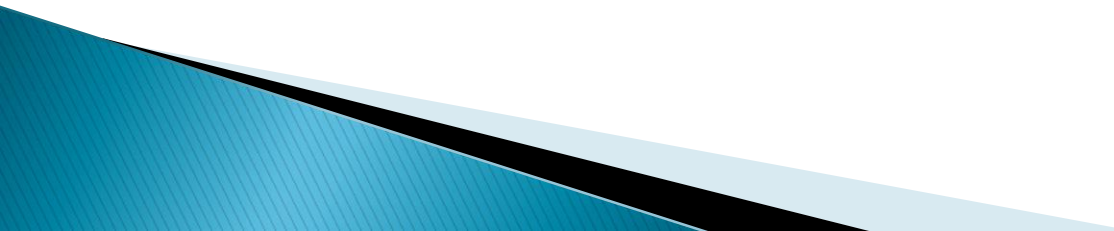
- ▶ Good result in approx 85% of patients

Dmochowski R, Chapple C J Urol 2010

- ▶ Limitations

- Duration of effect – repeat treatment every 6–12 months
- Retention needing CISC

Surgery

- ▶ For patients who fail all other treatments
 - ▶ Augmentation cystoplasty
 - ▶ Urinary Diversion
- 

Summary

- ▶ Assessment is key to successful treatment
 - ▶ Range of treatment options
 - ▶ Cost to the patient
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