

Diagnosis and treatment of overactive bladder (non-neurogenic) in adults: AUA/SUFU guideline.

TARGET POPULATION		Decidable (Y or N)
Eligibility		<input type="checkbox"/>
Inclusion Criterion		
· non-neurogenic OAB		<input type="checkbox"/>
Exclusion Criterion		
· individuals with symptoms related to neurologic conditions		<input type="checkbox"/>
RECOMMENDATIONS		
Recommendation		
1 - Diagnosis		
Conditional:	The clinician should engage in a diagnostic process to document symptoms and signs that characterize OAB and exclude other disorders that could be the cause of the patient's symptoms; the minimum requirements for this process are a careful history, physical exam and urinalysis.	
IF		Decidable
{suspected} OAB		
Value: true		
THEN		Executable
The clinician should engage in a diagnostic process to document symptoms and signs that characterize OAB and exclude other disorders that could be the cause of the patient's symptoms; the minimum requirements for this process are a careful history, physical exam and urinalysis.		
Evidence Quality:		
Strength of Recommendation:	Clinical Principle	

Reason:**Logic:**

If

{suspected} OAB is [true]

Then

The clinician should engage in a diagnostic process to document symptoms and signs that characterize OAB and exclude other disorders that could be the cause of the patient's symptoms; the minimum requirements for this process are a careful history, physical exam and urinalysis.

Recommendation

2 - Diagnosis

Conditional: In some patients, additional procedures and measures may be necessary to validate an OAB diagnosis, exclude other disorders and fully inform the treatment plan. At the clinician's discretion, a urine culture and/or post-void residual assessment may be performed and information from bladder diaries and/or symptom questionnaires may be obtained.

IF

selected patients with OAB

THEN

at the clinician's discretion, a urine culture may be performed

at the clinician's discretion, a post-void residual assessment may be performed

at the clinician's discretion, information from bladder diaries may be obtained.

at the clinician's discretion, information from symptom questionnaires may be obtained.

Decidable	Vocab
Executable	Vocab

Evidence Quality:**Strength of****Recommendation:**

Clinical Principle

Reason:

In some patients, additional procedures and measures may be necessary to validate an OAB diagnosis, exclude other disorders and fully inform the treatment plan.

Logic:

If

selected patients with OAB

Then
 (at the clinician's discretion, a urine culture may be performed)
 OR
 at the clinician's discretion, a post-void residual assessment may be performed)
 AND
 (at the clinician's discretion, information from bladder diaries may be obtained.
 OR
 at the clinician's discretion, information from symptom questionnaires may be obtained.)

Recommendation

3 - Diagnosis

Conditional: Urodynamics, cystoscopy and diagnostic renal and bladder ultrasound should not be used in the initial workup of the uncomplicated patient.

IF
 uncomplicated OAB patient

Value: true

THEN

do not use urodynamics in the initial diagnostic workup

do not use cystoscopy in the initial diagnostic workup

do not use diagnostic renal and bladder ultrasound in the initial diagnostic workup

Decidable	Vocab

Executable	Vocab

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Evidence Quality:

Strength of Recommendation: Clinical Principle

Reason: Urodynamics, cystoscopy and diagnostic renal and bladder ultrasound are not recommended in the initial diagnostic workup of the uncomplicated OAB patient. For complicated patients or refractory patients who have failed multiple OAB treatments, the choice of additional diagnostic tests depends on patient history and presentation and clinician judgment. In some cases, additional information may make clear that the patient has neurogenic OAB rather than non-neurogenic OAB and requires a different treatment plan. Patients with hematuria should be referred for a urologic work up. In the low-risk uncomplicated patient without microscopic hematuria, urine cytology is infrequently associated with atypia requiring further investigation, engendering costs and possibly resulting in

morbidity. Urine cytology is not recommended in the routine evaluation of patients with uncomplicated OAB without hematuria who respond to therapy.

