Male Overactive Bladder

Dear Doctor,

Thank you for referring this patient with symptoms of overactive bladder (OAB) syndrome. We have also sent a copy of this letter to your patient and we would be much obliged if they can bring the filled in questionnaires to any further Urology appointments.

OAB is characterised by urinary urgency, frequency and nocturia, with or without urge urinary incontinence. ***These symptoms should initially be managed in the primary care setting and should be considered for referral and assessment by the Community Continence Clinic in the first instance before referral to secondary care.***

To ensure no red flags are missed, please ensure none of criteria below are relevant and re-refer as appropriate. Scottish Referral Guidelines for Suspected Cancer (bladder and kidney) advise **urgent** referral when:

- Aged 45 and over with:
    - **unexplained** visible haematuria without urinary tract infection, or
    - visible haematuria that persists or recurs after successful treatment of urinary tract infection
- Age 50 and over with unexplained non-visible haematuria and either dysuria or a raised white cell count on a blood test
- Abdominal mass identified clinically or on imaging that is thought to arise from the urinary tract
- Routine referrals should be made for:
    - Asymptomatic persistent non-visible haematuria without obvious cause
    - Unexplained visible haematuria < 45 years of age
    - Patients over 40 who present with recurrent UTI associated with any haematuria

<u>Indications for urgent referral to high PSA clinic</u>

- Raised PSA (x2) (after counselling a patient on the advantages and limitations of PSA)
- A suspicious digital rectal examination of prostate
- Concerning weight loss or back pain in the context of a very high PSA/suspicious DRE

Information specifically for patients regarding PSA testing and prostate cancer can be found on the Prostate Cancer UK website (www.prostatecanceruk.org). The paragraph below is from Scottish Referral Guidelines for Suspected Cancer (http://www.cancerreferral.scot.nhs.uk) which aims to facilitate appropriate referral between primary and secondary care for patients whom a GP suspects may have cancer may help to identify patients who are most likely to have cancer and who therefore require urgent assessment by a specialist.

Prostate cancer:

- Evidence from digital rectal examination of a hard, irregular prostate
- Elevated or rising age-specific PSA. Rough guide to normal PSA levels (ng/ml):
    - Less than 60 years < 3
    - Aged 60-69 years < 4
    - Aged 70-79 years < 5

These figures are a pragmatic aid based on clinical consensus. The principles of Realistic Medicine should be applied when considering referral and, in older men, routine or no referral may be appropriate for PSA levels of:

- Aged 80-85 years > 10
- Aged 86 years and over > 20

In simple cases of OAB, we would first suggest initial conservative management as follows:

- Reducing caffeine and alcohol intake and switching to decaffeinated drinks (strong evidence from European Association of Urology (EAU) guidelines)

- Avoiding artificial sweeteners and fizzy drinks.
- Encourage overweight adults with OAB to lose weight and maintain weight loss (strong evidence from EUA guidelines)
- Pelvic floor exercises and bladder training (information leaflet below) – NICE guidelines suggest a minimum of 6 weeks
- Patients who also suffer from constipation should be given advice about bowel management in line with good medical practice (strong evidence)
- Review any new medication associated with the development or worsening of OAB (weak evidence).
- Treat any associated comorbid conditions (e.g diabetes, cardiac failure, chronic renal failure, neurological disease including strokes) which could exacerbate or cause OAB.

If the above measures fail please start medical therapy

- Start the patient on an anticholinergic of your choice if there are not contraindications (strong evidence).
- Consider extended release formulations of antimuscarinics drugs, whenever possible (strong evidence).
- If an antimuscarinic treatment proves ineffective, consider dose escalation or offering an alternative antimuscarinic formulation, or Mirabegron, or a combination (strong evidence).

