## UROGPO OVERACTIVE BLADDER MEDICAL ADVISORY GROUP

MARCY ABEL, MD, FPMRS

UROLOGY ASSOCIATES, P.C.

STEVE BASS, CFO

CHESAPEAKE UROLOGY

MICHAEL GAMBLA, MD

CENTRAL OHIO UROLOGY

CHRISTOPHER GRAHAM, MD

UROLOGY SAN ANTONIO

SUSAN KELLOGG-SPADT, PHD, CRNP

ACADEMIC UROLOGY

PETER M. KNAPP, MD, FACS

UROLOGY OF INDIANA

KATHLEEN LATINO, MD, FACS

INTEGRATED MEDICAL PROFESSIONALS

SHIVA J. MARALANI, MD

MICHIGAN INSTITUTE OF UROLOGY

JENNIFER MILES-THOMAS, MD, FPMRS

UROLOGY OF VIRGINIA

JOHN M. MURPHY, MD, MBA, CPE

DELAWARE VALLEY UROLOGY

JEFFREY G. PROCTOR, MD

GEORGIA UROLOGY

ANDREW M. SHAPIRO, MD, FACS

CHESAPEAKE UROLOGY

SANFORD J. SIEGEL, MD, FACS

CHESAPEAKE UROLOGY

STEVEN W. SIEGEL, MD

METRO UROLOGY

DAVID O. SUSSMAN, DO, FACOS

DELAWARE VALLEY UROLOGY

The information contained within is the consensus of the UroGPO OAB Medical Advisory Group and is intended only as a suggested guideline for treatment for overactive bladder. UroGPO Members are encouraged to review, discuss, and make adjustments as they see fit.



# OVERACTIVE BLADDER TREATMENT GUIDELINE & OPERATIONAL BEST PRACTICES



The Only
Urology-Centric
Group Purchasing
Organization in
the Nation

Unified Power in Numbers
EXECUTION COOPERATION THRIVE
Care Pathways GPO Trust
MULTI-FACETED INDEPENDENCE
COLLABORATION UNIFIED FRONT VALUE
NATIONWIDE MEMBERSHIP
Ancillaries CROWDSOURCING AGGREGATION
BEST PRACTICE OPPORTUNITY TEAM



440-250-3568 1250 Linda Street, Suite 103 • Rocky River, Ohio 44116 www.urogpo.us.com



## FIRST LINE THERAPY

#### **INITIATE PATIENT CONTACT**

- Needs Assessment
- Credentialing of the Provider
- Initial Patient Education
- Initial Patient Triage
- Check Insurance Coverage

#### **EVALUATION** Frequency, Urgency, Nocturia, **Urge Incontinence**

INITIAL HISTORY, PHYSICAL, **URINALYSIS** 

Consider: Post Void Residual, C&S, Voiding Diary

#### **EVALUATION PATIENT DELIVERABLES:**

- Complete OAB Questionnaire
- Review OAB Guidelines Review Treatment
- Timeline Deliver OAB Patient
- **Packet** • Review OAB Video
- Discuss Treatment Plan
- Discuss Internal Referral Process

#### CONSERVATIVE TREATMENT / BEHAVIORAL MODIFICATION

Pelvic Floor Muscle Training and Exercises, Fluid Management, Dietary Changes, Timed Voiding, Bladder Training and Control Strategies

## SECOND LINE THERAPY



#### **MEDICATION #1**

(4-6 weeks) **Anticholinergic** Beta3-agonist (Mirabegron) Tricyclic

### **FURTHER EVALUATION**

**MEDICATION #2** (4-6 weeks) Anticholinergic Beta3-agonist (Mirabegron) Tricyclic

#### **ADDITIONAL TESTING**

Consider: Voiding Diary, Urodynamics, Cystoscopy, Cytology, C&S, US

#### **SPECIALIZED CARE / CONTINENCE SPECIALIST**

#### COMPLICATED INCONTINENCE

- Mixed Incontinence
- Previous Incontinence Surgery
- Continuous Incontinence (Fistula) Radical Pelvic Surgery
- Pelvic Radiation
- Urinary and Fecal Incontinence
- Recurrent Incontinence
- Neurogenic Bladder
- Pelvic Pain

- RN Navigator/ **Urologist explains** internal referral process
- Consultation with Continence **Specialist**
- Patient is referred from Urologist to Continence **Specialist**
- Voiding Diary Deliverable

## THIRD LINE THERAPY



#### **ADVANCED TREATMENTS**



- Re-education of 3rd Line Treatment
- Set Patient's next appt. at checkout
- RN Navigator to follow up with patient

#### **ONABOTULINUM TOXIN A INJECTIONS BOTOX**®

(Effective 6-9 months, repeat if desired, as needed)

> **REPEAT BOTOX® TREATMENTS** (Every 6-9 months)

#### **NEUROMODULATION EVALUATION INTERSTIM®**

Basic (up to 7 days) or Advanced Evaluation (up to 2 weeks)

INTERSTIM® IMPLANT (Replace battery 4-8 years)

#### PERCUTANEOUS TIBIAL NERVE STIMULATION (PTNS) **URGENT ® PC TRIAL**

(12 week initial therapy)



maintain benefit)