Bladder Boutique OAB Toolbox

STEP 1 | INITIAL OFFICE EVALUATION FOR URINE LEAKAGE OR BLADDER SYMPTOMS

Overactive Bladder (OAB) Syndrome

- **Urge Urinary Incontinence (UUI)/Wet OAB:** Leakage that occurs with the strong urge to urinate
- **Urgency:** Strong urge to go to the restroom
- **Frequency:** Bothersome need to use the restroom too often
- **Nocturia:** Waking up at night to use the restroom

Stress Urinary Incontinence (SUI)

- Leakage with sudden bladder pressure (i.e. cough, sneeze, brisk movement, exercise and heavy lifting)
- If SUI is the most bothersome symptom this leakage should be managed first

STEP 2 | CONSERVATIVE MANAGEMENT

- Fluid restriction (i.e. Drink to thirst, 32-64 ounces per day)
- Irritant reduction (i.e. caffeine, alcohol, carbonation, spicy foods, coffee, acidic foods, chocolate, citrus, tomatoes, sweeteners)
- Timed voiding (i.e. urinate on a schedule to reduce being surprised by the need to rush to the bathroom without enough warning)
- Pelvic floor physical therapy with a trained professional (i.e. Kegel exercises, biofeedback, urge suppression strategies)

STEP 3 | PRESCRIPTION OAB MEDICATIONS

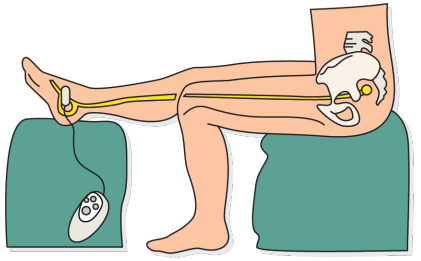
- **Beta Agonists Sample:** Often more costly compared to anticholinergics
  - **Usually GEMTESA for 2 weeks, sometimes MYRBETRIQ for 4 weeks**
    - **Rare side effects with GEMTESA** (i.e., the most tolerated OAB medication option)
    - **Minimal side effects with MYRBETRIQ** (i.e., headaches, increased blood pressure)
  - **Chronic Beta Agonists often require a prior authorization process and/or coupon use with variable success**
  - Often they are the 1st step before moving on to an advanced therapy

- **Anticholinergics Script:** Often less tolerated compared to beta agonists
  - **Rarely SANCTURA is recommended, or other anticholinergics are prescribed to achieve beta agonist prior authorization approval**
  - **Common side Effects:** Dry mouth, dry eyes and/or constipation
  - ***AUGS 2021 Statement:** Concern about prolonged anticholinergic use and cognitive risk (i.e. dementia)
- Anticholinergics manage only 15% of patients long-term due to poor efficacy or intolerable side effects

STEP 4 | RE-EVALUATION VISIT

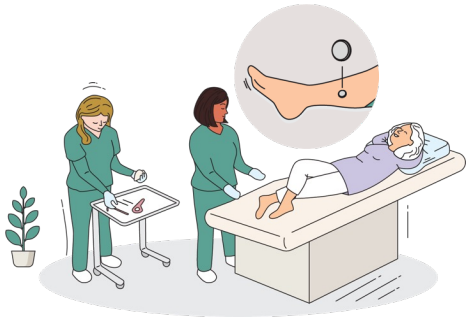
- **Assess bladder symptom change to decide plan:** Conservative options may not improve bladder symptoms enough
- **Consider advanced therapy options** if bladder symptoms are not well managed with conservative measures or meds
  - PTNS (Percutaneous Tibial Nerve Stimulation) or PTNM (Percutaneous Tibial Nerve Stimulation) Office Sessions
  - eCoin Tibial Stimulator Procedure
  - Botox Bladder Injections
  - SNM (Sacral Neuromodulation) Implant (i.e. Axonics or Interstim)

Advanced Therapy Options



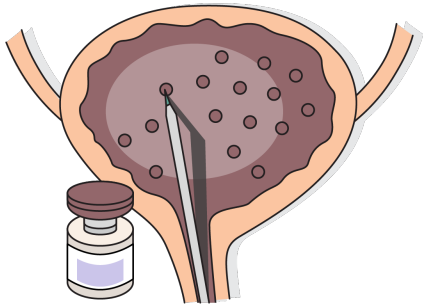
PTNS (or PTNM) Office Sessions

- Tibial Nerve Stimulation using a needle placed near **ankle** & electricity applied
- Initially, 12 weekly in-office 30-minute sessions with stimulation at the tibial nerve
- If initial treatments are helpful, monthly in-office 30-minute sessions are offered
- The therapy is time-consuming involving many chronic office visits
- There is minimal risk with the therapy



eCoin Tibial Stimulator Procedure

- The procedure is performed using only local anesthetic
- A coin sized device (~1.3cc) is placed near the **ankle**
- Temporary post procedure restrictions are followed to keep the device well placed
- Automatic & restorative stimulation is delivered to the tibial nerve once activated
- This intermittent tibial nerve stimulation improves Urge Urinary Incontinence
- You do not need to manage the device
- The device lasts 3-5 years at average amplitude setting
- The device is exchanged or removed using only local anesthetic
- There is a low risk of explant for infection
- The device is MRI conditional and you cannot obtain lower extremity MRIs
- You may obtain any other imaging if needed without any issues



Botox Bladder Injections

- **Bladder** injections are performed using a cystoscope
- Usually only 5 brief injections are done
- Reinjection is needed every 6 months on average
- There is a low Risk of UTI and/or urinary retention (need for self catheterization)
- Discomfort with injections can occur but local anesthetic is used to minimize pain

Sacral Neuromodulation (i.e. Axonics or Interstim)

Phase 1 Sacral Nerve Stimulation Trial:

- Thin wires are placed during a brief procedure at the **lower back**
- Temporary multi-day nerve testing is performed
- Voiding diaries are obtained before & during testing

Phase 2 Device Implant Procedure:

- After a successful trial, implantation of a permanent lead and battery
- A small battery (~10cc) is placed at the buttock
- Implant placement is done under general anesthesia or deep sedation
- You have a remote to manage the system when needed
- The device lasts ~10+ years
- The device is exchanged or removed after the battery depletes
- There is a low risk of explant for infection
- You may obtain MRIs and other imaging if needed without any issues