

The Johns Hopkins Women's Center for Pelvic Health

Bladder Irritants

Certain foods and drinks have been associated with worsening symptoms of urinary frequency, urgency, urge incontinence, or bladder pain. If you suffer from any of these conditions, you may wish to try eliminating one or more of these foods from your diet and see if your symptoms improve. If bladder symptoms are related to dietary factors, strict adherence to a diet that eliminates the food should bring marked relief in 10 days. Once you are feeling better, you can begin to add foods back into your diet, one at a time. If symptoms return, you will be able to identify the irritant. As you add foods back to your diet it is very important that you drink significant amounts of water.

List of Common Bladder Irritants*

Alcoholic beverages
Apples and apple juice
Cantaloupe
Carbonated beverages
Chili and spicy foods
Chocolate
Citrus fruit
Coffee (including decaffeinated)
Cranberries and cranberry juice
Grapes
Guava
Milk Products: milk, cheese, cottage cheese, yogurt, ice cream
Peaches
Pineapple
Plums
Strawberries
Sugar especially artificial sweeteners, saccharin, aspartame, corn sweeteners, honey, fructose, sucrose, lactose
Tea
Tomatoes and tomato juice
Vitamin B complex
Vinegar

*Most people are not sensitive to ALL of these products; your goal is to find the foods that make YOUR symptoms worse

Low-acid fruit substitutions include apricots, papaya, pears and watermelon. Coffee drinkers can drink Kava or other lowacid instant drinks. Tea drinkers can substitute non-citrus herbal and sun brewed teas. Calcium carbonate co-buffered with calcium ascorbate can be substituted for Vitamin C. Prelief is a dietary supplement that works as an acid blocker for the bladder.

Where to get more information:

- Overcoming Bladder Disorders by Rebecca Chalker and Christine E. Whitmore, HarperCollins, 1990
- You Don't Have to Live with Cystitis! By Larrian Gillespie, Avon, 1988

MAYO
CLINIC

Bladder control: Lifestyle strategies ease problems

Simple lifestyle changes may improve bladder control or enhance response to medication. Find out what you can do to help with your bladder control problem.

By Mayo Clinic staff

If you've been struggling with the embarrassment and discomfort of a bladder control problem, you may be looking for ways to improve it. Fortunately, there are simple strategies you can try.

Doctors often call these strategies lifestyle modifications or behavior therapies. They're safe, easy, effective and inexpensive. You can try these techniques before trying other types of treatment, such as medications or surgery, or in combination with them.

How much fluid you drink can influence your bladder habits, and so might certain foods you eat.

Too much fluid

Drinking too much fluid makes you urinate more often. Drinking too much too quickly can overwhelm your bladder, creating a strong sense of urgency.

Even if you need to drink more because you exercise a lot or work outdoors you don't have to drink all fluids at once. Try drinking smaller amounts throughout the day, such as 16 ounces (473 milliliters) at each meal and 8 ounces (237 milliliters) between meals.

If you get up several times at night to urinate:

- Drink more of your fluids in the morning and afternoon rather than at night
- Skip alcohol and beverages with caffeine, such as coffee, tea and cola, which increase urine production
- Remember that fluids come not only from beverages, but also from foods such as soup

Too little fluid

Drinking too little fluid can lead to a buildup of body waste products in your urine. Highly concentrated urine is dark yellow and has a strong smell. It can irritate your bladder, increasing the urge and frequency with which you need to go.

<https://www.mayoclinic.org/diseases-conditions/urinary-incontinence/in-depth/bladder-control-problem/art-20046597?p=1>

Bladder irritants

Certain foods and beverages might irritate your bladder, including:

- Coffee, tea and carbonated drinks, even without caffeine
- Alcohol
- Certain acidic fruits — oranges, grapefruits, lemons and limes— and fruit juices

- Spicy foods
- Tomato-based products
- Carbonated drinks
- Chocolate

Consider avoiding these possible bladder irritants for about a week to see if your symptoms improve. Then gradually — every one to two days — add one back into your diet, noting any changes in urinary urgency, frequency or incontinence.

You might not have to eliminate your favorite foods and drinks entirely. Simply cutting down on the amount might help, too.

When you have an overactive bladder, you can get used to urinating frequently or at the slightest urge. Sometimes, you might visit the toilet when you don't have the urge because you want to avoid an accident. After a while, your bladder begins sending "full" messages to your brain even when it's not full, and you feel like you have to urinate.

Bladder training, or retraining, involves adjusting your habits. You go to the toilet on a set schedule — even if you have no urge to urinate — gradually increasing the time between urination. This allows your bladder to fill more fully and gives you more control over the urge to urinate.

