



COMPARISON of TREATMENT OPTIONS for OVERACTIVE BLADDER (OAB)

Information from The British Association of Urological Surgeons (BAUS) about bladder treatments

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.



<http://rb.gy/jmayz>

To view this leaflet **online**, scan the QR code (above right) or type the short URL below it into your web browser.

CAFFEINE/ALCOHOL REDUCTION, PELVIC FLOOR EXERCISES & BLADDER TRAINING/DRILL

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

VAGINAL OESTROGENS

Type of treatment	Cream or pessary
Success rate	Not accurately known, but approximately 50%
Complications	May cause vaginal irritation
Advantages	Safe and effective

Disadvantages	Only suitable for post-menopausal women; may not be suitable for women who have had breast cancer
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ANTICHOLINERGIC TABLETS (e.g. Oxybutynin, Tolterodine, Trospium, Darifenacin, Fenoteridine, Solifenacin)

Type of treatment	Tablets
Success rate	30 - 40% of patients long-term will continue treatment
Complications	Dry mouth (20%) and constipation (10%)
Advantages	Can work well and avoids more invasive treatments
Disadvantages	May cause side-effects; risk of dementia, especially if taken with other medications with a similar action

BETA-3 AGONIST TABLETS (e.g. Mirabegron)

Type of treatment	Tablets
Success rate	40 - 50% of patients long-term will continue treatment
Complications	High blood pressure, abnormal heart rhythms and cold-like symptoms
Advantages	Can work well and avoids most of the side-effects of anticholinergics
Disadvantages	Cannot be used with severe high blood pressure or certain heart rhythm problems

BOTOX INJECTIONS INTO THE BLADDER WALL

Type of treatment	Minimally invasive day-case procedure, usually performed under local anaesthetic
Success rate	70% report improvement
Complications	Urinary infection (20%), difficulty passing urine with poor bladder emptying (6 - 20% require clean intermittent self-catheterisation, CISC)

Advantages	Very effective, local anaesthetic procedure
Disadvantages	Requires repeat injections at regular intervals

SACRAL NEUROMODULATION

Type of treatment	Minimally invasive, needing two separate day-case procedures, usually under general anaesthetic or sedation, although the first stage can often be done in an outpatient setting in some centres
Success rate	70% of patients report improvement
Complications	Infection of the implanted stimulator (very rare)
Advantages	Minimally invasive and safe, with good efficacy Avoids the need for repeat procedures
Disadvantages	Requires two separate procedures and loss of effect over time

AUGMENTATION ENTEROCYSTOPLASTY

Type of treatment	Major operation with several days in hospital
Success rate	80% of patients report improvement
Complications	70% risk of CISC, urine leak & bowel leak; bowel leakage is rare but significant, and may need further surgery
Advantages	May be successful where other treatments have failed and is a long-term solution
Disadvantages	Major surgery with a risk of long-term complications such as mucus plugs, stones & urine infection and a risk of CISC

ILEAL CONDUIT URINARY DIVERSION

Type of treatment	Major operation with several days in hospital
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Success rate	80%
Complications	Urine or bowel leak are rare but significant and may require further surgery. Poor kidney drainage is possible. Need for an abdominal stoma (a urine bag on the tummy wall)
Advantages	In well-selected patients, can be quality of life restoring
Disadvantages	Major surgery with a risk of long-term complications (stones, infections and deteriorating kidney function over time). Permanent stoma bag with urine that needs emptying regularly

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

Whilst we have made every effort to give accurate information, 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 have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.