Logic:

If
uncomplicated OAB patient is [true]
Then
do not use urodynamics in the initial diagnostic workup
AND
do not use cystoscopy in the initial diagnostic workup
AND
do not use diagnostic renal and bladder ultrasound in the initial diagnostic workup

Recommendation

4 - Treatment

Conditional: OAB is not a disease; it is a symptom complex that generally is not a life threatening condition. After assessment has been performed to exclude conditions requiring treatment and counseling, no treatment is an acceptable choice made by some patients and caregivers.

IF

OAB

Value: true

assessment has been performed to exclude conditions requiring treatment and counseling

Value: true

THEN

no treatment is an acceptable choice made by some patients and caregivers

Decidable	Vocab

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Executable	Vocab
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Evidence Quality:

Strength of

Recommendation:

Expert Opinion

Reason:

OAB is not a disease; it is a symptom complex that generally is not a life threatening condition.

Logic:

If
OAB is [true]
AND

assessment has been performed to exclude conditions requiring treatment and counseling is [true]

Then

no treatment is an acceptable choice made by some patients and caregivers

Recommendation

5 - Treatment

Conditional: Clinicians should provide education to patients regarding normal lower urinary tract function, what is known about OAB, the benefits vs. risks/burdens of the available treatment alternatives and the fact that acceptable symptom control may require trials of multiple therapeutic options before it is achieved.

IF
OAB

Value: true

THEN

Clinicians should provide education to patients regarding normal lower urinary tract function, what is known about OAB, the benefits vs. risks/burdens of the available treatment alternatives and the fact that acceptable symptom control may require trials of multiple therapeutic options before it is achieved.

Decidable	Vocab

Executable	Vocab

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Evidence Quality:

Strength of Recommendation: Clinical Principle

Reason: Explaining what is normal can help the patient understand how their condition diverges from normal and gives them a comparator (or goal) for judging their own progress in treatment. Education also empowers the patient to engage and participate in their treatment, which is essential when using interventions that rely on behavior change. Patients must understand that voiding is a behavior that can be managed and that successful OAB treatment requires a willing participant who is informed and engaged in the treatment process.

Logic: If
OAB is [true]
Then
Clinicians should provide education to patients regarding normal lower urinary

tract function, what is known about OAB, the benefits vs. risks/burdens of the available treatment alternatives and the fact that acceptable symptom control may require trials of multiple therapeutic options before it is achieved.

Recommendation

6 - First Line Treatments: Behavioral Therapies

Conditional: Clinicians should offer behavioral therapies (e.g., bladder training, bladder control strategies, pelvic floor muscle training, fluid management) as first line therapy to all patients with OAB.

IF
OAB

Value: true

THEN

Clinicians should offer behavioral therapies (e.g., bladder training, bladder control strategies, pelvic floor muscle training, fluid management) as first line therapy

Decidable	Vocab

Executable	Vocab

Evidence Quality: Grade B; Benefits outweigh risks/burdens

Strength of Recommendation: Standard

Reason: Behavioral treatments are designated as first-line treatments because they are as effective in reducing symptom levels as are anti-muscarinic medications, and they consist of many components that can be tailored to address the individual patient's needs and capacities. In addition, they are relatively non-invasive and, in contrast to medications, are associated with virtually no adverse events. They do require the active participation of the patient and/or of the patient's caregiver, however, as well as time and effort from the clinician.

Logic: If
OAB is [true]
Then
Clinicians should offer behavioral therapies (e.g., bladder training, bladder control strategies, pelvic floor muscle training, fluid management) as first line therapy

Recommendation

7 - First Line Treatments: Behavioral Therapies

Conditional: Behavioral therapies may be combined with anti-muscarinic therapies.

IF
OAB

Decidable	Vocab

Value: true

THEN

behavioral therapies may be combined with anti-muscarinic therapies.

