OVERACTIVE BLADDER REFERRAL GUIDELINE

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.

Maine Medical Partners - Women’s Health Division of Pelvic Medicine and Reconstructive Surgery
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CLINICAL PEARLS

- If a patient has failed behavioral modifications and failed other initial therapies (medications and/or exercises) and would like to pursue 3rd line therapies for OAB, refer to our office for discussion of nerve stimulation treatments and intradetrusor botox injections.

- Radiology can perform a post-void residual ultrasound to assess for urinary retention if unable to perform a straight catheterization.

SYMPTOMS AND LABS

HIGH RISK

- N/A

MODERATE RISK

- Urinary retention
- Enlarged uterus
- Advanced or complete uterovaginal prolapse

LOW RISK

- History (note pelvic surgeries)
- 24 hour voiding diary
- Pelvic exam to rule out significant findings (enlarged uterus, prolapse, urinary retention)

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SUGGESTED PREVISIT WORKUP

HIGH RISK

- N/A

MODERATE RISK

- Evaluation for urinary retention can be done with post void residual (straight cath) or bladder ultrasound
- Evaluation for enlarged uterus by PCP or gynecologist
- Evaluation for advanced or complete prolapse by MMP Pelvic Medicine (can trial pessary while awaiting consult if otherwise symptomatic with a vaginal bulge)

LOW RISK

- Moderate fluid intake, 50 ounces/day
- Reduce intake of bladder irritants
- If post-menopausal: vaginal estrogen cream 1 gm PV 2 X week
- Kegel exercises 30-50/day. Consider referral to pelvic floor PT
- Trial of anticholinergics or mirabegron if above measures unsuccessful

SUGGESTED MANAGEMENT

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- N/A

MODERATE RISK

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