



Bladder Training

If you have problems with going to the toilet frequently, if you can't hold on when you get the urge or if you leak urine with urgency, bladder training (BT) is one of the strategies you can use to regain bladder control.

Many women who have an overactive bladder (OAB) have developed bad bladder habits in order to minimise their symptoms. Defensive voiding, or going "just in case", means that the bladder is never allowed to hold onto a normal amount of urine. Over time, the bladder capacity shrinks as a result and can make the problem worse. BT aims to increase the time between each void and therefore, ultimately, increase the amount of urine the bladder is able to comfortably hold.

How will bladder training help me?

Normal bladder habits include passing urine 6–8 times a day and up to once at night; the normal bladder should be able to comfortably hold between 300–500ml of urine without the need to rush to the bathroom and without any urine leakage. BT will help you reduce the frequency of voiding and will also help you manage the urgency symptoms.

Where do I start?

Before starting BT it's important to check there is no underlying urinary tract infection. Make sure you are drinking an adequate amount of fluid. Concentrated urine is irritating to the bladder as are caffeinated drinks (coffee, tea, green tea) and carbonated (fizzy) drinks so limit these to 1–2 a day. Aim for 1.5–2 litres of **total** fluid a day – most of this should be water.



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Timed voiding, completing a urinary diary and reducing caffeine are important aspects of bladder retraining.

Start by completing a bladder diary (download the from UGSA website). This provides information about both daytime and nighttime frequency, how much urine is passed with each void, how many leakage episodes you have and how much you drink over the course of the day.



With this information, you can then start BT. The starting point differs between each person according to their urinary frequency. When you get the urge to pass urine, try to hold on for 10–15 minutes longer than you usually would. The ultimate aim is to get to a point where there is at least 2 hours between voids.

It can be very difficult to overcome the sense of urgency. Many women rush to the bathroom, but this is the time you are at greatest risk of leaking. When you get that strong urgency feeling, it is best to try to wait until the feeling has passed and then make your way calmly to the bathroom. The following are some techniques you can use to help overcome urgency.

- Distraction – count backwards from 100
- Crossing your legs, sitting down, curling the big toe
- Doing a few quick pelvic floor muscle contractions can actually stop your bladder muscle from contracting

When will I start seeing the results of BT?

For some women, results can be seen in as little as 2 weeks but for others it can take 2–3 months. You are trying to change bad bladder habits that have developed over months or years into good bladder habits and this requires time, patience and consistency. You will have bad days, but don't give up. Remember that once you have trained your bladder you need to continue with your good habits.

Despite your best efforts, you may not see the results that you wish for. Some women benefit from the use of medications to help with bladder control in addition to BT. Discuss possible medications with your gynaecologist.

For further information, see other UGSA Patient Information Sheets on:

- Treatment of overactive bladder
- Bladder Botox
- Sacral nerve stimulation

This statement has been developed by the Urogynaecological Society of Australasia (UGSA).

Disclaimer: This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.