Executable	Vocab

Evidence Quality: Grade C; Benefits outweigh risks/burdens

Strength of Recommendation: Recommendation

Reason: Behavioral and drug therapies are often used in combination in clinical practice to optimize patient symptom control and QoL. A limited literature indicates that initiating behavioral and drug therapy simultaneously may improve outcomes, including frequency, voided volume, incontinence and symptom distress. In patients who are not adequately improved on behavioral or drug therapy alone, there also is evidence that continuing the initial therapy and adding the alternate therapy using a stepped approach can produce additional benefit. Evidence strength is Grade C because of the limited evidence base consisting of relatively few trials, small sample sizes, and limited follow-up durations.

Logic: If
OAB is [true]
Then
behavioral therapies may be combined with anti-muscarinic therapies.

Recommendation

8 - Second-Line Treatments: Anti-Muscarinics

Conditional: Clinicians should offer oral anti-muscarinics, including darifenacin, fesoterodine, oxybutynin, solifenacin, tolterodine or trospium (listed in alphabetical order; no hierarchy is implied) as second-line therapy.

IF

Decidable	Vocab
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OAB

Value: true

THEN

Clinicians should offer oral anti-muscarinics, including darifenacin, fesoterodine, oxybutynin, solifenacin, tolterodine or trospium (listed in alphabetical order; no hierarchy is implied) as second-line therapy.

Executable

Vocab

Evidence Quality: Grade B; Benefits outweigh risks/burdens

Strength of Recommendation: Standard

Reason: The choice of oral anti-muscarinics as second-line therapy reflects the fact that these medications reduce symptoms but also can commonly have non-life-threatening side effects such as dry mouth, constipation, dry or itchy eyes, blurred vision, dyspepsia, UTI, urinary retention and impaired cognitive function. Rarely, life-threatening side effects such as arrhythmias have been reported. An extensive review of the randomized trials that evaluated pharmacologic therapies for OAB (including trials with placebo control groups as well as trials with active treatment comparison groups) revealed no compelling evidence for differential efficacy across medications. This finding is consistent with the conclusions of several published systematic reviews. Evidence strength was Grade B because most trials were of moderate quality and follow-up durations were relatively short (i.e., 12 weeks).

Logic: If
OAB is [true]
Then
Clinicians should offer oral anti-muscarinics, including darifenacin, fesoterodine, oxybutynin, solifenacin, tolterodine or trospium (listed in alphabetical order; no hierarchy is implied) as second-line therapy.

Recommendation

9 - Second-Line Treatments: Anti-Muscarinics

Conditional: If an immediate release (IR) and an extended release (ER) formulation are available, then ER formulations should preferentially be prescribed over IR formulations because of lower rates of dry mouth.

IF
OAB

Decidable

Vocab

Value: true
prescribing an anti-muscarinic

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Value: true
an extended release (ER) formulation is available

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Value: true
an immediate release (IR) formulation is available

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Value: true
THEN
ER formulations should preferentially be prescribed over IR formulations because of lower rates of dry mouth.

Executable	Vocab
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Evidence Quality: Grade B; Benefits outweigh risks/burdens

Strength of Recommendation: Standard

Reason: A meta-analysis of adverse events indicated that the ER formulations of oxybutynin and tolterodine resulted in statistically significantly fewer patient reports of dry mouth than the IR formulations of both medications. Within each medication, there was no relationship with dose. There were insufficient trospium trial arms to meta-analyze the IR vs. ER formulations; however, a similar pattern was evident.

Logic: If
OAB is [true]
AND
prescribing an anti-muscarinic is [true]
AND
an extended release (ER) formulation is available is [true]
AND
an immediate release (IR) formulation is available is [true]
Then
ER formulations should preferentially be prescribed over IR formulations because of lower rates of dry mouth.

Recommendation

10 - Second-Line Treatments: Anti-Muscarinics

Conditional: Transdermal (TDS) oxybutynin (patch or gel) may be offered.

