

# The Physiotherapy Management of Overactive Bladder

Physiotherapy Department



Patient information leaflet

This leaflet will explain what an overactive bladder is, why it occurs and how physiotherapy can help to treat it.

## **What is an overactive bladder (OAB)?**

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An overactive bladder is a sensitive bladder. The most common symptom is the sudden urge to go to the toilet, known as urinary urgency. If you do not get there in time and leak urine as a result, this is known as urge urinary incontinence.

## **Other symptoms include:**

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- Going to the toilet very often during the day, sometimes after you have just been (frequency).
- Getting up to go the toilet twice or more at night (nocturia).

## **What causes OAB?**

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A possible cause of urinary urgency may be a urine infection. If you have a sudden change in the frequency of your urination, possibly with an offensive smell, pain when passing urine or blood in your urine you should see your GP or practise nurse. They can test your urine for infection and treat it with antibiotics if needed.

There may be other medical conditions also associated with OAB. These include bladder stones and tumours, diabetes, men with an enlarged prostate, and neurological conditions. Being less mobile may make it more difficult to get to the toilet on time.

Sometimes there is no cause found for an overactive bladder.

## **Is it a common problem?**

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Yes. Estimates vary, but it is thought that around 12% of men and women are affected.

## How does physiotherapy help?

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During physiotherapy you will be assessed by a specialist physiotherapist. You may be asked to complete a questionnaire and fluid diary. This helps us understand how you are affected and select the best treatment for you. Treatment usually starts with two approaches:

- 1. Pelvic Floor Exercises:** These involve strengthening the muscles that control the bladder and bowel outlets (separate leaflet available). These exercises need to be done regularly and progress is often gradual over many months. Many people do not do these exercises correctly. A specialist physiotherapist is able to perform an internal assessment to correct or maximise your contraction, and ensure you are progressing. This is not a necessity if you would prefer not to be examined internally.
- 2. Bladder Retraining:** this involves slowly desensitising the bladder muscle by holding on a little bit longer each time you feel the need to go. It often takes time and dedication (separate leaflet available). You may find as your pelvic floor muscles get stronger it becomes easier to do. For many people combining both of these can solve or improve the symptoms of OAB.

## What else can I do?

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- Make sure you are drinking enough. It can be tempting to reduce your fluids if you have leakage or urgency, but this actually makes the urine more concentrated and irritating to the bladder. To fill and therefore empty properly, you need at least six mugs or half pint glasses of fluid a day, at regular intervals. Most people would empty six to eight times a day on this amount of fluid.
- Minimise fluids that may irritate your bladder such as caffeine, alcohol and fizzy drinks. Try to drink more water, fruit or caffeine free teas, cordials or diluted fruit juice. If you drink very little at present you may need to gradually increase your fluids, alongside pelvic floor exercises and bladder retraining.
- Some people find eating acidic foods such as tomatoes and citrus fruits can irritate their bladder.

- If you suffer with urgency at night, try not to drink within 2 hours of your bedtime, and reduce any fluids overnight if you wake.
- Fully empty your bladder when you go to the toilet. Try not to rush, but allow time for the muscles to relax and the bladder to empty. Do not strain to push urine out. Sitting down on the seat rather than hovering above it allows your muscles to fully relax. Some women need to rock or tip their pelvis, or stand up and sit down to empty a bit more. Men may need to squeeze their pelvic floor muscles at the end of urination to empty completely.
- Try not to go to the toilet out of habit or 'just in case'.
- Pulling up the pelvic floor can help delay the urge. The nerves to these muscles can be further stimulated by brushing the back of your thighs with your hands or rising up and down on tiptoes.
- Stress and anxiety can also contribute to OAB. Some people find mindfulness or relaxation techniques helpful.
- Wearing clothes and underwear that are easy to undress may give you more time if you need to go urgently.
- Many towns or shopping centres can issue a 'Radar' key to people with OAB, which will enable you to use the disabled toilets. The Bladder and Bowel Foundation can provide a "can't wait" card which will help with fast access to a toilet (see opposite for more information).

## What other treatments are available?

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There are several medications available on prescription which may help you to control your bladder, if physiotherapy alone does not resolve the symptoms. It can take several weeks for these drugs to start working. They can be very effective, however like all drugs they sometimes have side effects. You should report back to your doctor or nurse if these side effects become troublesome, before stopping your medication. There may be an alternative they can prescribe if necessary.

## Sources of further information

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### **Bladder and Bowel Foundation**

- [www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)
- Bladder & Bowel Community  
7 The Court, Holywell Business Park, Northfield Road, Southam,  
CV47 0FZ.
- Helpline: 0800 315412
- General enquiries: 01926 357220
- Email: [help@bladderandbowelfoundation.org](mailto:help@bladderandbowelfoundation.org)

### **Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) – Formerly ACPWH**

- <http://pogp.csp.org.uk/>

### **Radar**

- Enquiries call: 0207 2503222
- [www.radar.org.uk](http://www.radar.org.uk) or [emailradar@radr.org.uk](mailto:emailradar@radr.org.uk)

## Key references

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- <http://www.nhs.uk/Conditions/Incontinence-urinary/Pages/Introduction.aspx>
- National Institute for Health and Care Excellence. Urinary incontinence: the management of urinary incontinence in women. NICE clinical guideline CG171 Manchester: NICE; 2013, updated 2015
- International Continence Society: [www.ics.org](http://www.ics.org)  
<https://www.ics.org/Documents/Documents.aspx?DocumentID=3102>
- Evidence-Based Physical Therapy For The Pelvic Floor, 2nd edition 2014, Bo, Berghmans, Morkved et Van Kampen.





## Contact details

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For further information, please do not hesitate to contact us.

### Physiotherapy Department

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### PALS and Advocacy contact details

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Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** [rsc-tr.pals@nhs.net](mailto:rsc-tr.pals@nhs.net)

**Opening hours:** 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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