A bladder-training program usually follows these basic steps:

- Identify your pattern. For a few days, keep a diary in which you note every time you urinate. Your doctor can use this diary to help you make a schedule for your bladder training.
- Extend your urination intervals. Using your bladder diary, determine the amount of time between urinating. Then extend that by 15 minutes. If you usually go every hour, try to extend that to an hour and 15 minutes.

Gradually lengthen the time between trips to the toilet until you reach intervals of two to four hours. Be sure to increase your time limit slowly to give yourself the best chance for success.

- Stick to your schedule. Once you've established a schedule, do your best to stick to it. Urinate immediately after you wake up in the morning. Thereafter, if an urge arises, but it's not time for you to go, try to wait it out. Distract yourself or use relaxation techniques, such as deep breathing.

If you feel you're going to have an accident, go to the toilet but then return to your schedule.

Don't be discouraged if you don't succeed the first few times. Keep practicing, and your ability to maintain control is likely to increase.

<https://www.mayoclinic.org/diseases-conditions/urinary-incontinence/in-depth/bladder-control-problem/art-20046597?p=1>

Your pelvic floor muscles and urinary sphincter help control urination. You can strengthen these muscles by regularly doing pelvic floor exercises, commonly referred to as Kegels.

The pelvic floor muscles open and close the tube that carries urine from the bladder to outside your body (urethra). These muscles also support the bladder during everyday activities such as walking, standing, lifting and sneezing.

- Practice Kegel exercises. To perform, squeeze your pelvic floor muscles — as if you're trying to stop your stream of urine — for three seconds. Relax for a count of three and repeat several times. Your doctor might recommend that you do a set of these exercises three or four times a day, lying down, sitting and standing.

To be sure you're doing them correctly, ask your doctor or nurse to help you or to refer you to a physical therapist knowledgeable about pelvic floor exercises.

- Biofeedback. Biofeedback can help train pelvic floor muscles. Sensors placed near the muscles transmit exertion levels to a computer, which displays the levels on the screen. This immediate feedback may help you master Kegel exercises more quickly because you can see whether you're using the correct muscles. Biofeedback can be done with a professional or with a home device.
- Vaginal weights. Cone-shaped weights are another option used to help with Kegel exercises. You place a weight in your vagina and contract your pelvic floor muscles to keep it from falling out. Many cones come in sets of varying weights, so you can build up to heavier weights as your pelvic floor muscles strengthen.

Certain medications, excess weight, smoking and physical inactivity can contribute to bladder control problems. If you address these factors, bladder-specific techniques — such as avoiding bladder irritants and bladder training — might be more successful.

- Manage your medications. Drugs that might contribute to bladder control problems include high blood pressure drugs, heart medications, diuretics, muscle relaxants, antihistamines, sedatives and antidepressants. If you develop incontinence or difficulty urinating while taking these drugs, talk to your doctor.
- Maintain a healthy weight. Being overweight can contribute to bladder control problems, particularly stress incontinence. Excessive body weight puts pressure on your abdomen and bladder, sometimes resulting in leakage. Losing weight might help.
- Stop smoking. Smokers are more likely to have bladder control problems and to have more severe symptoms. Heavy smokers also tend to develop a chronic cough, which can place added pressure on the bladder and aggravate urinary incontinence.
- Be active. Some studies indicate that regular physical activity improves bladder control. Try for at least 30 minutes of low-impact moderate activity — such as walking briskly, biking or swimming — most days of the week.
- Minimize constipation. Straining during bowel movements can damage the pelvic floor. Unfortunately, some medications used to treat bladder control problems can worsen

<https://www.mayoclinic.org/diseases-conditions/urinary-inconfinencefin-depWbladder-control-problerWart-20046597?p=1>

constipation. Exercising, drinking enough water and eating high-fiber foods, such as lentils, beans, and fresh vegetables and fruit, might help improve constipation.

- Manage chronic cough. Your cough could be making your bladder problem worse. See your doctor about treatment options.

Behavior therapies, which take time and practice, can improve bladder control. If you stick with the program, you'll likely see improvement in your symptoms. And if one of these approaches doesn't work, talk with your doctor about trying another strategy.

Show References

1. Urinary incontinence. Office on Women's Health. <https://www.womenshealth.gov/a-z-topics/urinary-incontinence>. Accessed July 23, 2020.
2. Bladder control problems in women (urinary incontinence). National Institute of Diabetes and Digestive and Kidney Diseases. <https://www.niddk.nih.gov/health-information/urolologic-diseases/bladder-control-problems>. Accessed July 23, 2020.
3. Lukacz ES. Treatment of urinary incontinence in females. <https://www.uptodate.com/contents/search>. Accessed July 23, 2020.
4. Kegel exercises. National Institute of Diabetes and Digestive and Kidney Diseases. <https://www.niddk.nih.gov/healthinformation/urolologic-diseases/kegel-exercises>. Accessed July 23, 2020.

