

Overactive Bladder

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What is an overactive bladder?

Many women have symptoms of what is commonly called a “weak bladder”. For some, this means that they cannot hold much urine in their bladder before they must rush to the toilet. It is caused by the bladder muscle suddenly tightening and trying to empty when you do not want it to.

If you have an overactive bladder, you will often need to rush to the toilet, pass urine very frequently during the day and wake up several times each night to pass urine too.

It can be very intrusive into your life, especially as it affects sleep and can make you very tired.

How common is it?

An overactive bladder is surprisingly common in both women and in men too. It can affect between 1 in 3, to 1 in every 10 women.

It is more common in women who:

- Have gone through the menopause
- Are overweight or obese
- Smokers
- Have other nerve related conditions (Multiple Sclerosis, Parkinsons etc)
- Past surgery for stress incontinence
- Have had problems with bedwetting as a child

Why does it happen?

There are many possible causes for an overactive bladder, and they vary with your age. Some things you can change and others unfortunately you cannot.

Weight – overactive bladder is much more common in women who are overweight and the more overweight you are, the more common and worse it can be.

Caffeine – some people are sensitive to caffeine and switching to decaf drinks can be very helpful for them.

Artificial sweeteners – these are very irritant for your bladder and should be avoided in all forms. They are mostly found in drinks labelled “diet” or “zero”.

Lack of Estrogen – after the menopause, the skin in the vagina can become lacking in estrogen and then become thin. As it sits next to the bladder, this can cause the bladder to become overactive and replacing the estrogen with an HRT cream helps to reduce the symptoms.

Genetics – Some people are unfortunate to have this run in their family. They will often have relatives with similar symptoms and who also may have had issues themselves with bedwetting as a child or “giggle incontinence”.

Neurological conditions – Some illnesses such as Multiple Sclerosis (MS) or Parkinson’s disease, can affect the bladder function resulting in it being overactive. The treatment is the same as for other causes, but you may end up needing a combination of treatments or even to change treatments over time.

Previous surgery – women who have had operations to treat stress incontinence in the past (tape operations or colposuspension) have a higher chance of getting an overactive bladder than other women due to scarring and/or the presence of a mesh in the pelvis.

No obvious cause – most of the time we are not sure as to why you have an overactive bladder, but we will exclude any cancers or other conditions. The treatment is the same and we make sure that you are on the best treatment for you.

How is it diagnosed?

History - An overactive bladder is a group of symptoms that you tell your doctor about and they see if they meet the description.

Bladder diary – Everyone with symptoms that suggest an overactive bladder, should fill out a fluid diary to see if they really do have the right symptoms and see how much they can hold at any one time.

Cystoscopy – Sometimes we will advise a short procedure to look into the bladder to see if there is any cause such as a stone or a tumour in the bladder. Usually this is done if you have not got better with lifestyle changes or tablets.

Urodynamics – If you have not got better with the normal treatments, then usually a bladder test called “Urodynamics” will be offered. This is a test to check how the bladder is working and see if the muscle is tightening when you do not want it to.

What can be done to treat it?

There are many treatments that are available for women who have symptoms of an overactive bladder. They start at the least invasive and safest treatments.

Lifestyle changes – There are many changes that can be made to relieve the symptoms quite quickly. Reducing the amount of caffeine, stopping artificial sweeteners, losing weight, stopping smoking,

Physiotherapy – Doing your pelvic floor muscle exercises with a physiotherapist is very effective in reducing your symptoms. Many women do their exercises, but a physiotherapist can make sure that you are doing them properly and monitor your progress.

Medication – there are two main types of medication for an overactive bladder. Either can work well and you should discuss with your doctor as to which one you may suit you better.

PTNS (Percutaneous Tibial Nerve Stimulation) – This is a procedure that is carried out by the physiotherapists. They will place an acupuncture needle near a nerve in your ankle. This has a very mild electrical current passed through it and it helps to change the nerve pulses to calm your bladder down.

Botox – This is injected into your bladder wall via a telescope. It partly paralyses the muscle of the bladder to stop it contracting so much. One in every ten women can have a problem when they cannot pass urine either completely or partly. For this reason, we teach everyone who is having this treatment how to pass a catheter themselves. If they cannot do this, then an alternative treatment will be discussed.

Sacral Neuromodulation – here a wire is passed across the pelvis next to the nerves that supply your bladder. It is attached to a special battery, and this helps to continually keep your bladder under control. There is a controller that you will be given that allows you to change the program and intensity depending on how you are feeling. It can work for bladder and bowel problems.

Catheter (Long term) – for some women, they do not want any intervention or surgery and would prefer to have a catheter into their bladder. This can be put in through the urethra (where you pass urine from) or across your tummy above the pubic bone. Either way, the catheter can drain your bladder constantly to reduce or avoid leakage. It can still allow some leakage though and does increase your risk of urine infections.

Larger bladder operations – these are carried out in specialist urology centres and reserved for women who have tried everything else and want to avoid a long-term catheter. Due to the size of the surgery, you need to be fit and healthy enough to recover from major surgery and be aware of the risk and benefits to the operation.

Further reading

IUGA leaflets - <https://www.yourpelvicfloor.org/leaflets/>

BSUG Patient leaflets - <https://bsug.org.uk/pages/for-patients/bsug-patient-information-leaflets/154>

Bladder and Bowel organization UK - <https://www.bbuk.org.uk/>

Useful contact numbers:

- **Urogynaecology Clinical Co-Ordinator**
Monday to Friday (excl. BH) - **0151 676 5619**
- **Day Surgery Unit St Helens Hospital (Sanderson Suite)**
8am-9pm Monday to Friday – **01744 64 6089**
- **Pre-assessment Clinic - 01744 64 6395**
9am-5pm Monday to Friday
- **Surgical Assessment Unit - 0151 430 1637**
after 9pm, weekends and bank holidays
- **Outpatients Department Green zone, St Helens Hospital**
9am-5pm Monday to Friday – **01744 64631 / 6300**
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