



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

Caffeine reduction, pelvic floor exercises, bladder training

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

Vaginal oestrogen

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 in women who have had breast cancer

Anticholinergic tablets

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

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

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

Type of treatment	Tablets
Success rate	60% of patients will continue treatment
Complications	Hypertension, tachycardias and upper GI symptoms (10% for each)
Advantages	Very effective Avoids most of the side-effects of anticholinergics No current concerns about the risk of dementia
Disadvantages	Cannot be used with severe high blood pressure or certain heart problems (e.g. "prolonged QT" interval)

Botox injections into the bladder wall

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

Sacral neuromodulation

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

Augmentation enterocystoplasty

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

Ileal conduit urinary diversion

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