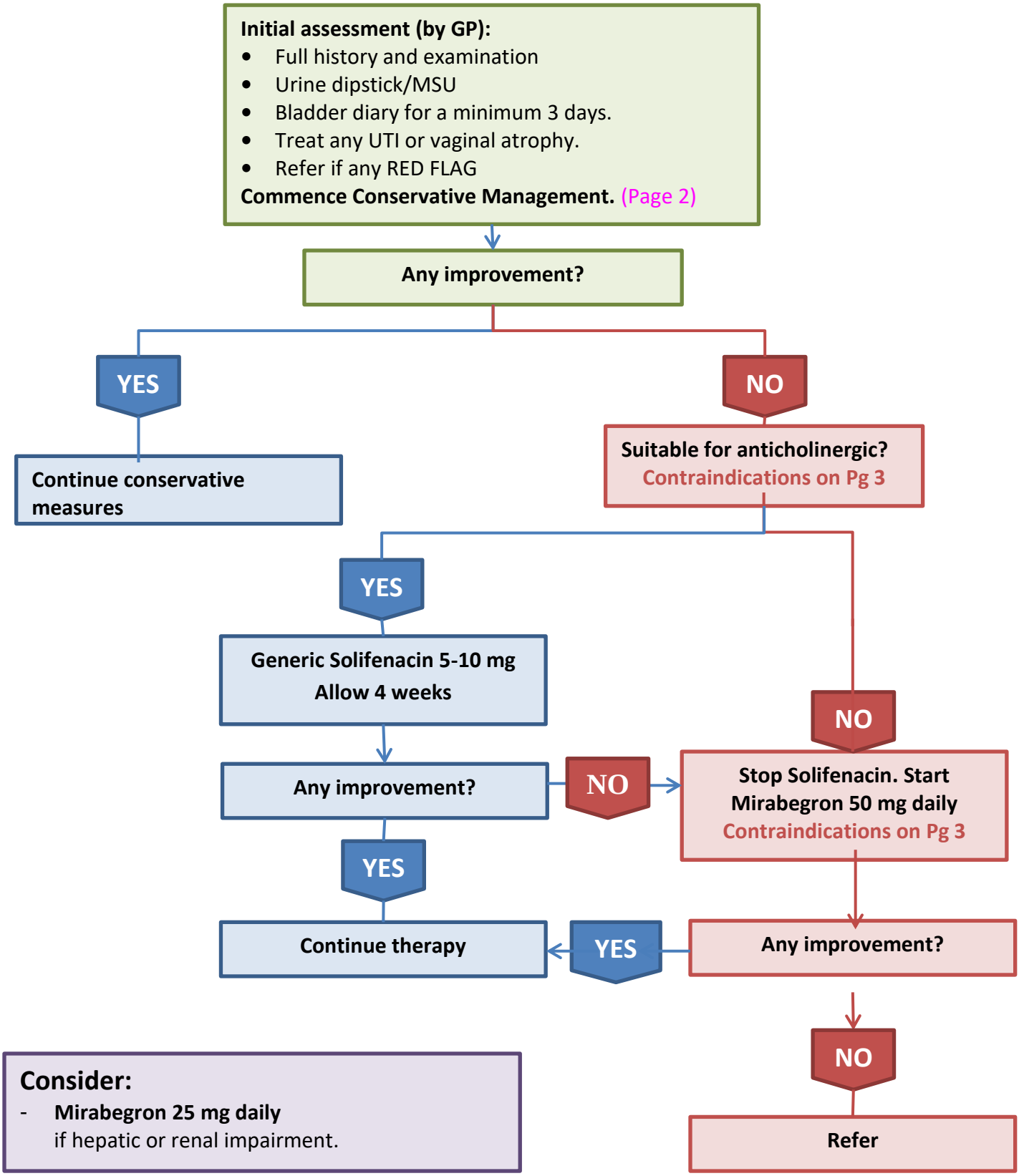
Guideline (pathway) for **referral to Secondary Care Female Continence Clinic**

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust



Consider:

- **Mirabegron 25 mg daily**
  if hepatic or renal impairment.

