



## COMPARISON OF TREATMENT OPTIONS FOR OVERACTIVE BLADDER (OAB)

Information from The British Association of Urological Surgeons (BAUS)

You have been given this leaflet because you have an overactive bladder. The aim of the leaflet is to provide you with information about the different treatment options available and how they compare with one another.

We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

[http://www.baus.org.uk/\\_userfiles/pages/files/Patients/Leaflets/OAB options.pdf](http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/OAB options.pdf)

### Caffeine reduction, pelvic floor exercises, bladder training

|                          |  |
|--------------------------|--|
| <b>Type of treatment</b> | Conservative, lifestyle                      |
| <b>Success rate</b>      | Greater than 50%                             |
| <b>Complications</b>     | None   |
| <b>Advantages</b>        | Simple, safe and effective for many patients |
| <b>Disadvantages</b>     | Requires commitment by the patient           |

### Vaginal oestrogen

|                          |  |
|--------------------------|--|
| <b>Type of treatment</b> | Cream or pessary   |
| <b>Success rate</b>      | Not accurately known, but approximately 50%  |
| <b>Complications</b>     | May cause vaginal irritation   |
| <b>Advantages</b>        | Safe and effective   |
| <b>Disadvantages</b>     | Only suitable for post-menopausal women<br>May not be suitable in women who have had breast cancer |

## Anticholinergic tablets

(e.g. Oxybutynin, Tolterodine, Trospium, Solifenacin)

|                          |  |
|--------------------------|--|
| <b>Type of treatment</b> | Tablets  |
| <b>Success rate</b>      | 60% of patients will continue treatment                                      |
| <b>Complications</b>     | Dry mouth (20%) and constipation (10%)                                       |
| <b>Advantages</b>        | Can work well and avoids more invasive treatments                            |
| <b>Disadvantages</b>     | May cause side-effects<br>Concerns about possible increased risk of dementia |

## Beta-3 agonist tablets (e.g. Mirabegron)

|                          |   |
|--------------------------|---|
| <b>Type of treatment</b> | Tablets   |
| <b>Success rate</b>      | 60% of patients will continue treatment   |
| <b>Complications</b>     | High blood pressure, abnormal heart rhythms and stomach pain/nausea (10% for each)                                      |
| <b>Advantages</b>        | Very effective<br>Avoids most of the side-effects of anticholinergics<br>No current concerns about the risk of dementia |
| <b>Disadvantages</b>     | Cannot be used with severe high blood pressure or certain heart problems ("prolonged QT" interval)                      |

## Botox injections into the bladder wall

|                          |   |
|--------------------------|---|
| <b>Type of treatment</b> | Minimally-invasive day-case procedure, usually performed under local anaesthetic  |
| <b>Success rate</b>      | 80% report improvement  |
| <b>Complications</b>     | Urinary infection (20%), difficulty passing urine with poor bladder emptying (10% require clean intermittent self-catheterisation, CIC) |
| <b>Advantages</b>        | Very effective<br>Local anaesthetic procedure   |
| <b>Disadvantages</b>     | Requires repeat injections every six months<br>10% risk of CIC  |

## Sacral neuromodulation

|                          |   |
|--------------------------|---|
| <b>Type of treatment</b> | Minimally-invasive needing two separate procedures, usually under general or spinal anaesthetic |
| <b>Success rate</b>      | 70% of patients report improvement  |
| <b>Complications</b>     | Infection of the implanted stimulator (very rare)   |
| <b>Advantages</b>        | Minimally-invasive and safe, with good efficacy   |
| <b>Disadvantages</b>     | Requires two separate procedures<br>Patients unable to go in MRI scanner afterwards             |

## Augmentation enterocystoplasty

|                          |   |
|--------------------------|---|
| <b>Type of treatment</b> | Major operation with several days in hospital                             |
| <b>Success rate</b>      | 70% of patients report improvement  |
| <b>Complications</b>     | 70% risk of needing CIC, mucus plugs in the urine and repeated infections |
| <b>Advantages</b>        | May be successful where other treatments have failed                      |
| <b>Disadvantages</b>     | Major surgery with significant long-term side-effects and a risk of CIC   |

## Ileal conduit urinary diversion

|                          |   |
|--------------------------|---|
| <b>Type of treatment</b> | Major operation with several days in hospital                         |
| <b>Success rate</b>      | 100% resolution of incontinence                                       |
| <b>Complications</b>     | Urine infections, poor kidney drainage and the need for a stoma (bag) |
| <b>Advantages</b>        | Last resort for severe, untreatable incontinence                      |
| <b>Disadvantages</b>     | Major surgery with a risk of complications<br>Permanent stoma bag     |

## What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you wish to have a copy for your own records. If you wish, they can also arrange for a copy to be kept in your hospital notes.

## What sources were used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Information Standard](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

## Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

### PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.