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PATIENT GUIDE

Overactive Bladder in Women

Overactive bladder (OAB) means a sudden, strong urge to pass urine that is hard to hold off, often with needing to go frequently, getting up at night, and sometimes leaking before reaching the toilet. It is very common in women, but it is not something you simply have to live with. Exercises, diet and lifestyle changes help most women — and effective treatments are available if more help is needed.

COMMON SIGNS OF AN OVERACTIVE BLADDER

Urgency
A sudden, strong need to pass urine that is difficult to put off.

Frequency
Passing urine more than 8 times during the day.

Night-time trips
Waking more than once at night to pass urine.

Urge leakage
Leaking on the way to the toilet, at the sound of running water, or on reaching the front door.

FIRST, WE CHECK FOR OTHER CAUSES

A urine infection, diabetes, constipation, incomplete bladder emptying, vaginal dryness after menopause, a prolapse, nerve conditions (such as stroke, Parkinson's disease or spine problems) and some medicines can all cause similar symptoms. OAB rarely goes away on its own, but there is no need to feel embarrassed — it is very treatable. A urine test, a bladder scan and a review of your medicines are usually the first steps.

YOUR UROLOGIST



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1 · EXERCISES

Exercises that calm the bladder

These exercises strengthen the muscles that hold urine in and help the bladder learn to relax. Give them at least **6–12 weeks**.

WHEN THE URGE STRIKES — "FREEZE AND SQUEEZE"

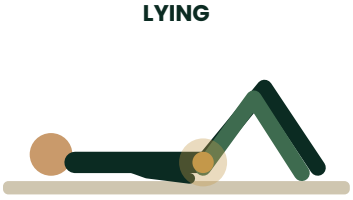
1 Stop and stay still
Don't rush to the toilet. Rushing makes the bladder squeeze harder. Sit down if you can.

2 Squeeze quickly
Do 5–6 quick, strong pelvic floor squeezes. This signals the bladder to relax.

3 Breathe and distract
Take slow breaths and keep your mind busy — count backwards from 100 in 7s, or tell yourself "I am in control".

4 Walk calmly
When the urge eases, walk at a normal pace to the toilet.

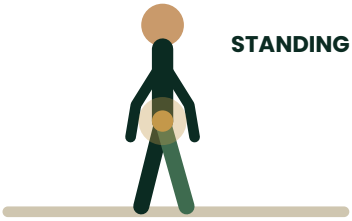
PELVIC FLOOR EXERCISES — PRACTISE IN THREE POSITIONS



Lie on your back, knees bent.



Sit upright, feet flat on the floor.



Stand with feet hip-width apart.

How to do pelvic floor exercises

- **Find the muscles:** imagine stopping yourself passing wind and stopping the flow of urine at the same time. You should feel a squeeze and lift inside. Keep your tummy, buttocks and thighs relaxed, and keep breathing. Do **not** practise by stopping your urine flow.
- **Slow holds:** squeeze and hold for up to 10 seconds, then relax fully for 10 seconds. Repeat up to 10 times.
- **Quick squeezes:** squeeze strongly for 1 second, then relax. Repeat 10 times.
- **How often:** three times a day — lying, sitting and standing. Link them to a fixed routine, such as before each meal, so you don't forget. Start with what you can manage and build up.
- **Keep going** even after you improve — like any muscle, the pelvic floor weakens again if exercises stop.
- **The knack:** squeeze just before you cough, sneeze, stand up or lift, to stop leaks.
- A **women's health physiotherapist** can check you are doing them correctly. Improvement usually takes about 3 months.

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Staying active

- Aim for at least 150 minutes of moderate activity a week, such as brisk walking, swimming, yoga or cycling.
- Strength and balance exercises protect your muscles and reduce the risk of falls when hurrying to the toilet.

2 · DIET

Bladder-friendly drinking and eating

How much to drink

- **Don't cut down too much.** Concentrated urine irritates the bladder and raises the risk of infection and constipation. Most women need about **1.5–2 litres a day**, so the urine is pale yellow.
- If you drink very large amounts, reducing to this level often helps.
- Sip steadily through the day rather than drinking large amounts at once. Drink most of your fluids in the morning and afternoon. You may need a little more in hot weather or when sweating.
- **In the 4 hours before you sleep, limit all fluids to about 500–600 ml in total until the morning** — including tea, milk, soup and water with medicines.
- **Avoid the habit of drinking water every time you wake up to pass urine at night.** It refills the bladder and causes more night-time trips. If your mouth is dry, take a small sip only.
- If you have heart failure, kidney disease or swelling, follow the fluid amount your doctor advises.

