ADVANCED UROLOGY

PATIENT GUIDE

Understanding and treating overactive bladder (OAB)

A plain-language guide from Advanced Urology. Learn what overactive bladder is — and is not — how it is evaluated, and how to compare choices with your care team.

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A guide for a conversation with your care team

Understanding overactive bladder

Overactive bladder (OAB) is a sudden, strong urge to urinate that is hard to put off. It often comes with going many times a day, waking at night to urinate (nocturia), and sometimes leaking before you reach the toilet (urge incontinence). OAB can affect women and men. It is common, and it is **not** something you simply have to accept as a normal part of aging.

Common symptoms

- A sudden urge that is hard to delay
- Urinating more often than you would like during the day
- Waking at night to urinate
- Leaking with a strong urge
- Planning errands around bathrooms, or avoiding activities because of your bladder
- Urgency triggered by cues such as arriving home or hearing running water

Not every bladder symptom is OAB

There are two main types of leakage. Stress leakage happens when pressure pushes on the bladder, like a cough, a laugh, or lifting something heavy. Urge leakage is that sudden "I have to go now" feeling, where you do not make it in time — that is overactive bladder. Many people have both, and treatment depends on which one is bothering you most. Infection, incomplete emptying, stones, prostate blockage, constipation, some medicines, and other bladder problems can look like OAB or exist alongside it.

OAB is treatable in steps

Many people start with everyday changes, bladder training, and pelvic floor work. Medicines can help some people. If those steps are not enough, or are not a good fit, other options such as bladder Botox injections, InterStim, or Altaviva may be discussed. You do not have to "just live with it."

Seek urgent care now

- You cannot urinate at all and your belly is full and painful
- Fever, chills, and back or side pain
- Blood in the urine with severe pain or illness
- New loss of bladder or bowel control together with back pain or leg weakness

See a clinician promptly for new burning, fever, trouble emptying, or symptoms that start suddenly.

Why this matters

OAB can affect sleep, work, exercise, travel, intimacy, and confidence. Treatment is about restoring control in a way that fits your life and your health, not about pushing every person toward a procedure. Not every option is right for every person, and not every option is offered by every clinician at every visit.

Your evaluation

The first visit focuses on your pattern and on ruling out other causes, especially infection and incomplete emptying. **Not every person needs invasive testing** such as urodynamics or cystoscopy. Those tests are used when they are likely to change the plan.

What may be done	Why it helps
Medical history	Your symptoms, how long they have lasted, fluids, constipation, neurological conditions, prior surgeries, and medicines (including water pills and some sleep or allergy medicines).
Physical exam	May include an abdominal exam and, when appropriate, a pelvic exam or prostate exam.
Bladder diary	A few days of notes on drinks, bathroom trips, urgency, leaks, and night waking. This is one of the most useful tools your team can see.
Urine test	Looks for infection, blood, or other findings that can mimic OAB.
Bladder scan (post-void residual)	A quick ultrasound after you urinate to see whether the bladder is emptying. Retention needs a different plan than classic OAB.
Later tests, only if needed	Urodynamics (bladder pressure and flow testing) or cystoscopy (a thin camera in the bladder) may be used to look for other problems or to plan treatment. They are not automatic for every patient.

How to keep a simple bladder diary

For two or three days, write down:

- What you drink and about how much
- Each time you urinate, day and night
- How strong the urge felt
- Whether you leaked, and about how much
- What you were doing when urgency or leakage happened

You do not need a special form. Notes on paper or in your phone are enough. Do not include your full name, date of birth, or other identifiers on papers you do not need to share.

What to bring

- Your medication list, including over-the-counter products
- A list of bladder medicines you have already tried, how long you took them, and why you stopped
- About how many pads or protective products you use in a day, if any
- Recent urine tests or imaging, if you have them

Come with a comfortably full bladder in case a urine sample or scan is needed.

Medicines you already take

Do not stop prescribed medicines on your own, including blood thinners. Your team will review what you take and whether anything may be affecting your bladder.

Compare your options

For urge leakage, care often starts with habits: less caffeine, alcohol and fizzy drinks, spacing out fluids, and bladder training. Selected women after menopause may also discuss low-dose vaginal estrogen. If that is not enough, there are bladder medicines. Advanced options include bladder Botox; InterStim, which works on the nerves that control the bladder; and Altaviva, a small implant near the ankle.

Option	What it involves	Helpful to know
Behavioral care and pelvic floor work	Fluid timing, cutting back on bladder irritants, treating constipation, timed bathroom visits, urge suppression (“freeze and squeeze”), and pelvic floor exercises. A pelvic floor physical therapist can help you find the right muscles.	Often the first step. No procedure and no daily bladder medicine. Takes practice. Not everyone improves enough with these steps alone.
Medicines	Two common groups are beta-3 agonists (such as mirabegron or vibegron) and anticholinergic medicines (such as oxybutynin, solifenacin, or trospium). They aim to calm bladder muscle contractions.	Give a medicine several weeks unless your team says otherwise. Side effects can include dry mouth, constipation, or — with some medicines — effects on blood pressure or thinking and memory, especially in older adults. Medicines are chosen for you; do not start or stop them on your own.
Bladder Botox injections	Through a cystoscope, medicine is injected into the bladder wall to help the muscle stay more relaxed. Whether it is appropriate, and which clinician offers it, is decided at a visit.	Effects are temporary and treatment is typically repeated. Common concerns include urinary tract infection, burning with urination, and incomplete emptying. Some people need to use a catheter for a time if the bladder does not empty well.
Implanted sacral neuromodulation (InterStim)	A small device stimulates sacral nerves involved in bladder control. Care usually starts with a test (trial) period before a longer-term implant is considered.	This is different from Altaviva. Possible issues include pain at the site, infection, unwanted stimulation, lead movement, lack of enough benefit, and later revision, replacement, or removal.
Altaviva	A small implant placed near the ankle that stimulates the tibial nerve. It is not a sacral (InterStim) implant, and it is not needle PTNS.	Intended for urge urinary incontinence after conservative treatments have failed or are not tolerated. Often done with local anesthesia; not every person needs sedation. MRI, if needed later, is conditional. Suitability also depends on lower-leg circulation, healing, anatomy, emptying, and other implants.

