



central ohio
UROLOGY
group

Urgent Bladder Leaks Discussion Guide

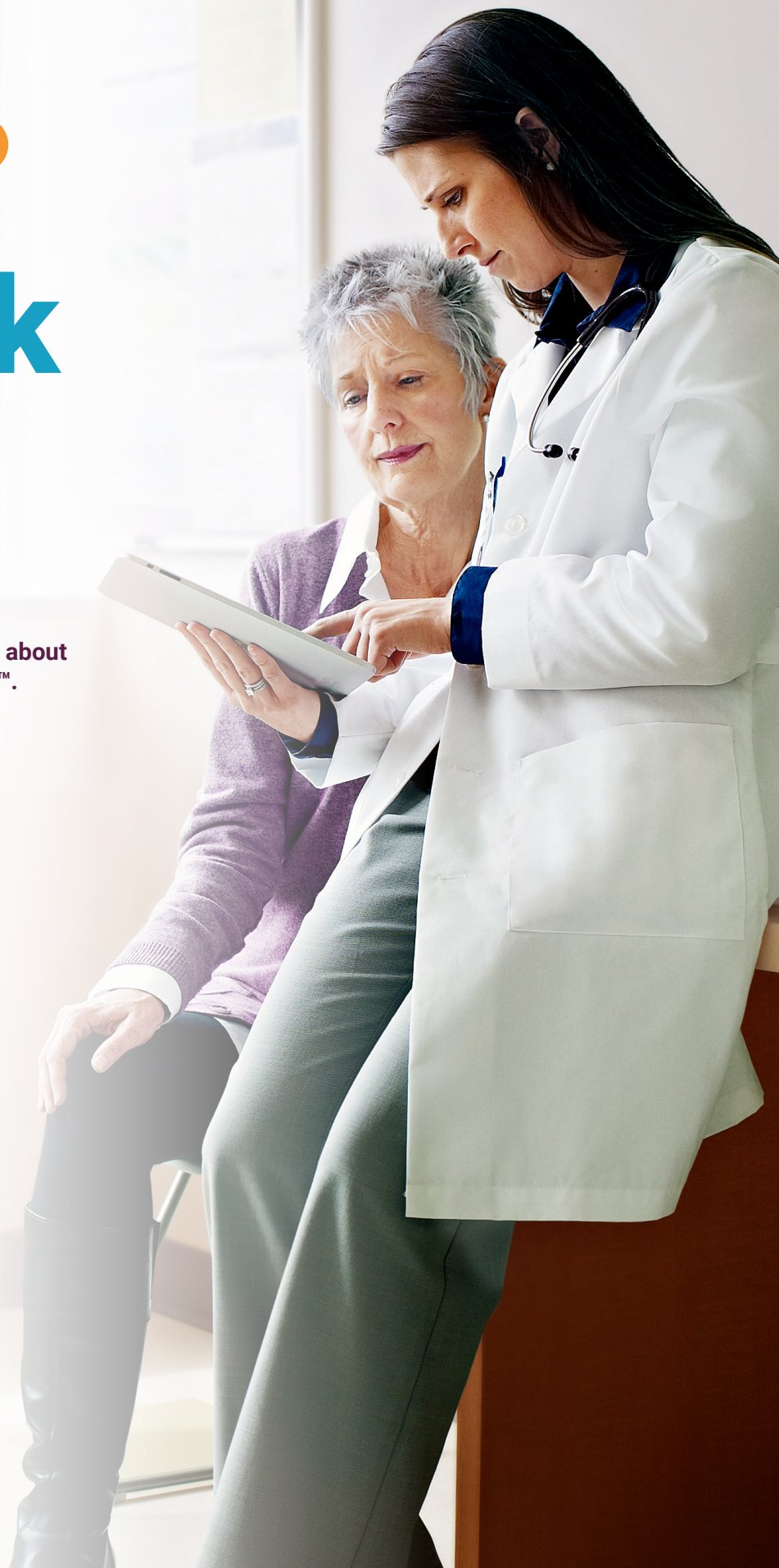
Let's talk *Revi*

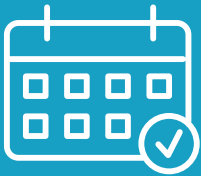
A guide for you and your healthcare provider about treating your urgent bladder leaks, with Revi™.

That “Gotta Go” Feeling

Urge Urinary Incontinence (UUI), or urgent bladder leaking, is a chronic condition that may cause you to have an urgent need to empty your bladder, even when it's not full, and can often lead to leaks or accidents. If your bladder symptoms are causing you to miss out on life, talk to your healthcare provider about your treatment options.

