



**MYTHS**

- It is part of being a woman
- It is a normal part of ageing
- It is hereditary – my mom had it, and so will I
- I could have stopped it
- There is nothing that can be done for it

**TYPES OF INCONTINENCE**

Urinary incontinence is a problem with the loss of control over urination. There are two main types:

- **Stress Urinary Incontinence (SUI)** a small to moderate amount of urine is released, without control. This happens when you cough, sneeze, or laugh.
- **Urge Urinary Incontinence (UII) or Overactive Bladder (OAB)** a sudden, uncontrollable need to urinate. Leaks may be moderate to large.
- **Overflow Incontinence** - Continuous dribble of Urine

**WHAT IS OVERACTIVE BLADDER (OAB)?**

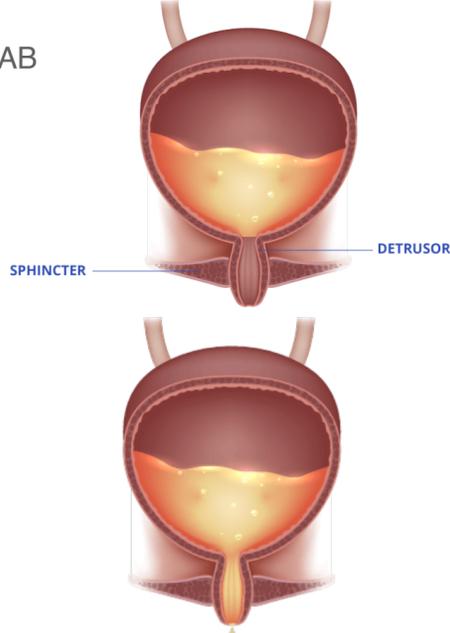
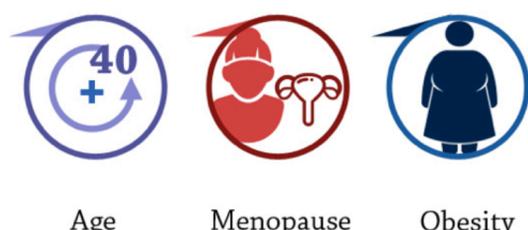
**The Overactive Bladder** Women with OAB feel a sudden urge to urinate, sometimes followed by leaking. Some women leak on the way to the bathroom, or while they are pulling down their clothes. Sometimes the whole bladder empties. It is common to feel the frequent urge to go even though your bladder isn't full.

THE "mishaps" like this can be a few drops of urine, or enough to soak through your clothes creating social embarrassment

**WHAT CAUSES SUI?**

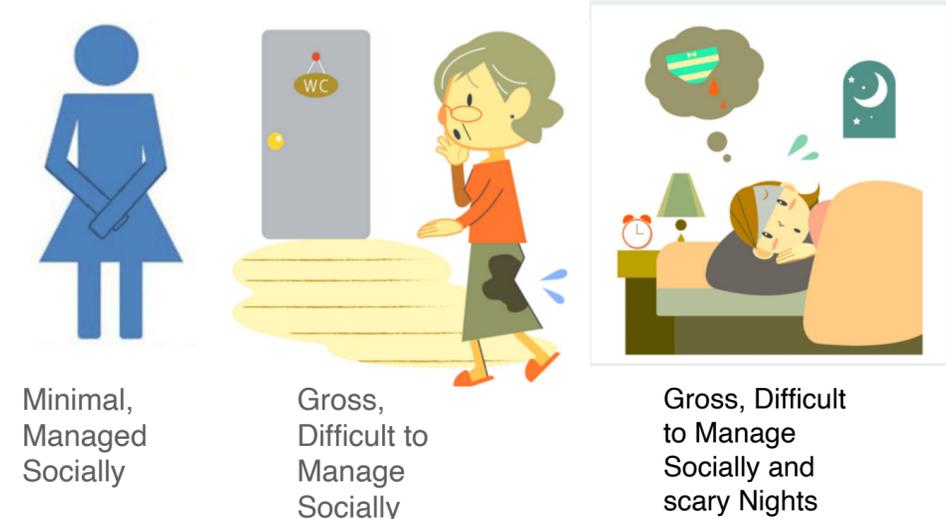
- \* Females are more likely to get OAB
- \* Being overweight
- \* Perimenopause, Menopause
- \* Stress
- \* Professionals

These most common risk factors for OAB



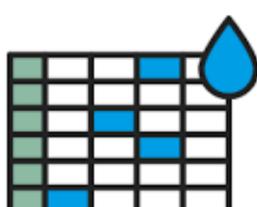
**WHAT ARE THE SYMPTOMS / DIAGNOSIS OF OAB?**

Diagnosis It can feel embarrassing to have these bladder issues. You are not alone. As a first step to taking back your life, talk to your medical provider or bladder specialist, like urologist. Discuss when and how often you leak urine. A physical exam helps identify other conditions that influence the bladder, such as prolapse.



Additional tests might include:

- **Urine analysis** to check for a urinary tract infection and blood in your urine.
- **Ultrasound** to assess how much urine remains in your bladder after urinating.
- **Urodynamics** may be advised to gather information on your bladder and urethra.



You may be asked to complete a **BLADDER DIARY**. This requires you to record what, how much, and how often you drink. You also measure the amount you urinate. This will help your provider learn more about your bladder symptoms.

**WHAT IS TREATMENT OF OVERACTIVE BLADDER (OAB)?**

**PELVIC FLOOR PHYSICAL THERAPY**

Most women find that pelvic floor muscle exercises help improve symptoms. For the best effect, work with a specialised PT to learn the techniques. Then use these exercises every time you feel urgency. It may take 3 to 6 months of regular pelvic floor muscle exercise to see results.

**MEDICAL THERAPY**

OAB can be controlled with combination ( Bladder Tone Modulators) therapy and you can get your life back.

**BOTULINUM TOXIN (BOTOX)**

Botox relaxes the bladder muscle. Under a local anaesthetic or sedation, your provider uses a small camera and needle to inject Botox into the bladder wall.

**DIETARY CHANGES**

Certain types of drinks can provoke bladder spasms. For example, coffee, tea, sodas and other beverages with caffeine worsen symptoms. Artificial sweeteners, fruit juices and alcohol can also bother your bladder. Completing a bladder diary can help you look for a connection between your diet and bladder symptoms