Aug. 04, 2020

Original article: <https://www.mayoclinic.org/diseases-conditions/urinary-incontinence/in-depth/bladder-control-problem/art20046597>

Any use of this site constitutes your agreement to the Terms and Conditions and Privacy Policy linked below.

[Terms and Conditions](#)

[Privacy Policy](#)

[Notice of Privacy Practices](#)

[Notice of Nondiscrimination](#)

Mayo Clinic is a nonprofit organization and proceeds from Web advertising help support our mission. Mayo Clinic does not endorse any of the third party products and services advertised.

[Advertising and sponsorship policy](#)

[Advertising and sponsorship opportunities](#)

A single copy of these materials may be reprinted for noncommercial personal use only. "Mayo," "Mayo Clinic," "MayoClinic.org," "Mayo Clinic Healthy Living," and the triple-shield Mayo Clinic logo are trademarks of Mayo Foundation for Medical Education and Research.

Overactive bladder

Diagnosis

If you have an abnormal urge to urinate, your doctor will check to make sure that you don't have an infection or blood in your urine. Your doctor may also want to make sure that you're emptying your bladder completely when you urinate.

Your doctor will look for clues that might also indicate contributing factors. Your appointment will likely include a:

- Medical history
- Physical exam, which may include a rectal exam and a pelvic exam in women
- Urine sample to test for infection, traces of blood or other abnormalities
- Focused neurological exam that may identify sensory problems or abnormal reflexes

Tests of bladder function

Your doctor may order tests to assess how well your bladder is functioning and its ability to empty steadily and completely (urodynamic tests). These tests usually require a referral to a specialist and may not be necessary to make a diagnosis or begin treatment. Urodynamic tests include:

- Measuring urine left in the bladder. This test is important if there's concern about your ability to empty your bladder completely when you urinate. Remaining urine in the bladder (post-void residual urine) may cause symptoms identical to those of an overactive bladder.

To measure residual urine after you have voided, your doctor may request an ultrasound scan of your bladder. The ultrasound scan translates sound waves into an image, showing how much urine is left in your bladder after you urinate. In some cases, a thin tube (catheter) is passed through the urethra and into your bladder to drain the remaining urine, which can then be measured.

- Measuring urine flow rate. To measure the volume and speed of your voiding, you may be asked to urinate into a device (uroflowmeter). A uroflowmeter catches and measures the urine, and translates the data into a graph of changes in your flow rate.
- Testing bladder pressures. Cystometry is a test that measures pressure in your bladder and in the surrounding region as your bladder fills. During this test, your doctor uses a thin tube (catheter) to fill your bladder slowly with warm fluid. Another catheter with a pressure-

<https://www.mayoclinic.org/diseases-conditions/overactive-bladder/diagnosis-treatment/drc-20355721> ?

measuring sensor is placed in the rectum or, for women, in the vagina. The sensor tells how much pressure your bladder has to exert to empty completely.

This procedure can identify whether you have involuntary muscle contractions or a stiff bladder that's not able to store urine under low pressure.

Your doctor will review the results of any tests with you and suggest a treatment strategy.

Treatment

A combination of treatment strategies may be the best approach to relieve overactive bladder symptoms.

Behavioral therapies

Behavioral interventions are the first choice in helping manage an overactive bladder. They're often effective, and they carry no side effects. Behavioral interventions may include:

- Pelvic floor muscle exercises. Kegel exercises strengthen your pelvic floor muscles and urinary sphincter. These strengthened muscles can help you stop the bladder's involuntary contractions.

Your doctor or a physical therapist can help you learn how to do Kegel exercises correctly. Just like any other exercise routine, how well Kegel exercises work for you depends on whether you perform them regularly.