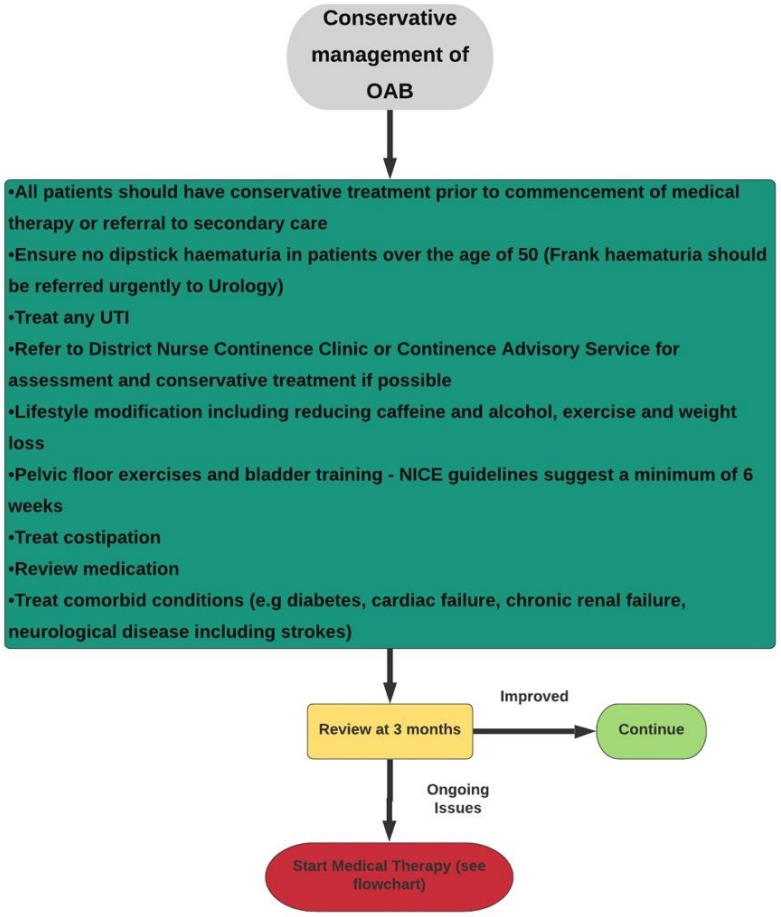
If medical management fails to control the patient's symptoms and they are happy to consider more invasive secondary care interventions and therapies such as urodynamics, please refer them back to the urology department.

Yours Sincerely,

Urology Consultants, NHS Lanarkshire

Overactive Bladder Clinical Guideline

leenesh Mokool | April 25, 2020



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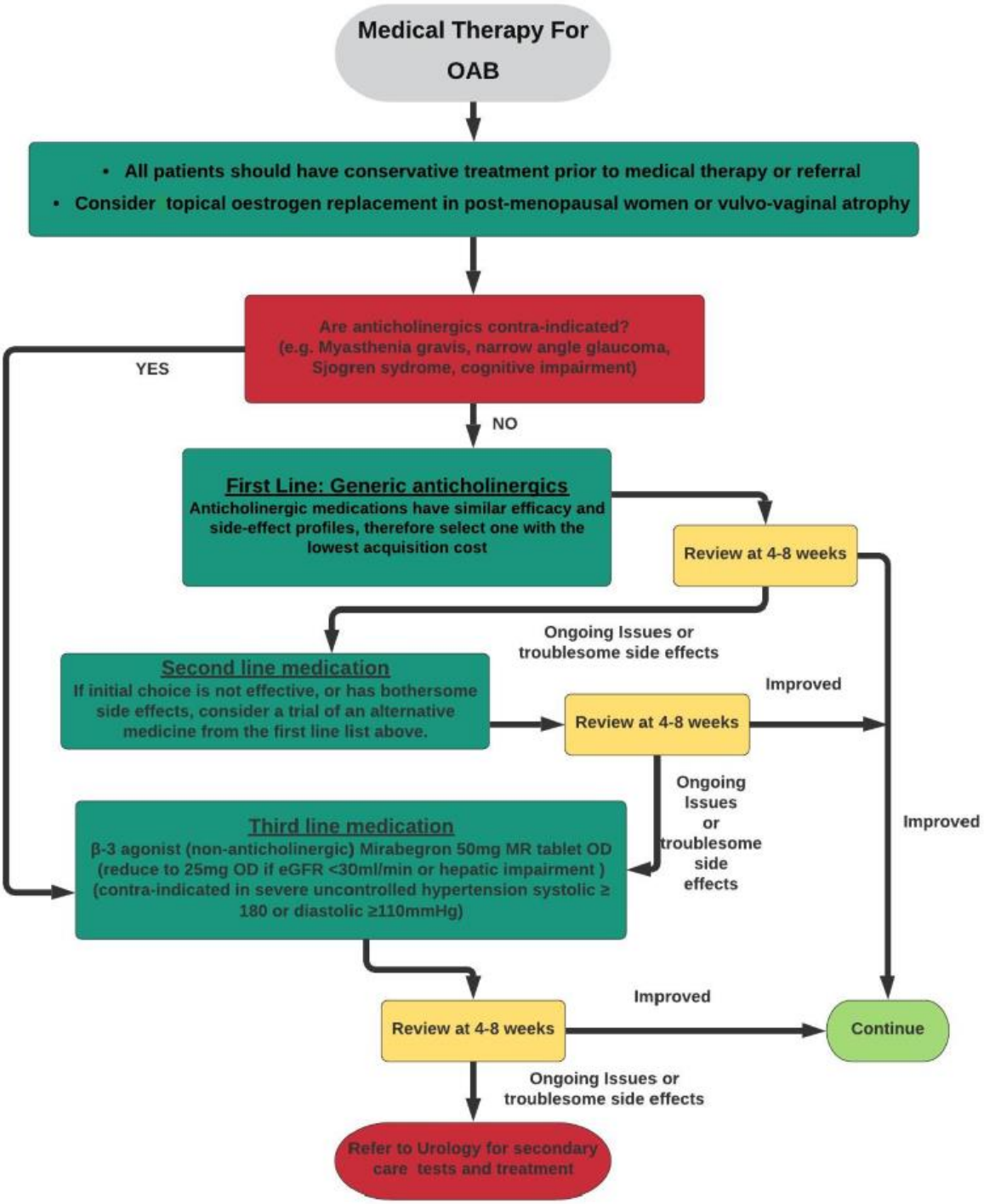