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GUIDELINE FOR REFERRAL TO SECONDARY CARE CONTINENCE CLINIC

at DBTHFT.

PRIMARY CARE (GP) to carry out:-

1. **Initial assessment**:

- Full history and examination
- Rule out red flag symptoms as below
- Bladder diary for a minimum of 3 days
- Treat confirmed UTI, Treat vaginal atrophy.

Conservative Management:

- Lifestyle Interventions- e.g reduce weight if BMI>30, reduce/stop caffeine intake, modify fluid intake.
- Review medications (e.g. diuretics/anti-hypertensives)
- Manage constipation.
- Bladder training for 12 weeks.
- Smoking cessation

Supervised pelvic floor muscle training for at least 3 months (Refer to Community Continence Services – Sarah Bee)

Consider medical/medication causes if nocturia present in elderly women, as less likely to be caused by OAB.

2. **Pharmacological Treatment-**

Before starting OAB Drugs discuss with the patient:

● Likelihood of success and associated common side effects such as dry mouth and constipation

● Adverse effects may indicate that treatment is starting to have an effect.

● Full benefits may not be seen until they have taken the treatment for 4 weeks (Use for 12 weeks if combined with bladder training &/or pelvic floor exercises)

Consider the bladder training programme in combination with an OAB drug if the frequency is a troublesome symptom.

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Choosing OAB Drugs:-

1. First-Line Treatment (antimuscarinic) – **Generic Solifenacin 5-10 mg daily.**
   Not recommended in elderly, dementia, anticholinergic burden score ≥3
   Contraindications: *Patient with narrow-angle glaucoma, Sjogren syndrome, significant bladder outflow obstruction or urinary retention, severe ulcerative colitis, toxic megacolon, gastrointestinal obstruction, and Myasthenia Gravis.*

NOTE: Little evidence to justify a switch to another antimuscarinic if one has failed.

2. Second Line (Beta agonist): **Mirabegron 50 mg daily**, if no satisfactory response to antimuscarinic OR antimuscarinic not suitable or contra-indicated.
   Contraindications*: Contra-indicated in severe uncontrolled hypertension (systolic ≥180 mmHg or diastolic ≥ 110 mmHg). Refer BNF.*
   Cautions*: Caution in patients with stage 2 hypertension (systolic blood pressure ≥160 mm Hg or diastolic blood pressure ≥ 100 mm Hg), History of QT-interval prolongation. Blood Pressure to be measured before starting and regularly monitored (MHRA October 2015)*
3. **Mirabegron 25 mg daily** if hepatic or renal impairment.

Review:

● Offer face to face or telephone review 4 weeks after the start of new OAB drug treatment or before 4 weeks if adverse events of OAB drug are intolerable, and until stable

● Review patients on long term treatment annually or every 6 months if over 75 years if treatment is effective and well-tolerated, do not change the dose or the drug

3. Referral to Secondary care

for Urodynamics and/or Intradetrussor Botulinum Toxin injections, if

- second-line drug therapy fails.
- the patient does not want to try another drug after first-line medication/Bladder training/pelvic floor muscle training have failed.

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Also, consider referral if the following were noticed during the initial assessments

(RED FLAGS) -

- **Presence of haematuria**
- **Visible prolapse.**
- **Clinically benign pelvic mass**
- **Suspected neurological disease**
- **Recurrent UTI**
- **Persistent bladder/urethral pain**
- **Symptoms of voiding difficulty**
- **Suspected urogenital fistulae**
- **Associated faecal incontinence**
- **Palpable bladder on bimanual or abdominal examination after voiding**
- **Previous continence surgery**
- **Previous pelvic cancer surgery**
- **Previous pelvic radiation therapy**

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