- Biofeedback. During biofeedback, you're connected to electrical sensors that help you measure and receive information about your body. The biofeedback sensors teach you how to make subtle changes in your body, such as strengthening your pelvic muscles so that when you have feelings of urgency you're better able to suppress them.
- Healthy weight. If you're overweight, losing weight may ease symptoms. Weight loss may help if you also have stress urinary incontinence.
- Scheduled toilet trips. Setting a schedule for toileting — for example, every two to four hours — gets you on track to urinate at the same times every day rather than waiting until you feel the urge to urinate.
- Intermittent catheterization. If you are not able to empty your bladder well, using a catheter periodically to empty your bladder completely helps your bladder do what it can't do by itself. Ask your doctor if this approach is right for you.
- Absorbent pads. Wearing absorbent pads or undergarments can protect your clothing and help you avoid embarrassing incidents, which means that you won't have to limit your activities. Absorbent garments come in a variety of sizes and absorbency levels.
- Bladder training. Bladder training involves training yourself to delay voiding when you feel an urge to urinate. You begin with small delays, such as 30 minutes, and gradually work your way up to urinating every three to four hours. Bladder training is possible only if you're able to tighten (contract) your pelvic floor muscles successfully.

<https://www.mayoclinic.org/diseases-conditions/overactive-bladder/diagnosis-treatment/drc-20355721>

Medications

After menopause, vaginal estrogen therapy can help strengthen the muscles and tissues in the urethra and vaginal area. Vaginal estrogen comes in the form of cream, suppository, tablet, or ring, and can significantly improve symptoms of overactive bladder.

Medications that relax the bladder can be helpful for relieving symptoms of overactive bladder and reducing episodes of urge incontinence. These drugs include:

- Tolterodine (Detrol)
- Oxybutynin, which can be taken as a pill (Ditropan XL) or used as a skin patch (Oxytrol) or gel (Gelnique)
- Trospium
- Solifenacin (Vesicare)
- Darifenacin (Enablex)
- Fesoterodine (Toviaz)
- Mirabegron (Myrbetriq)

Common side effects of most of these drugs include dry eyes and dry mouth, but drinking water to quench thirst can aggravate symptoms of overactive bladder. Constipation — another potential side effect — can aggravate your bladder symptoms. Extended-release forms of these medications, including the skin patch or gel, may cause fewer side effects.

Your doctor may recommend that you sip small amounts of water or suck on a piece of sugar-free candy or chew sugar-free gum to relieve dry mouth, and use eyedrops to keep your eyes moist. Over-the-counter preparations, such as Biotene products, can be helpful for long-term dry mouth. To avoid constipation, your doctor might recommend a fiber-rich diet or use of stool softeners.

Bladder injections

OnabotulinumtoxinA (ON-ah-boch-yoo-lih-num-tox-in-A), also called Botox, is a protein from the bacteria that cause botulism illness. Used in small doses directly injected into bladder tissues, this protein relaxes the muscles.

Studies show that it may be useful for severe urge incontinence. The temporary effects generally last six months or more, but repeat injections are necessary.

Side effects from these injections include urinary tract infections and urinary retention. If you're considering Botox treatments, you should be willing and able to catheterize yourself if urinary retention occurs.

Nerve stimulation

Regulating the nerve impulses to your bladder can improve overactive bladder symptoms.

One procedure uses a thin wire placed close to the sacral nerves — which carry signals to your bladder — where they pass near your tailbone.

<https://www.mayoclinic.org/diseases-conditions/overactive-bladder/diagnosis-treatment/dæ-20355721>

This minimally invasive procedure is often done with a trial of a temporary wire implanted under the skin in your lower back. Sometimes it may be done as an advanced procedure in which the permanent electrode is implanted and a longer trial is performed. Your doctor then uses a handheld device connected to the wire to deliver electrical impulses to your bladder, similar to what a pacemaker does for the heart. If it helps with your symptoms, a permanent, battery-powered pulse generator is surgically implanted to help regulate the nerve rhythm.

Percutaneous tibia' nerve stimulation (PTNS)

This procedure uses a thin needle that is placed through the skin near your ankle to send electrical stimulation from a nerve in your leg (tibia' nerve) to your spine, where it connects with the nerves that control the bladder.

PTNS treatments are delivered once a week for 12 weeks to help treat symptoms of overactive bladder. You will likely need maintenance treatments every three to four weeks to keep symptoms under control.

Surgery

Surgery to treat overactive bladder is reserved for people with severe symptoms who don't respond to other treatments. The goal is to improve the bladder's ability to store urine and reduce pressure in the bladder. However, these procedures won't help relieve bladder pain. These procedures include:

- Surgery to increase bladder capacity. This procedure uses pieces of your bowel to replace a portion of your bladder. This surgery is used only in cases of severe urge incontinence that doesn't respond to any other, more-conservative treatment measures. If you have this surgery, you may need to use a catheter intermittently for the rest of your life to empty your bladder.
- Bladder removal. This procedure is used as a last resort and involves removing the bladder and surgically constructing a replacement bladder (neobladder) or an opening in the body (stoma) to attach a bag on the skin to collect urine.