IF

Decidable	Vocab
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OAB

Value: true

history of dry mouth with oral agents

Value: true

at risk of experiencing dry mouth with oral agents

Value: true

THEN

Transdermal oxybutynin (patch or gel) may be offered instead of oral anti-muscarinics

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Executable	Vocab
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Evidence Quality: Grade C; Benefits outweigh risks/burdens

Strength of Recommendation: Recommendation

Reason: The Panel interpreted available data to indicate that transdermal oxybutynin (patch and gel) is effective in reducing incontinence episodes, in particular, with dry mouth rates that appear to be less than the meta-analyzed rates of 40.0% for oral oxybutynin ER and 68.0% for oral oxybutynin IR. Because the number of studies evaluating TDS oxybutynin was relatively few with different patient inclusion criteria (i.e., known responders to anti-muscarinic medications in some trials), the body of evidence strength was designated as Grade C.

Logic: If
OAB is [true]
AND
(history of dry mouth with oral agents is [true])
OR
at risk of experiencing dry mouth with oral agents is [true])
Then
Transdermal oxybutynin (patch or gel) may be offered instead of oral anti-muscarinics

Recommendation

11 - Second-Line Treatments: Anti-Muscarinics

Conditional: If a patient experiences inadequate symptom control and/or unacceptable adverse drug events with one anti-muscarinic medication, then a dose modification or a different anti-muscarinic medication may be tried.

IF

Decidable	Vocab
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OAB

Value: true

taking an anti-muscarinic medication

Value: one

inadequate symptom control

Value: true

unacceptable adverse drug events

Value: true

THEN

modify dose of current anti-muscarinic medication

prescribe a different anti-muscarinic medication

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Executable	Vocab

Evidence Quality:

Strength of Recommendation:

Clinical Principle

Reason:

In the Panel's experience, patients who experience inadequate symptom control and/or unacceptable adverse drug events with one anti-muscarinic medication may experience better symptom control and/or a more acceptable adverse drug event profile with another anti-muscarinic. In addition, in some patients, dose modification (i.e., reducing dose or reducing dose and combining medication with behavioral techniques) may achieve a better balance between efficacy and adverse drug events. A small literature composed of observational studies supports this experience, particularly when switching from an older medication to a newer medication. Patients who had prior unsatisfactory symptom control and/or unacceptable adverse events with tolterodine or oxybutynin reported better efficacy and/or more acceptable adverse event profiles with fesoterodine solifenacin or darifenacin. Based on the Panel's clinical experience and this limited literature, the Panel advises that clinicians should not abandon anti-muscarinic therapy if trial of one medication appears to fail or produces an unacceptable adverse event profile. There is no literature that addresses combination therapy of anti-muscarinics with each other or with other classes of medication such as tricyclics to manage non-neurogenic OAB.

Logic:

If
OAB is [true]
AND
taking an anti-muscarinic medication is [one]
AND
(inadequate symptom control is [true]
OR
unacceptable adverse drug events is [true])
Then

modify dose of current anti-muscarinic medication
OR
prescribe a different anti-muscarinic medication

Recommendation

12 - Second-Line Treatments: Anti-Muscarinics

Conditional: Clinicians should not use anti-muscarinics in patients with narrow angle glaucoma unless approved by the treating ophthalmologist and should use anti-muscarinics with extreme caution in patients with impaired gastric emptying or a history of urinary retention.

IF

OAB

Value: true

narrow angle glaucoma

Value: true

use of anti-muscarinics approved by treating ophthalmologist

Value: false

THEN

do not use anti-muscarinics

Decidable	Vocab

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Executable	Vocab

Evidence Quality:

Strength of Recommendation: Clinical Principle

Reason:

Logic: If
OAB is [true]
AND
narrow angle glaucoma is [true]
AND
use of anti-muscarinics approved by treating ophthalmologist is [false]
Then
do not use anti-muscarinics

Conditional: Clinicians should not use anti-muscarinics in patients with narrow angle glaucoma unless approved by the treating ophthalmologist and should use anti-muscarinics with extreme caution in patients with impaired gastric emptying or a history of urinary retention.

