Diagnosis and Treatment of Idiopathic Overactive Bladder Refer to AUA Microhematuria Patient has microscopic Treatment naïve patient presents with symptoms of OAB (urinary Guideline or gross hematuria urgency, frequency, with or without urgency incontinence) resolution of UTI hematuria after persistent micro · Medical history, including urologic history, assessing storage and Urinalysis suggests UTI Obtain urine culture. emptying urinary symptoms, severity, degree of bother treat as appropriate, Physical examination* Diagnostic and revaluate after Urinalysis uncertainty exists UTI is treated . PSA in the appropriate patient population +/- symptom questionnaires and/or voiding diary Clinicians have the option to use monotherapy or a combination of therapies. Clinicians can combine or change therapies if the patient: +/- PVR, especially in those with concomitant voiding or emptying · is unwilling or unable to undergo certain therapies symptoms * for those initially evaluated via telemedicine, some aspects of · has intolerable side effects assessment may not be performed · does not have adequate symptom improvement Consider referral to Non-Invasive Therapies specialist, +/- urosupported dynamics, urinary Incontinence management strategies (e.g., pads, diapering, barrier creams) tract imaging, and/or OAB diagnosis Bladder training/timed voiding cystoscopy supported · Behavioral therapies · Pelvic floor muscle training Identification of other lower OAB diagnosis supported urinary tract dysfunction Optimize management of medical comorbidities (e.g., obesity, consti-Pharmacotherapy pation, obstructive sleep apnea) · Antimuscarinic medications or beta-3 agonist Engage in shared decision-making with the patient: Select therapy in the context of shared decision-making, based on side effect Provide education about OAB Discuss the risks and benefits of different treatment modalities · Discuss risks and contraindications of antimuscarinic medications Discuss patient values, preferences, and treatment goals Assess at 4-8 weeks for onset of side effects and efficacy · Make patient aware that no treatment is an option If patient experiences intolerable side effects or inadequate symptom improvement, can/may prescribe a different medication of the same class or a different class of medication. Manage as Consider urodynamics or If patient has inadequate symptom improvement with a single medication, consymptoms do not appropriate sider combination with a medication of a different class of medication. referral to a specialist adequately respond Minimally Invasive Therapies In OAB patients with BPH Invasive Therapies · Botulinum toxin injection* Patient with options include: · Bladder augmentation OAB is severely · Implantable tibial nerve stimulation · Monotherapy with an antimuscystoplasty or urinary · Percutaneous tibial nerve stimulation carinic medication or beta-3 impacted and has diversion agonist not responded to Sacral neuromodulation · Indwelling urethral cathe-· Combination therapy with alpha ters when OAB therapies other therapies Consider a trial off of pharmacotherapy after appropriate response has been blocker and an antimuscarinic are contraindicated, achieved via minimally invasive therapies. medication or beta-3 agonist ineffective, or no longer Minimally invasive therapies may be offered without trial of behavioral, non-invadesired · Conservative therapy, pharsive, or pharmacologic management. macotherapy, or procedural If a patient is refractory to one treatment, clinician can try another. interventions AUA: American Urological Association; BPH: benign prostatic hyperpla-*Obtain PVR prior to botulinum toxin injection, if not previously obtained sia; OAB: overactive bladder; PSA: prostate specific antigen; PVR: postvoid residual; UTI: urinary tract infection