Bladder diary

On the next page of this leaflet, you will find a bladder diary. Keeping a bladder diary helps us to make an assessment of how your bladder is working and gives us an idea of the amount you drink, the amount of urine your bladder can hold, and how often you pass urine.

How to complete your bladder diary

Fill in the bladder diary as carefully as possible for two days in the week.

- For each day record what and how much you drink (in mls or cups), and when you drink it.
- Use a jug to measure the amount of urine you pass. Record the amount on the chart.
- If you leak urine, tick the column marked 'wet'.

Every time you pass urine, please put a letter on the chart from the list below that describes how urgently you had to get to the toilet:

A. I felt no need to empty my bladder, but did so for other reasons.
B. I could postpone voiding (emptying my bladder) as long as necessary without fear of wetting myself.
C. I could postpone voiding for a short while, without fear of wetting myself.
D. I could not postpone voiding, but had to rush to the toilet in order not to wet myself.
E. I leaked before arriving to the toilet.

Below is an example of how to complete the bladder diary:

Time	In	Out	Wet	Urgency
07.00		300mls		D
08.00	Tea 1 cup			
09.00				
10.00		200mls		B
11.00	Water 1 cup			
12.00		50mls	✓	E
13.00				

Day 1				
Time	**In**	**Out**	**Wet**	**Urgency**
07.00				
08.00				
09.00				
10.00				
11.00				
12.00				
13.00				
14.00				
15.00				
16.00				
17.00				
18.00				
19.00				
20.00				
21.00				
22.00				
23.00				
00.00				
01.00				
02.00				
03.00				
04.00				
05.00				
06.00				

Day 2				
Time	**In**	**Out**	**Wet**	**Urgency**
07.00				
08.00				
09.00				
10.00				
11.00				
12.00				
13.00				
14.00				
15.00				
16.00				
17.00				
18.00				
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06.00				

NHS Lanarkshire

Bladder training

Why do I need bladder training?

Bladder training is part of a conservative approach to overactive bladder and painful bladder syndrome, alongside fluid advice and medication. Overactive bladder is a condition characterised by a frequent and/or urgent need to pass urine with or without urge incontinence (that is, leakage on the way to the toilet). Painful bladder syndrome is a condition characterised by pain before going to pass urine, usually in association with some or all overactive bladder symptoms.

How do I do bladder training?

To start bladder training you should believe you can regain control of your bladder. Your aim is to go to the toilet to pass urine when you want to go, rather than when you get the urge to go. The urge can be suppressed and you must aim to get this to work. A bladder muscle contraction is like a spasm that will pass. You need to learn how to stop yourself from going to the toilet using distraction techniques until this spasm passes which is normally within 9-12 seconds.

What are the distraction techniques?

When you get the urge to go to the toilet, tighten your pelvic floor muscles as firmly as you can. You may find it helps to sit down, though this may affect your activity. Try to distract your mind, for example, count down from 50 or 100, recite the alphabet, finish a job, read to the end of the page or wait for the next break on television. It is likely that the urge will have passed before you finish these distractions.

Are there any other techniques that can help?

Some people may get the urge when doing particular activities, like before going out, getting out of the car, putting the key in the door, returning home, undressing in the toilet to pass urine or running the tap.

It is important to break the link between these events and getting the urge. You can do this by determined effort to stop yourself from passing urine, squeezing your pelvic floor muscles and taking more time to get out of the car or get back into the house.

How do I know that it is working for me?

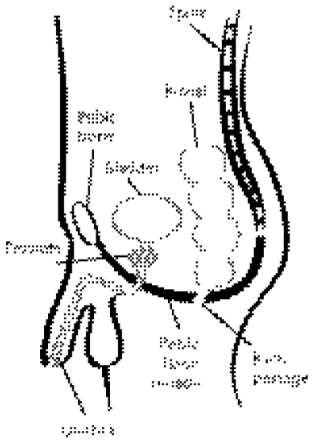
Use a bladder diary to monitor your progress. Set yourself a realistic target to increase the interval before going to the toilet to pass urine. For example, if you go to the toilet every hour, aim to go every hour and quarter and gradually increase the time between going to the toilet. You can also watch the clock and see how long it takes before you need to go to the toilet to pass urine again. Increase the duration gradually until you can reach three or four hours. This can take time. Be prepared for setbacks and restarts, which are not uncommon. You will be given a follow-up clinic appointment to check your progress in around four to six weeks as it can take some time to change your bladder habit.