Everyday steps you can start

- Drink enough that your urine is pale yellow, but avoid large amounts all at once
- Taper fluids in the 2 to 3 hours before bed
- Try reducing one irritant at a time: caffeine, alcohol, carbonated drinks, or artificial sweeteners
- When a strong urge hits, stop, gently squeeze the pelvic floor several times, breathe, then walk to the bathroom when the wave eases

What this guide does not do

It does not rank one procedure as “best,” promise a success rate, or say that every person needs medicine or a device. It also does not describe every possible therapy. If another option is discussed at your visit, ask how it compares for your situation, including benefits, risks, and follow-up.

Risks, recovery, and follow-up

Bladder Botox, in more detail

After the bladder is numbed, a thin camera is passed through the urethra and a series of small injections is placed in the bladder muscle. The visit is typically brief. You may be offered comfort medicine; if you receive sedation, you will need an adult to drive you home. Burning the first few times you urinate and a little blood in the urine can happen.

The most commonly discussed aftereffects include urinary tract infection, painful urination, and trouble emptying. If the bladder retains too much urine, you may need to learn clean intermittent catheterization until emptying improves. Relief, when it occurs, can take days to weeks, and the effect wears off, so repeat treatment is part of the plan for many people who continue it.

InterStim, in more detail

A trial period lets you and your team see whether sacral nerve stimulation helps enough to consider a longer-term implant. The device is placed under the skin, with a thin lead near the sacral nerves.

An implant can become infected or painful. The lead can move. Some people do not get enough relief. Devices can require later surgery to revise, replace, or remove them.

Altaviva, in more detail

Altaviva is an implant near the ankle that stimulates the tibial nerve. It is discussed for urge urinary incontinence after conservative care has failed or is not tolerated. Risks include pain, infection or wound problems at the implant site, nerve injury or lead movement, unintended stimulation or device issues, and possible loss of effect. Tell every clinician you have an implant before MRI or other procedures, and follow the device instructions you are given.

Shared procedure risks

Any procedure or sedation carries some risk, including bleeding, infection, and, rarely, more serious events. Your team reviews your health history and medicines beforehand. **Do not stop blood thinners unless the clinicians who prescribe them and the team doing the procedure tell you to.**

Call your team or seek emergency care if

- You cannot urinate, or you feel painfully full after a treatment
- Fever, shaking chills, or burning that is getting worse
- Redness, drainage, or increasing pain at an implant site
- New weakness, severe back pain, or loss of bowel control
- Call 911 for chest pain, trouble breathing, fainting, or confusion

Choosing among options

Behavioral care has few medical risks but takes effort. Medicines avoid surgery but can cause side effects. Botox avoids a lasting implant but can cause retention and needs repeating. InterStim and Altaviva are different implants — sacral versus ankle tibial — and each has device-related risks. Your values should be part of the choice.

Shared decisions and next steps

You do not have to try an endless list of medicines before asking about other options, and you also do not have to skip the basics. A good plan is the one you understand and can follow.

Care at Advanced Urology

We offer options so the recommendation can fit your symptoms and preferences. Selected procedures are done in our own state-of-the-art outpatient surgery centers. Anesthesia and comfort options depend on the procedure and on you. Same-day appointments are often available; that is not a guarantee for every day or every visit.

Questions to take to your visit

- [ ] Is this overactive bladder, incomplete emptying, stress incontinence, or more than one problem?
- [ ] Could a medicine, infection, constipation, or another condition be adding to my symptoms?
- [ ] Is my bladder emptying fully?
- [ ] What can I change at home first?
- [ ] Which medicines fit me, and what side effects should I watch for, including effects on thinking or blood pressure?
- [ ] If medicine is not enough, how do Botox, InterStim, and Altaviva compare for me?
- [ ] What is the chance I would need a catheter after Botox?
- [ ] If we talk about an implant, is it sacral or near the ankle, and what are the infection, revision, and MRI issues?
- [ ] How will we judge whether a treatment is helping?

Explore care at Advanced Urology

Learn more about overactive bladder and how our team approaches evaluation and treatment:

advancedurology.com/conditions/overactive-bladder

You may also visit advancedurology.com or use the contact number published on the practice website to ask about an appointment. Care is individualized; this guide is not an offer of a specific procedure, schedule, or result.

Before you decide

Ask which options are appropriate for you right now, which require more testing, and what follow-up looks like. If a treatment is discussed that is not in this guide, ask the same questions about benefits, risks, recovery, and alternatives.

This guide is for general patient education. It is not personal medical advice and does not replace a visit with your own clinician. It does not list every possible test, treatment, benefit, or risk, and it does not confirm that any named clinician currently offers every therapy at every location. Medicine changes — including any change to blood thinners — require a plan from your prescribing team. Do not start, stop, or change a medicine on your own. If you think you have an emergency, call 911 or go to the nearest emergency department.