Patients with overactive bladder have the urge ‘to go’ ALL the time. When conservative treatments, like exercises and drugs, don’t ease that urge, nerve stimulating therapies might help.

**Bladder Control**

The bladder is a pouch-like muscular organ that holds urine from the kidneys until the fluid is eliminated from the body. When the bladder becomes full, nerves in the wall send a signal to the brain to initiate the need to urinate. Normally, people learn to hold the urge “to go” until they reach the bathroom. Then, the brain sends a message to the bladder muscle to contract, forcing the urine out.

In someone with an overactive bladder, the bladder muscles start to contract before a person has reached the bathroom, causing involuntary loss of urine. Patients may have a sudden, strong sense of the need to urinate, a frequent need to urinate (often 7 or more times a day), involuntary loss of urine, and waking to urinate during the night.

Researchers estimate about 33 million Americans have an overactive bladder. Although it’s more common in women and older adults, men can be affected as well. For most people, the leakage of urine is embarrassing and greatly affects their quality of life. They may avoid long car trips, shopping or social gatherings, unless they are certain a restroom will be nearby and available. Some carry an extra set of clothing and incontinence pads.

Investigators report overactive bladder can have a significant impact on a person’s health. Some patients develop depression. Urinary leakage can increase the risk for urinary tract infections and skin infections. And a sudden urge to use the bathroom, associated with age-related frailty, increases the risk for accidental falls and serious fractures.

**Treating Overactive Bladder**

Patients with overactive bladder and other types of incontinence are sometimes too embarrassed to seek help for their symptoms. However, Larissa Rodriguez, M.D., Urologist at UCLA Medical Center in Los Angeles, CA, stresses that a physician should be consulted because treatments are available.

There are methods that can be tried to control urinary leakage. Behavioral therapy may involve scheduling toilet breaks (often every two to four hours to keep the bladder less full), bladder retraining (gradually increasing the time between toilet breaks) and Kegel exercises to strengthen the pelvic muscles. Medications can sometimes be helpful in controlling symptoms.

**InterStim® Therapy**

Patients who are not helped with behavioral treatments and medications may be candidates for another type of treatment, called InterStim® Therapy. InterStim uses a technique, called neuromodulation, to stimulate the sacral nerves (those that stimulate the bladder muscle). Physicians sometimes compare the treatment to a pacemaker for the bladder.

The InterStim system is surgically implanted. However, since the treatment doesn’t work for everyone, doctors perform a trial therapy. First, doctors need a baseline assessment of symptoms. Patients need to keep a diary of how often they urinate and how many accidents they have.

Preparation for the trial assessment is typically done as an outpatient procedure under local anesthesia. One or two tiny wires are inserted through the skin to the area near the sacral nerves. The wires are taped to the skin to hold them in place. The other ends of the wires are connected to a small stimulator device designed to be worn on the waistband. Once everything is in place, the stimulator is programmed to send a weak electrical signal to the sacral nerves. During this time, patients continue to keep a diary of their symptoms. Rodriguez says patients who have a 50 percent or more reduction in their overactive bladder symptoms during the trial period will likely be successful candidates for permanent implantation.

During permanent placement of the InterStim, the ends of the wires are fed under the skin and connected to a small implanted stimulator, placed in a pocket under the skin in the area of the upper buttocks. Once implanted, the device can be reprogrammed and tweaked to optimize stimulation to the sacral nerves. The patient can use a small remote control to adjust the settings on the stimulator, if needed.

Battery life of the implanted stimulator is expected to be about ten years. Rodriguez cautions that even with InterStim, patients may not see 100 percent improvement in their symptoms. She tells her patients to expect about a 70 percent improvement, which will still greatly increase quality of life. A small number of patients may experience migration of the wire leads, infection or bowel dysfunction.

**AUDIENCE INQUIRY**

For information about InterStim® Therapy, go to http://www.medtronic.com/your-health/overactive-bladder/about-therapy/index.htm

For general information on overactive bladder or other types of urinary incontinence:

- The National Association for Continence, http://www.nafc.org

**BIBLIOGRAPHY**


