### Overactive Bladder Referral Guideline

MaineHealth Urogynecology - 100 Brickhill Ave, Suite 203, South Portland, ME - (207) 761-1502

#### 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.

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#### Clinical Practice Guidelines

- Not 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.
- May not reflect the most current evidenced-based literature available at subsequent times.
- 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.

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#### 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

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#### Suggested Consultation or Co-management

**High Risk**
- N/A

**Moderate 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 Routine Care

**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
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