IF

OAB

Value: true

impaired gastric emptying

Value: true

history of urinary retention

Value: true

THEN

use anti-muscarinics with extreme caution

Decidable	Vocab

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Executable	Vocab

Evidence Quality:

Strength of Recommendation: Clinical Principle

Reason:

Logic: If
OAB is [true]
AND
(impaired gastric emptying is [true]
OR
history of urinary retention is [true])
Then
use anti-muscarinics with extreme caution

Recommendation

13 - Second-Line Treatments: Anti-Muscarinics

Conditional: Clinicians should manage constipation and dry mouth before abandoning effective anti-muscarinic therapy. Management may include bowel management, fluid management, dose modification or alternative anti-muscarinics.

IF

OAB

Value: true

effective anti-muscarinic therapy

Value: true

patient considering discontinuation

Value: true

THEN

manage constipation and dry mouth before abandoning
effective anti-muscarinic therapy

Decidable	Vocab

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Executable	Vocab

Evidence Quality:

**Strength of
Recommendation:**

Clinical Principle

Reason:

One of the main limitations of anti-muscarinic therapy is that the majority of patients discontinue after a few weeks or months. Although there may be several factors involved in this decision, side effects are commonly cited as the reason for discontinuation. One way clinicians can help patients benefit from anti-muscarinic therapy is to proactively monitor for and manage common side-effects.

Logic:

If

OAB is [true]

AND

effective anti-muscarinic therapy is [true]

AND

patient considering discontinuation is [true]

Then

manage constipation and dry mouth before abandoning effective anti-muscarinic therapy

Recommendation

14 - Second-Line Treatments: Anti-Muscarinics

Conditional: Clinicians must use caution in prescribing anti-muscarinics in patients who are using other medications with anti-cholinergic properties.

IF

OAB

Decidable	Vocab

Value: true
use of medications with anti-cholinergic properties

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Value: true
THEN
use caution in prescribing anti-muscarinics

Executable	Vocab

Evidence Quality:

Strength of Recommendation: Expert Opinion

Reason: The concurrent use of other medications with anti-cholinergic activity may potentiate the side effects of the anti-muscarinic class of OAB medications.

Logic: If
OAB is [true]
AND
use of medications with anti-cholinergic properties is [true]
Then
use caution in prescribing anti-muscarinics

Recommendation

15 - Second-Line Treatments: Anti-Muscarinics

Conditional: Clinicians should use caution in prescribing anti-muscarinics in the frail OAB patient.

IF
OAB

Decidable	Vocab

Value: true
frail

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Value: true
THEN
Clinicians should use caution in prescribing anti-muscarinics

Executable	Vocab

Evidence Quality:

Strength of Recommendation: Clinical Principle

Reason: In frail patients, defined as patients with mobility deficits (i.e., require support to walk, have slow gait speed, have difficulty rising from sitting to standing without

assistance), weight loss and weakness without medical cause and who may have cognitive deficits (PR 37, 98, 315), the use of OAB medications may have a lower therapeutic index and a higher adverse drug event profile. OAB medication studies generally are not conducted in the frail elderly, resulting in a lack of data in this group. In the Panel's experience, however, adverse drug events in addition to the typically reported events of dry mouth and constipation may occur, including impaired thermoregulation that can cause dangerous core temperature elevation.

Logic: If
OAB is [true]
AND
frail is [true]
Then
Clinicians should use caution in prescribing anti-muscarinics

Recommendation

16 - Second-Line Treatments: Anti-Muscarinics

Conditional: Patients who are refractory to behavioral and medical therapy should be evaluated by an appropriate specialist if they desire additional therapy.

IF
refractory OAB

Value: true
desire additional therapy

Value: true
THEN
patients should be evaluated by an appropriate specialist

Decidable	Vocab

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Executable	Vocab

Evidence Quality:

Strength of Recommendation: Expert Opinion

Reason: Behavioral therapies present no risks to patients and anti-muscarinics present risks that cease when the medication is stopped. The remaining treatment levels present increasing risks to patients that must be balanced with potential efficacy.

