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URINARY URGENCY AND FREQUENCY

Dietary Manipulation

The following substances are known to irritate the bladder: Nicotine, caffeine, alcohol, citrus fruits and juices, vitamin supplements, and occasionally spicy foods, milk and bulk-forming laxatives. I would suggest eliminating these from your diet initially and see whether your symptoms improve at all. You may want to make entries in your urinary diary both before and after these changes, to help you determine whether these changes are of any value. In addition, you should try to identify any other substances that seem to irritate your bladder and keep a written log of these substances.

Foods to avoid include tomato, pizza, coffee, tea, iced tea, acidic juices, chocolate, alcohol, and carbonated beverages (even decaffeinated). In addition, some people will benefit from avoiding foods that contain calcium oxalate.

Fluid Restriction

I would suggest that you reduce your fluid intake to 60 – 64 ounces of fluid a day. This is eight 8 ounce glasses. I would suggest that you divide this throughout the day and try not to drink more than 6 to 8 ounces at a time. Most of your fluid intake should be water. If you are experiencing nocturia (waking up more than once a night just to empty your bladder), you should minimize your fluid intake approximately two to three hours before going to bed.

Bladder Training

Bladder training is oftentimes the most important form of behavior therapy in the management of urinary urgency and frequency and for patients with urge incontinence. The goal of bladder training is to **gradually** lengthen the time interval between voiding. Your doctor will probably assign a fixed interval (usually one hour) to start with. You should void at this interval and never in between. In general, do not go to the bathroom when you feel the first urge to go. Instead suppress the urge until you feel that your bladder is truly full. Never return to the bathroom shortly after emptying your bladder. The goal is to teach your bladder to hold more, and delay voiding at your command. Try not to teach your bladder “bad habits”!

Once you are able to consistently delay voiding until the designated interval, increase the interval by 15 to 20 minutes. Continue to increase the interval once a week until you are voiding approximately seven times a day, and at an interval of at least every three hours. Remember, you do not have to get up from sleep to follow this drill, only when you are awake. Keep a written diary of your progress to review with your doctor.

Medication

Your doctor may prescribe medication to help with your symptoms. It is important to remember that these medications may have some side effects. Most of these are temporary and will go away after a few weeks. The most common side effects are; dry mouth, drowsiness, constipation, blurry vision or an increased heart rate. If you experience dry mouth, do not increase your fluid intake. Instead, try sucking on hard candies, chewing gum or eating a piece of moist fruit.