

Overactive Bladder (OAB)

WARWIKI

Patient Information · Understanding sudden urges, frequent trips, and leaks

Overactive bladder, or OAB, is a common and treatable condition where the bladder muscle squeezes when it shouldn't. This causes a **sudden, strong urge to urinate**, going often, waking at night to go, and sometimes leaking before you reach the toilet. It is **not** a normal part of aging, and there are many ways to improve it.

About This Condition

Normally the bladder fills calmly and signals you when it is getting full. With OAB, the bladder sends an "urgent" signal too early or too strongly. The main symptoms are:

- **Urgency** — a sudden, hard-to-control need to urinate
- **Frequency** — going more than about 8 times a day
- **Nocturia** — waking at night to urinate
- **Urge leakage** — sometimes leaking on the way to the toilet

What Causes It

Often there is no single cause — it is a problem in the signals between the bladder and the brain. Things that can trigger or worsen it include **caffeine and alcohol**, constipation, being overweight, some medicines, and (in women) menopause. A urine infection can cause the same symptoms, so that is checked first. Sometimes a nerve condition is involved.

LEARN THE TERMS

Overactive bladder (OAB)

Urgency and frequent urination from the bladder squeezing too soon.

Urgency

A sudden, strong need to urinate that is hard to put off.

Frequency

Needing to urinate many times during the day.

Nocturia

Waking from sleep to urinate.

Urge incontinence

Leaking urine along with a strong urge.

Bladder diary

A simple log of drinks, trips to the toilet, and leaks.

Pelvic floor

The muscles you can train to help control the bladder.

Bladder training

Gradually stretching the time between trips to calm urgency.

WILL IT GET BETTER? Yes — most people improve. Treatment usually starts with simple changes and bladder training, and steps up only if needed. It can take a few weeks to notice a difference, so give each step time and keep working with your team to find what fits you.

How It's Diagnosed

- A talk about your symptoms and a **bladder diary**
- A **urine test** to rule out infection or blood
- A check of how well you empty (a quick bladder scan)
- Sometimes more tests (urodynamics or a scope) if the picture is unclear or other treatments have not worked

How It's Treated (Step by Step)

- 1 Lifestyle & training** — cut caffeine/alcohol, manage fluids, treat constipation, lose excess weight, and do **bladder training** and **pelvic-floor exercises**.
- 2 Medicines** — pills that calm the bladder muscle.
- 3 Advanced options** — **Botox** into the bladder, or **nerve stimulation** (PTNS or sacral neuromodulation). Each has its own handout.

Living With OAB

- Keep a **bladder diary** for a few days to spot triggers.
- Sip fluids steadily; don't cut back so far that urine becomes concentrated.
- Use **timed trips** and the "urge-control" tricks (stop, squeeze the pelvic floor, breathe, then go) your team teaches.

Call your team if you have:

- **Blood in the urine**, or pain or burning when you urinate
- A fever, or back/flank pain (possible infection)
- You suddenly **cannot urinate**

THREE THINGS TO REMEMBER

- 1.** OAB — urgency, frequency, night-time trips, and sometimes leaks — is common and treatable, not a normal part of aging.
- 2.** Treatment steps up gradually: lifestyle and bladder training first, then medicines, then Botox or nerve stimulation.
- 3.** A bladder diary helps find triggers; give each step a few weeks. Call for blood in the urine, pain, fever, or being unable to urinate.