Pelvic Floor Muscle Exercises for men

Information for men
from physiotherapy services

This leaflet helps explain how to exercise and strengthen your Pelvic Floor Muscles (PFMs).

What is the pelvic floor?



The floor of the pelvis is made up of layers of muscle. These layers stretch like a hammock from the pubic bone at the front to the base of the spine at the back.

A man's pelvic floor supports the bladder and bowel. The urethra (urine tube) and the anus (back passage) pass through the pelvic floor muscles. The pelvic floor muscles play an important role in bladder and bowel control.

What do they do?

Your pelvic floor muscles are constantly working to help you control your bladder and bowel and assist with good sexual function.

A weak pelvic floor can mean you lose some of your bladder control. This can lead to symptoms such as leaking urine when you cough or sneeze. Strong pelvic floor muscles will prevent this from happening.

Signs the PFMs may be weakened

- **Stress incontinence:** when urine leaks out when you cough, sneeze, laugh, lift something, exercise, change position eg lying to sitting or sitting to standing.
- **Urge incontinence:** when you urgently need to pass urine suddenly, when you can't hold on and you may not be able to reach the toilet in time.
- **Urinary frequency:** when you need to pass urine frequently during the day and night.
- **Overflow incontinence:** when the bladder doesn't empty completely, urine builds up and this can lead to it overflowing causing frequent dribbling. This can also cause frequency.
- **Nocturia:** when you have to get up frequently during the night to pass urine. There can be leakage at night without warning.

Why might these muscles become weak?

- Surgery to your prostate eg prostatectomy can cause PFM weakness
- Constipation. "Pushing down" and straining to empty your bowel can put pressure on the PFMs causing PFM weakness over time.
- Being overweight can put extra pressure on your PFMs.
- A chronic cough can put pressure on the Pelvic Floor and can cause damage to the PFMs

How to exercise the pelvic floor muscles

- You can do the exercises lying on your back with your knees bent or sitting in the chair with your knees slightly apart.
- Try to squeeze your pelvic floor muscles by imagining you are trying to stop yourself passing urine and wind.
- Hold the squeeze for as many seconds as you can.
  Slowly build up to 10 seconds. This is a slow squeeze.
- Now squeeze again but let go straight way. This is a fast squeeze.
- Build this up over the weeks aiming eventually to do 10 slow squeezes and 10 fast squeezes.
- You should do this 5 times a day.
- Remember when doing the exercises do not hold your breath, squeeze your buttocks or squeeze your legs together.

How will I know I'm doing the exercises correctly?

1. Place your fingertips against the skin just behind your scrotum. When you squeeze you should feel the muscles tighten and lift away from your fingers.

   Your scrotum should lift slightly and the base of your penis should move towards your abdomen.

2. You can also check this by standing in front of the mirror without clothes on and tighten the PFMs. You should see the base of the penis pull up towards your abdomen and your scrotum lift up. You may see your lower abdomen pull in slightly.

It is very important you squeeze correctly. If you squeeze incorrectly you may cause more damage.

HINTS TO HELP

- The muscles may get tired at first but will get stronger the more you practise your exercises.
- Don’t be tempted to speed up the process by doing exercises more often than advised. Over- exercising can lead to the PFMs getting fatigued and can slow the strengthening process.
- Be patient and don’t give up. It may be a couple of months before you see an improvement. Most men will find that they have fewer leaks after exercising the PFMs for 3 months and it may take up to 6-12 months before there is full improvement.
- To help you remember to do the PFM exercises do them at the same time that you do other activities. For example after you have finished passing urine, after having breakfast, lunch or dinner, or while watching the news.
- Avoid lifting heavy items. When lifting always remember to tighten the PFMs beforehand.

Further advice

- ✔ Drink 2 litres of fluid a day. You will need to drink more in hot weather or if you are exercising.
- ✘ Avoid drinks with caffeine in, for example tea, coffee, cola. Drink decaffeinated versions, or something else such as water.
- ✘ Don't go to the toilet just in case. Only go when your bladder is full.
- ✔ Avoid constipation. Eat at least 5 portions of fruit/vegetables a day. If you still need to strain to empty your bowels ask for further advice.
- ✔ Squeeze and hold your pelvic floor muscles before coughing, sneezing, lifting, laughing, etc.
- ✔ Aim to be the correct weight for your height. Ask if you need further advice in how to reduce your weight.

Your exercise plan

Slow contractions	Fast contractions	Number of times per day
Hold for: Rest for: Repeat ..... times	Repeat ..... times	