Lifestyle and home remedies

These lifestyle strategies may reduce overactive bladder symptoms:

- Maintain a healthy weight. If you're overweight, losing weight may ease your symptoms. Heavier people are also at greater risk of stress urinary incontinence, which may improve with weight loss.
- Drink adequate amounts of fluid. Ask your doctor how much fluid you need daily. Drinking too much fluid can worsen your symptoms, but not drinking enough can make your urine become concentrated and can irritate the lining of your bladder. This increases the urge to urinate.
- Limit foods and drinks that might irritate your bladder. Some foods and drinks that may irritate the bladder include caffeine, alcohol, tea, carbonated drinks, citrus juice and fruit,

chocolate, spicy foods, and tomatoes. If any of these worsen your symptoms, it might be wise to avoid them.

Alternative medicine

No complementary or alternative therapies have been proved to successfully treat overactive bladder.

Research has suggested that acupuncture might help ease the symptoms of overactive bladder. Acupuncture practitioners treat you using extremely thin, disposable needles.

Complementary treatments may not be covered by insurance, so check with your insurance company first.

Coping and support

Living with overactive bladder can be difficult. Consumer education and advocacy support groups such as the National Association for Continence can provide you with online resources and information, connecting you with people who experience overactive bladder and urge incontinence. Support groups offer the opportunity to voice concerns, learn new coping strategies and stay motivated to maintain self-care strategies.

Educating your family and friends about overactive bladder and your experiences with it may help you establish your own support network and reduce feelings of embarrassment. Once you start taking about it, you may be surprised to learn how common this condition really is.

Preparing for your appointment

For overactive bladder, you're likely to start by seeing your primary doctor. After your initial appointment, you may be referred to a specialist in urinary disorders in men and women (urologist), a specialist in urinary disorders in women (urogynecologist), or a specialist in physical therapy for diagnosis and treatment.

Here's some information to help you get ready for your appointment, and what to expect from your doctor.

What you can do

- Keep a bladder diary for a few days, recording when, how much and what kind of fluids you consume, when you urinate, whether you feel an urge to urinate, and whether you experience incontinence. A bladder diary may help determine why you have to get up to urinate at night.
- Tell your doctor how long you've had your symptoms and how they affect your day-to-day activities.
- Note any other symptoms you're experiencing, particularly those related to your bowel function.

<https://www.mayoclinic.org/diseases-conditions/overactive-bladder/diagnosis-treatment/drc-20355721>

- Let your doctor know if you have diabetes, have a neurological disease, or have had pelvic surgery or radiation treatments.

- Make a list of all the medications, vitamins or supplements you take; many medications can affect bladder function.
- Write down questions to ask your doctor.

For overactive bladder, basic questions might include:

- What are the possible causes of my symptoms?
- Is my urine clear?
- Do I empty my bladder well?
- Is my pelvic floor muscle strength good enough for me to keep my bladder from contracting when I have an abnormal urge?
- Do you recommend any other tests? Why?
- What treatments are available, and which do you recommend for me?
- What side effects can I expect from treatment?
- Are there any dietary restrictions that could help?
- How do my other health problems affect my bladder symptoms?
- If I need to see a specialist, what can I expect?
- Is there a generic alternative to the medicine you're prescribing?
- Are there brochures or other printed material that I can have? What websites do you recommend?

What to expect from your doctor

Your doctor may use an overactive bladder questionnaire to make an assessment of your symptoms, asking questions such as:

- How long have you had these symptoms?
- Do you unexpectedly leak urine? How often?
- What do your symptoms keep you from doing that you like to do?
- During daily activities, such as walking or bending over, do you leak urine?

By Mayo Clinic Staff

Any use of this site constitutes your agreement to the Terms and Conditions and Privacy Policy linked below.

[Terms and Conditions](#)

[Privacy Policy](#)

[Notice of Privacy Practices](#)

[Notice of Nondiscrimination](#)

<https://www.mayoclinic.org/diseases-conditions/overactive-bladder/diagnosis-treatment/drc-20355721> I

Mayo Clinic is a nonprofit organization and proceeds from Web advertising help support our mission. Mayo Clinic does not endorse any of the third party products and services advertised.

Advertising and sponsorship policy Advertising and sponsorship opportunities

A single copy of these materials may be reprinted for noncommercial personal use only. "Mayo," "Mayo Clinic," "MayoClinic.org," "Mayo Clinic Healthy Living," and the triple-shield Mayo Clinic logo are trademarks of Mayo Foundation for Medical Education and Research.

© 1998-2021 Mayo Foundation for Medical Education and Research (MFMER). All rights reserved.