Logic: If
refractory OAB is [true]

AND
 desire additional therapy is [true]
 Then
 patients should be evaluated by an appropriate specialist

Recommendation

17 - FDA-Approved Neuromodulation Therapies

Conditional: Clinicians may offer sacral neuromodulation (SNS) as third-line treatment in a carefully selected patient population characterized by severe refractory OAB symptoms or patients who are not candidates for second-line therapy and are willing to undergo a surgical procedure.

IF
 severe refractory OAB symptoms
Value: true
 candidate for second-line therapy
Value: false
 willing to undergo a surgical procedure
Value: true

Decidable	Vocab

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THEN
 Clinicians may offer sacral neuromodulation (SNS) as third-line treatment

Executable	Vocab

Evidence Quality: Grade C; Benefits outweigh risks/burdens

Strength of Recommendation: Recommendation

Reason: The Panel interpreted available data to indicate that in carefully selected patients, SNS is an appropriate therapy that can have durable treatment effects but in the context of frequent and moderately severe adverse events, including the need for additional surgeries.

Logic: If
 (severe refractory OAB symptoms is [true]
 OR
 candidate for second-line therapy is [false])
 AND
 willing to undergo a surgical procedure is [true]

Then
Clinicians may offer sacral neuromodulation (SNS) as third-line treatment

Recommendation

18 - FDA-Approved Neuromodulation Therapies

Conditional: Clinicians may offer peripheral tibial nerve stimulation (PTNS) as third-line treatment in a carefully selected patient population.

IF
moderately severe baseline incontinence

Value: true
moderately severe baseline frequency

Value: true
willingness to comply with the PTNS protocol

Value: true
resources to make frequent office visits in order to obtain treatment

Value: true
THEN
Clinicians may offer peripheral tibial nerve stimulation (PTNS) as third-line treatment

Decidable	Vocab

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Executable	Vocab

Evidence Quality: Grade C; Balance between benefits and risks/burdens uncertain

Strength of Recommendation: Option

Reason: The Panel interpreted available data to indicate that PTNS can benefit a carefully selected group of patients characterized by moderately severe baseline incontinence and frequency and willingness to comply with the PTNS protocol. Patients must also have the resources to make frequent office visits in order to obtain treatment because treatment effects dissipate once treatment ceases. As a group, the PTNS studies constitute Grade C evidence because of the predominant observational designs, varying patient inclusion criteria and short follow-up durations for most studies.

Logic: If
moderately severe baseline incontinence is [true]
AND
moderately severe baseline frequency is [true]

AND
willingness to comply with the PTNS protocol is [true]
AND
resources to make frequent office visits in order to obtain treatment is [true]
Then
Clinicians may offer peripheral tibial nerve stimulation (PTNS) as third-line treatment

Recommendation

19 - Non-FDA-Approved: Intradetrusor injection of onabotulinumtoxinA

Conditional: Clinicians may offer intradetrusor onabotulinumtoxinA as third-line treatment in the carefully-selected and thoroughly-counseled patient who has been refractory to first- and second-line OAB treatments. The patient must be able and willing to return for frequent post-void residual evaluation and able and willing to perform self-catheterization if necessary.

IF
refractory to first-line OAB treatments

Decidable	Vocab

Value: true
refractory to second-line OAB treatments

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Value: true
thoroughly counseled

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Value: true
able and willing to to return for frequent post-void residual evaluation

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Value: true
able and willing to perform self-catheterization if necessary.

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Value: true
THEN
Clinicians may offer intradetrusor onabotulinumtoxinA as third-line treatment

Executable	Vocab

Evidence Quality: Grade C; Balance between benefits and risks/burdens uncertain

Strength of Recommendation: Option

Reason: The Panel designated intradetrusor onabotulinumtoxinA treatment as an option because although most studies reported improvements in measured parameters, rates of adverse events that could compromise quality of life or lead to serious illness were extremely high in some trials, making the balance between benefits and risks/burdens unclear. In addition, at the time of this writing, intradetrusor onabotulinumtoxinA is not FDA-approved for treatment of non-neurogenic OAB.