Foods and drinks to avoid

AVOID	EXAMPLES
Citrus fruits and juices	Orange, mosambi (sweet lime), lemon and nimbu pani, amla, grapefruit, pineapple, and their juices.
Tomatoes and tomato products	Raw tomatoes and salads, tomato ketchup and sauces, tomato chutney, puree and tomato soup.
Pickles and sour foods	Achar of all kinds, vinegar and vinegar-based sauces, tamarind (imli) chutney.
Raw onion	Raw onion in salads, kachumber and chaat. Cooked onion is usually better tolerated.
Honey and added sugar	Honey in tea or warm water, sweets, and sugar-sweetened drinks.
Carbonated (fizzy) drinks	Colas, soda, lemon-flavoured sodas, sparkling water and energy drinks.
Caffeine	Tea, coffee, green tea, cold coffee, chocolate and cocoa drinks.
Spicy food	Green chillies, red chilli powder, very spicy curries and street food.
Artificial sweeteners	Sugar-free tablets and "diet" drinks containing aspartame, acesulfame or saccharin.
Alcohol	All types, including beer and wine.

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HOW TO MAKE THE CHANGES

Cut out, then test
Stop all the foods above for 2–3 weeks. If your symptoms improve, bring back one item at a time, every 3–4 days, and note in your diary whether symptoms return.

Reduce caffeine slowly
Cut tea and coffee gradually over 1–2 weeks to avoid headaches. Switch to decaffeinated tea or coffee, or herbal teas. If you cannot give it up, keep caffeine to no more than about 2 small cups a day.

Bladder-friendly choices
Plain water, milk, coconut water, pear, papaya, banana, melon, apple, lauki, tori, cucumber, pumpkin, dal, rice, roti, oats and mildly spiced home-cooked food.

Prevent constipation
Plenty of vegetables, fruit, whole grains and isabgol if advised. A full bowel presses on the bladder.

Read food labels
Packaged foods, namkeen and sauces often contain vinegar, citric acid, tomato or caffeine.

Kidney stones too?
Citrus helps prevent some kidney stones. If you form stones, ask us and we will balance the two for you.

3 · LIFESTYLE

Everyday habits that help

Regular bowels
Aim for an easy, painless motion at least every other day. Go when you feel the urge, don't strain, and eat fibre.

Blood sugar
High sugar makes you pass more urine. Keep diabetes well controlled.

Tobacco, if you use it
Smoking, chewing tobacco or using mishri or gul exposes the bladder to nicotine, which irritates it. Stopping helps.

Treat a chronic cough
Repeated coughing from asthma, allergies or bronchitis strains the pelvic floor. Ask your doctor about treatment.

Review your medicines
Water tablets, some BP and heart medicines, sedatives, antidepressants and antihistamines can worsen symptoms. Never stop them yourself — ask us.

Prevent urine infections
Wipe front to back, and pass urine before and after sex.

Calm the worry
Fear of leaking can itself trigger urgency. When anxious, stop and take a few slow, gentle breaths.

Swollen ankles
Raise your legs for an hour in the afternoon, so fluid is passed earlier and you get up less at night.

Toilet posture
Sit fully on the seat, feet flat or on a small stool, lean forward and relax. Don't hover or strain.

Night-time safety
Keep a night light on and a clear path to the toilet. Sit on the bed edge for a moment before standing.

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4 · WEIGHT REDUCTION

Weight reduction

Why it helps

Extra weight, especially around the tummy, presses on the bladder and pelvic floor. In studies, women who lost weight had **significantly fewer leakage episodes** — often within 6 months.

- Losing even **5–10% of your body weight** can make a real difference. For a 70 kg woman, that is 3.5–7 kg.
- For Indian women, aim for a **waist under 80 cm (31.5 inches)** and a BMI under 23.
- Lose weight gradually — about 0.5–1 kg a week — with smaller portions, fewer fried foods and sweets, and more vegetables, dal and protein.
- Combine diet with regular activity. Ask us about a dietitian if you need support.

Common myths, corrected

MYTH	FACT
"It's just part of getting older, or of having children."	It is common, but very treatable at any age.
MYTH	FACT
"Drinking less water will fix it."	Too little fluid irritates the bladder. Change **what** and **when** you drink, not just how much.
MYTH	FACT
"Surgery is the only real cure."	Most women improve with exercises, diet, lifestyle changes and medicines.

