

OVERACTIVE BLADDER REFERRAL GUIDELINE

Maine Medical Partners - Women’s Health Division of Pelvic Medicine and Reconstructive Surgery
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HIGH RISK SUGGESTED EMERGENT CONSULTATION	MODERATE RISK SUGGESTED CONSULTATION OR CO-MANAGEMENT	LOW RISK SUGGESTED ROUTINE CARE
SYMPTOMS AND LABS N/A	SYMPTOMS AND LABS Urinary retention Enlarged uterus Advanced or complete uterovaginal prolapse	SUGGESTED WORKUP History (note pelvic surgeries) 24 hour voiding diary Pelvic exam to rule out significant findings (enlarged uterus, prolapse, urinary retention)
SUGGESTED PREVISIT WORKUP N/A	SUGGESTED WORKUP 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)	SUGGESTED MANAGEMENT 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

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.