Logic: If
refractory to first-line OAB treatments is [true]
AND
refractory to second-line OAB treatments is [true]
AND
thoroughly counseled is [true]
AND
able and willing to return for frequent post-void residual evaluation is [true]
AND
able and willing to perform self-catheterization if necessary. is [true]
Then
Clinicians may offer intradetrusor onabotulinumtoxinA as third-line treatment

Recommendation

20 - Additional Treatments

Conditional: Indwelling catheters (including transurethral, suprapubic, etc.) are not recommended as a management strategy for OAB because of the adverse risk/benefit balance except as a last resort in selected patients.

IF
urinary incontinence has resulted in the development and progression of decubiti
Value: true
urinary incontinence is the predominant disability affecting activities of daily living and therefore may result in institutionalization
Value: true
medical management of burdensome OAB is not feasible, effective nor recommended
Value: true
THEN
As a last resort, an indwelling catheter may be considered.

Decidable	Vocab

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Executable	Vocab

Evidence Quality:

Strength of Recommendation: Expert Opinion

Reason: In situations where the medical management of burdensome OAB, as outlined above, is not feasible, effective nor recommended, as in the patient with severe cognitive deficits or mobility issues, then other management options may need to be considered. Management with diapering and absorbent garments is always preferred to indwelling catheterization because of the high risk of indwelling catheter-associated UTIs, urethral erosion/destruction and urolithiasis. Intermittent catheterization may be an option when concomitant incomplete bladder emptying is present leading to overflow incontinence; however, this approach generally requires either patient willingness and ability or significant caregiver support.

Logic: If
urinary incontinence has resulted in the development and progression of decubiti is [true]
OR
urinary incontinence is the predominant disability affecting activities of daily living and therefore may result in institutionalization is [true]
OR
medical management of burdensome OAB is not feasible, effective nor recommended is [true]
Then
As a last resort, an indwelling catheter may be considered.

Recommendation

21 - Additional Treatments

Conditional: In rare cases, augmentation cystoplasty or urinary diversion for severe, refractory, complicated OAB patients may be considered.

IF
severe OAB

Value: true
refractory OAB

Value: true
complicated OAB

Value: true

Decidable	Vocab

THEN

In rare cases, augmentation cystoplasty or urinary diversion may be considered.

Executable	Vocab

Evidence Quality:**Strength of Recommendation:****Reason:**

In general, surgery is not recommended for OAB patients except in extremely rare cases. The vast majority of case series that document the effects of augmentation cystoplasty and diversion focus on neurogenic patients. Little is known regarding the impact of these procedures on non-neurogenic OAB patients and, particularly, on their quality of life. There are substantial risks to these procedures, however, including the likely need for long-term intermittent self-catheterization and the risk of malignancy.¹⁹⁹ In the Panel's judgment, therefore, a surgical approach to OAB treatment is appropriate only in the extremely rare patient.

Logic:

If
severe OAB is [true]
OR
refractory OAB is [true]
OR
complicated OAB is [true]
Then
In rare cases, augmentation cystoplasty or urinary diversion may be considered.

Recommendation

22 - Follow-Up

Conditional: The clinician should offer follow up with the patient to assess compliance, efficacy, side effects and possible alternative treatments.

IF

OAB

Value: true

THEN

The clinician should offer follow up with the patient to assess compliance, efficacy, side effects and possible alternative treatments.

Decidable	Vocab

Executable	Vocab

Evidence Quality:

Strength of Recommendation: Expert Opinion

Reason:

Logic: If
OAB is [true]
Then
The clinician should offer follow up with the patient to assess compliance, efficacy, side effects and possible alternative treatments.