
Normal bladder function

Your bladder stores urine produced by your kidneys. It acts like a balloon which gradually fills. The outlet for the urine (the urethra) is normally kept closed, helped by the pelvic floor muscles which support the bladder.

As the bladder fills, the need to pass urine gradually increases. When the bladder functions normally it should be possible to wait for a suitable and convenient time to empty the bladder.

The bladder wall is made up of a muscle called the 'detrusor'. This muscle relaxes when your bladder is filling and contracts (squeezes) to empty. There is also a relaxation of your pelvic floor muscles to allow your bladder to empty.

Your bladder normally holds around 400 – 600mls (about 1 pint) of urine.

Visits to the toilet to pass urine should be up to about 7 times during the day and possibly once at night.

What is an overactive bladder?

This is when your bladder contracts without warning. It can give you an urgent need to pass urine. This is called **urinary urgency**. You may need to pass urine more frequently and pass small amounts. This is because the bladder can feel fuller than it actually is. It can also cause you to get up frequently in the night to pass urine.

If the contractions are large or the pelvic floor muscles are weak an overactive bladder can cause leakage of urine. This is called **urge urinary incontinence**.

What can be done?

Bladder retraining:

- Instead of rushing to the toilet as soon as you get the urge to pass urine, try to 'hold on'.
- Bladder retraining should be done in small stages. For example, if you are going to the toilet every hour, try to 'hold on' for an extra 15 minutes each time for a week, then, if successful, progress to 30 minutes each time for a week, etc.
- Ideally you should aim to be able to 'hold on' for 3-4 hours between toilet visits – this may take several weeks or months.
- Avoid 'just in case' visits to the toilet - you may go to the toilet more often than you need to as a precaution. This can make the problem worse as the bladder becomes used to holding less urine. It can become more sensitive even when there is very little urine in it.

Learn to suppress the urgency:

There are different techniques that you can try. What works for one person may not work for another.

- Stop moving and stand still
- Sit on a hard surface e.g. edge of table, arm of chair
- Contract your pelvic floor muscles
- Distract yourself e.g. Count down from 100 in 7s, focus on your breathing
- Positive thoughts – tell yourself 'I am in control of my bladder'

Avoid drinks and food that may irritate the bladder:

- Caffeinated drinks (coffee, tea, green tea, cola, chocolate, energy drinks and some medications)
- Alcohol
- Drinks containing aspartame (an artificial sweetener in some diet drinks. It can be labelled as E951)
- Blackcurrant juice
- Carbonated (fizzy) drinks
- Citrus fruit and juices (e.g. orange and grapefruit)
- Spicy foods
- Tomato-based foods

Try avoiding these completely for a week to see if this makes a difference.

Restricting the amount that you drink can make the problem worse as the urine becomes more concentrated which can irritate the bladder further. Aim to drink 1.5 to 2 litres per day. Drinking excessive amounts of fluid can also make bladder problems worse.

If the urge to pass urine wakes you at night, it may help to have your last drink two or three hours before bed-time.

These techniques may take several weeks before you notice an improvement. It is recommended that you try them for at least 6 weeks. Recording your symptoms at the start, and then after a few weeks will give you a good indication of any improvement.

Other things that may help your symptoms

- Stop smoking – chemicals from smoking can irritate the bladder
- Aim for a healthy weight for your height
- Avoid straining to empty your bowels

References:

1. Nice clinical guideline 171: Urinary Incontinence, The Management of Urinary Incontinence in Women 2013.
2. International Journal of Clinical Practice Aug 2009,63,8,1177-1191. Practical aspects of lifestyle modifications and behavioural interventions in the treatment of overactive bladder and urgency urinary incontinence.