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

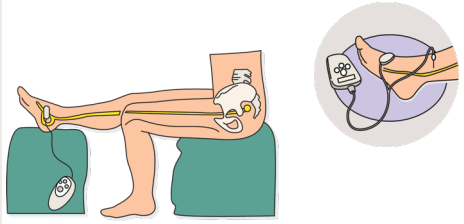
- **Beta Agonists Sample:** Often more costly compared to anticholinergics
  - **Usually GEMTESA for 2 weeks, sometimes MYRBETRIQ for 4 weeks**
    - **Rare side effects with GEMTESA** (i.e., the most tolerated OAB medication option)
    - **Minimal side effects with MYRBETRIQ** (i.e., headaches, increased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

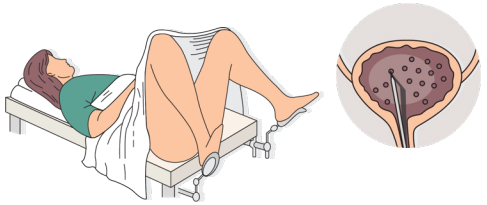
- **Anticholinergics Script:** Often less tolerated compared to beta agonists
  - **Rarely SANCTURA for 2 weeks, Often generic anticholinergics prescribed to achieve beta agonist prior authorization**
  - **Common side Effects:** Dry mouth, dry eyes and/or constipation
  - ***AUGS 2021 Statement:** Concern about prolonged anticholinergic use and cognitive risk (i.e. dementia)
- OAB medications only manage 15% of patients long-term due to poor efficacy, intolerable side effects &/or too costly
- Often they are the 1st step before moving on to an advanced therapy

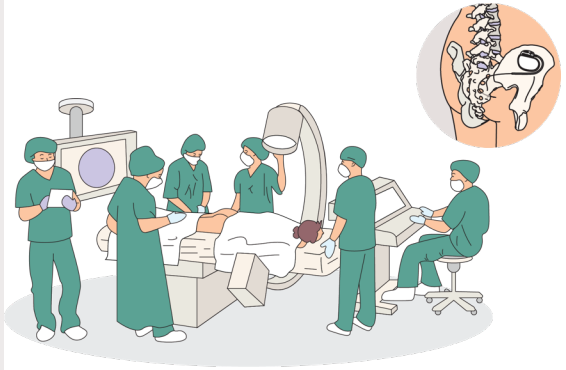
STEP 4 | RE-EVALUATION VISIT

- **Assess bladder symptom change to decide therapy plan:** Further testing (i.e. cystoscopy or rarely urodynamics) might be recommended prior to next therapy step
- **Consider advanced therapy options** if bladder symptoms not well managed with conservative measures and/or medications
  - eCoin Tibial Stimulator Procedure
  - Nuro PTNM (Percutaneous Tibial NeuroModulation) Office Sessions
  - Botox Bladder Injections
  - Axonics F15 or Interstim X SNM (Sacral Neuromodulation) Implant Surgery

Advanced Therapy Options







eCoin Tibial Stimulator Procedure

- Procedure using only local anesthetic
- Very small device (~1.3cc)) is placed near the **ankle**
- Temporary post procedure restrictions followed to keep device in best place
- Automatic, restorative stimulation is delivered to the tibial nerve
- This intermittent tibial nerve modulation improves UUI/Wet OAB
- No remote for patient to manage
- Device lasts 1-8 years depending on amplitude setting
- Device exchanged/removed with only local anesthetic
- Novel therapy requiring reimbursement support for coverage
- Low risk of explant for infection
- MRI conditional (i.e. device must remain 20 cm from MRI edge, no lower extremity MRIs)

Nuro PTNM Office Sessions

- Percutaneous Tibial NeuroModulation (i.e. needle placed& electricity applied)
- Initially, 12 weekly in-office 30-minute sessions with needle stimulation at the tibial nerve near the **ankle**
- If initial treatments helpful, monthly in-office 30-minute sessions offered
- Time-consuming, chronic visits
- Minimal risk with therapy

Botox Bladder Injections

- **Bladder** injections using needle and cystoscope
- Reinjection usually needed every 6 months
- Low Risk of UTI and/or urinary retention (need for self catheterization)
- Possible discomfort with injections but local anesthetic used to reduce pain

Axonics F15 or Interstim X SNM (Sacral Neuromodulation) Implant Outpatient Surgery

Phase 1 Sacral Nerve Stimulation Trial:

- Temporary multi-day nerve testing after wire placement procedure or lead implant surgery at **lower back**

Phase 2 Device Implant Surgery:

- After trial, surgical implantation of lead and IPG (battery) if prior only wire test or just IPG if previous surgical lead test
- Precise surgical lead placement needed for best results
- IPG is placed at the buttock (see picture to the right)
- Surgery under anesthesia or sedation
- Buttock IPG larger (~10-15cc) compared to eCoin tibial stimulator (~1.3cc)
- Patient remote management required
- The F15 has only 1 remote component& does not require any recharging
- Device lasts ~10-15 years
- Device exchanged/removed surgically
- Often covered by insurance but multiple voiding diaries needed
- Low risk of explant for infection
- MRI Full Body Conditional (i.e. may obtain MRIs with device)