# OVERACTIVE BLADDER REFERRAL GUIDELINE

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## **HIGH RISK**

SUGGESTED EMERGENT CONSULTATION

## SYMPTOMS AND LABS

N/A

## **MODERATE RISK**

SUGGESTED CONSULTATION OR CO-MANAGEMENT

#### SYMPTOMS AND LABS

**Urinary retention** 

Enlarged uterus

Advanced or complete uterovaginal prolapse

# **LOW RISK**

SUGGESTED ROUTINE CARE

#### **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.

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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.

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