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5 · BLADDER DIARY

Your bladder diary

Fill this in for **3 days** before your appointment — use one page per day (print extra copies). Measure urine with a measuring jug if you can. Day: _____ Date: _____

INTAKE — WHAT YOU DRINK

TIME	TYPE OF LIQUID	AMOUNT (ml)

OUTPUT — EACH TIME YOU PASS URINE

TIME	URINE PASSED (ml)	URGENCY (could not wait?)	LEAK WITH THIS EPISODE
		Yes / No	None / S / M / L
		Yes / No	None / S / M / L
		Yes / No	None / S / M / L
		Yes / No	None / S / M / L
		Yes / No	None / S / M / L
		Yes / No	None / S / M / L
		Yes / No	None / S / M / L
		Yes / No	None / S / M / L
		Yes / No	None / S / M / L
		Yes / No	None / S / M / L

HOW TO GRADE A LEAK

- **S — Small:** you notice damp underwear by chance, without having been aware of leaking.
- **M — Medium:** you are aware of leaking, but do not need to change your clothes straight away.
- **L — Large:** the leak means you need to change your clothes immediately.

ACCIDENTAL LEAKS WITH EFFORT

Record separately any leaks that happen when you **laugh, cough, sneeze, jump, bend or stand up from sitting**. These are a different type of leakage (stress incontinence) and are treated differently.

TIME	WHAT YOU WERE DOING	LEAK SIZE (S / M / L)

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6 · BLADDER MANAGEMENT

Managing your bladder

Bladder training

Over time, an overactive bladder learns to send urgent signals when it is only partly full. Bladder training teaches it to hold more.

- Using your diary, note your usual gap between toilet visits.
- Use "freeze and squeeze" to hold on a little longer. Add **15 minutes** to the gap, and once that feels comfortable, add another 15 minutes.
- Aim, over 6–12 weeks, for every **3–4 hours** in the day.
- Pass urine on waking, before bed and at your scheduled times — even if you do not feel the urge. Avoid going "just in case" at other times.
- If you feel you are about to leak, go to the toilet, then return to your schedule. Don't give up after a bad day.
- Do not hold on for much longer than 4 hours — over-stretching the bladder can cause emptying problems.

Treatments if you need more help

TREATMENT	WHAT IT INVOLVES
Vaginal oestrogen	For women after menopause: a low-dose cream or pessary used in the vagina. It can ease urgency and reduce urine infections. Very little enters the bloodstream.
Mirabegron	A bladder-relaxing tablet that does not affect memory. Your blood pressure will be checked.
Antimuscarinic tablets	Such as solifenacin or trospium. Effective, but they can cause dry mouth and **constipation** — take extra fibre and fluids during the day to prevent it, as constipation worsens bladder symptoms. Some can affect **memory and thinking**, especially over the age of 65, so we choose carefully.
Botox bladder injections	For symptoms that do not respond to tablets. The effect lasts several months. Some women need to empty the bladder with a catheter for a while.
Nerve stimulation	Gentle stimulation of a nerve near the ankle (tibial nerve), usually in weekly sessions for 12 weeks.

Exercises and lifestyle changes make medicines work better, so continue them alongside any treatment. Tablets may start to help within 2–3 weeks, with the full benefit by about 12 weeks.

Pads and skin care

- Use **incontinence pads** designed for urine, not sanitary pads — they absorb better and protect the skin.
- Wash with plain water, pat dry and use a barrier cream to prevent soreness.

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When to seek help

DISCUSS AT YOUR NEXT VISIT	CONTACT US OR GO TO EMERGENCY
• Improvement that is gradual over weeks • Mild dry mouth on bladder tablets • **Constipation** — tell us early, as it worsens bladder symptoms and should be prevented	• **Blood in the urine**, or vaginal bleeding after menopause • **Burning**, fever, or pain in the side or back • Difficulty passing urine or a feeling of not emptying • A bulge or lump in the vagina • New confusion on bladder tablets • Sudden symptoms with back pain, leg weakness or numbness

IN AN EMERGENCY: call **+91 97465 52559** or go to the nearest hospital emergency department. Bring your medicine list.

MY PERSONAL PLAN (to be filled in at your consultation)

Daily fluid target _____

Bladder training goal _____

Pelvic floor programme _____

Weight goal _____

Medicines _____

Next review _____

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This leaflet provides general information for patients and families. It does not replace individual medical advice. Please speak to your doctor before starting or stopping any medicine. Content based on current EAU (European Association of Urology) guidance on non-neurogenic female lower urinary tract symptoms and the AUA/SUFU guideline on overactive bladder.