

Understanding Overactive Bladder (OAB)

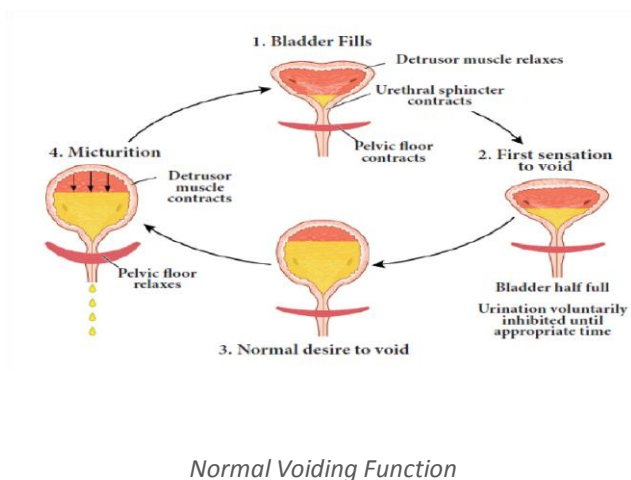
OAB is a neurological condition that occurs when the detrusor muscle contracts but the brain did not instruct it to. You feel the sensation to go, but the bladder is not always full.

Symptoms are often Urgency, Frequency, Urge Incontinence and Nocturia (waking often at night.) Common Causes are constipation, UTIs, neurological disorders, high urine production, medications, caffeine, sugary drinks, alcohol, aging, and incomplete emptying.

To understand OAB, one must start with understanding normal voiding function....

These three systems work together for normal voiding:

- **Bladder muscles and urinary tract** - The average female bladder can hold 350 to 550 milliliters (approx. 2 cups) for 2 to 5 hours, averaging 5 to 8 void events daily.
- **Nerves controlling urinary system** - The Alpha receptor in bladder, which expands as the bladder fills up, results in signals of COULD go, SHOULD go and TIME to go throughout a 24 hour period.
- **Ability to feel and respond to urge to void** - The signal to void is sent along pelvic nerves to your spinal cord, then to the brain stem. A reflex signal is sent back from the brain stem to the bladder, instructing the detrusor muscle in the wall of the bladder to contract to push urine out, and the urethra to relax to release urine.



We follow a multifaceted plan of care to manage and resolve OAB that includes:

- Pelvic muscle exercises and Estem because voluntary contractions of the pelvic muscle inhibit the detrusor to reeducate the neuro signal and increase urethral closure pressure.
- Lifestyle education & modifications.

Empowering Women. Restoring Hope.