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Urinary Urgency – Retraining Your Bladder

Urinary ***urgency*** is the sudden, overwhelming feeling of the need to urinate. Urinary urgency can disrupt sleep, work, sexual activity, relationships and social interaction. Women who frequently experience urinary urgency usually know where the nearest bathroom is located (toilet mapping). When the urge strikes they rush to the bathroom and the uncomfortable urge sensation is relieved. If they fail to get there in time, an accidental loss of urine may occur and is referred to ***urinary urge incontinence***. The loss of urine can vary between a few drops to a large amount. Urgency and urge incontinence are often associated with the need to urinate more frequently (frequency of more than eight times per 24 hours), and the need to get up at night to urinate (**nocturia**). Women who regularly experience urinary urgency and frequency (with or without nocturia or incontinence) have a condition called ***urinary urgency syndrome*** (also called overactive bladder or OAB). Their daily lives are influenced, and frequently controlled, by their bladders. These symptoms can lead women to change behaviors and adopt preventive coping mechanisms, such as limiting daily travel, quit exercising and dancing, reducing fluid intake, avoiding sexual intimacy, and wearing pads or adult diapers.

Urinary urgency is caused by two general categories of disorders: Physical and Habitual

Physical Causes of Urinary Urgency

1. Infection in the bladder or urethra
2. Polyps or tumors in the bladder or urethra
3. Caffeine, citrus juices and alcohol
4. Diabetes Mellitus
5. Interstitial cystitis
6. Neurologic disorders (multiple sclerosis, Parkinson's disease, spinal cord trauma)

Physical causes can usually be diagnosed with office testing. Actual bladder contractions (called motor urgency or detrusor instability) are usually due to a specific physical disorder. Treatment is directed at both the cause and symptoms.

Habitual

The normal bladder will hold at least 15 oz. (450 cc) of urine. When your bladder is “full”, you feel the urge to urinate. However, you should normally be able to suppress that urge, until it is convenient to go to the bathroom. The brain normally initiates the process of urinating after you are sitting on the toilet by sending nerve impulses to the bladder to contract and to the urethra to relax. When the pressure within the bladder exceeds the pressure in the urethra, urine flows (hopefully into the toilet).

If the bladder contracts abnormally (bladder instability), a sudden increase in pressure within the bladder may signal the brain to start the voiding reflex. A sense of urinary urgency may occur and if the pressure in the bladder exceeds that in the urethra, loss of urine will occur. When there is no physical cause of urgency (habitual), there usually is no increase in bladder pressure. However, the brain can learn to associate specific actions, places or times with the feeling of the need to urinate. However, it is usually not associated with a bladder contraction or with a full bladder.

Most commonly, urinary urgency or overactive bladder develops gradually over time. It is frequently associated with stress urinary incontinence (loss of urine associated with sudden increases in abdominal pressure, such as coughing, sneezing, laughing, running, etc.). Patients may learn that voiding more frequently may decrease the amount or urine loss with stress incontinence episodes. Often the sudden onset of urinary urgency can be associated with a specific activity; i.e., driving into your driveway at home, inserting your housekey into the doorlock, putting your hands under running water, or even seeing a bathroom. In most of these cases, the bladder function is normal and the brain is sending false messages (sensory urgency).

Completing a Urinary Incontinence Questionnaire and a 24-hour Voiding Diary, a pelvic floor physical examination and simple office bladder testing (Urodynamics) can usually establish a definitive diagnosis. Correction of habitual urinary urgency involves a bladder-retraining program. Surgery is rarely indicated.

Treatment of Habitual Urinary Urgency and Incontinence:

The goal of a bladder-retraining program is to regain control and not be a victim of your bladder. This will always include these two steps:

1. **Awareness and Refocusing:**

Bladder retraining begins with understanding the mechanism of urinating (discussed above) and retraining the urgency reflex. Postponing the act of urinating without leaking any urine can be achieved with changing your focus whenever the urge to urinate strikes. Consider the following:

(a) When the urge strikes, stay still and do 3-4 'Slow Twitch' Kegel pelvic contractions **AND**

(b) Visualize walking slowly to the bathroom to perform any task other than sitting on the toilet (i.e. adjusting the towels, sorting the medicine cabinet, etc.)

(c) Then, act out your visualization without thinking of the act of urinating.

(d) After you have completed your task, proceed to use the toilet.

Simply put: this mental refocusing along with the pelvic contractions will delay your brain from sending impulses to your bladder and urethra until you are actually ready to urinate.

2. **Pelvic Floor (Kegel) Exercises** - this program of strengthening your pelvic floor muscles should be a part of your normal urinating routine and is performed every time you finish urinating.

Refer to article entitled 'Kegel Exercises – How to Strengthen Your Pelvic Muscles".

When these two steps are not 100% successful, then the following programs may bring success:

1. **Medications** – various drugs that relax your bladder may be used to relieve the sense of urgency. These can cause a sense of dryness in your mouth. If this side effect occurs, suck on hard candy rather than drink excessive fluids. Common medications include Detrol LA 4 mg., Ditropan 5, 10, 15 mg, Vesicare 5, 10 mg., Toviaz 4 & 8 mg.

2. **Time Voiding Program** – this is a program in which you will be urinating at fixed time intervals and doing your best to suppress the urge to urinate until the next scheduled time. Refer to the Articles: "Timed Voiding Instructions" and "Timed Voiding Chart".

3. **Pelvic Floor Physical Therapy** – Referral to a specially trained female physical therapist can offer several options to improve bladder control, including:

- **Pelvic Floor (Kegel) Exercises** – described above
- **Pelvic Floor Electrical Stimulation** – this is a device, which is inserted into the vagina and painlessly causes your pelvic floor muscles to contract.
- **Biofeedback** – a program designed to help you suppress the urge and postpone urinating.