Use this discussion guide at your next appointment with your healthcare provider to see if Revi is right for you.





At Your Next Appointment:

“Could Revi be right for me?”

Review your answers to these questions with your current healthcare provider or ask your current provider for a referral to a urologist or urogynecologist who may be able to offer you more treatment options for your urgent bladder leaks:

- 1** Have you been diagnosed with Overactive Bladder (OAB) or UII?
- Yes No
- 2** What are your main symptoms? (check all that apply)
- Frequent urination (more than 8 times in 24 hours)
 Urgency to urinate (a sudden, strong urge you can't ignore)
 Incontinence (having accidents)
 Nocturia (waking up two or more times in the night to urinate)
- 3** How long have you had these symptoms?
- <6 months 6 months to <1 year
 1-3 years > than 3 years
- 4** How many times per night do you use the bathroom or have accidents due to your bladder symptoms?
- <1 2-3 >4
- 5** Do you have to rush to the toilet to urinate?
- Never Sometimes
 Most of the time All the time
- 6** Do you leak urine before you get to the toilet?
- Never Sometimes
 Most of the time All the time
- 7** What lifestyle or behavioral changes have you tried? (check all that apply)
- Wearing pads or diapers
 Dietary changes
 Drinking less fluids
 Losing weight
 Kegels or other bladder exercises
 Wearing dark clothing or bringing extra clothing with me
 Ensuring I know where the bathrooms are when I go out
 Staying home to avoid accidents
 None
 Other: _____
- 8** Have you tried prescription medication to treat your bladder symptoms?
- Yes No
- 9** How satisfied are you with your current treatments?
- Very unsatisfied Unsatisfied Neutral Satisfied Very satisfied
- 10** How bothered are you by your OAB symptoms?
- Very bothered Moderately bothered Slightly bothered Not at all bothered
- 11** Are you interested in learning about new options that may be appropriate for you?
- Yes No



Before Your Next Appointment:

Tips for Preparing

Get ready for your discussion with your healthcare provider. Keep a “bladder diary” for 3 days, noting when and how often you go.

Day 1	Fluids		Urination				Accidents		
DATE / /	What kind?	How much?	How many times?	How much?	Did you feel a strong urge to urinate?	What activity did this interrupt?	Did you have an accident?	How much did you leak?	What were you doing at the time?
6am-9am				S - M - L	Yes - No		Yes - No	S - M - L	
9am-12pm				S - M - L	Yes - No		Yes - No	S - M - L	
12pm-3pm				S - M - L	Yes - No		Yes - No	S - M - L	
3pm-6pm				S - M - L	Yes - No		Yes - No	S - M - L	
6pm-9pm				S - M - L	Yes - No		Yes - No	S - M - L	
9pm-12am				S - M - L	Yes - No		Yes - No	S - M - L	
12am-3am				S - M - L	Yes - No		Yes - No	S - M - L	
3am-6am				S - M - L	Yes - No		Yes - No	S - M - L	

Day 2	Fluids		Urination				Accidents		
DATE / /	What kind?	How much?	How many times?	How much?	Did you feel a strong urge to urinate?	What activity did this interrupt?	Did you have an accident?	How much did you leak?	What were you doing at the time?
6am-9am				S - M - L	Yes - No		Yes - No	S - M - L	
9am-12pm				S - M - L	Yes - No		Yes - No	S - M - L	
12pm-3pm				S - M - L	Yes - No		Yes - No	S - M - L	
3pm-6pm				S - M - L	Yes - No		Yes - No	S - M - L	
6pm-9pm				S - M - L	Yes - No		Yes - No	S - M - L	
9pm-12am				S - M - L	Yes - No		Yes - No	S - M - L	
12am-3am				S - M - L	Yes - No		Yes - No	S - M - L	
3am-6am				S - M - L	Yes - No		Yes - No	S - M - L	

Day 3	Fluids		Urination				Accidents		
DATE / /	What kind?	How much?	How many times?	How much?	Did you feel a strong urge to urinate?	What activity did this interrupt?	Did you have an accident?	How much did you leak?	What were you doing at the time?
6am-9am				S - M - L	Yes - No		Yes - No	S - M - L	
9am-12pm				S - M - L	Yes - No		Yes - No	S - M - L	
12pm-3pm				S - M - L	Yes - No		Yes - No	S - M - L	
3pm-6pm				S - M - L	Yes - No		Yes - No	S - M - L	
6pm-9pm				S - M - L	Yes - No		Yes - No	S - M - L	
9pm-12am				S - M - L	Yes - No		Yes - No	S - M - L	
12am-3am				S - M - L	Yes - No		Yes - No	S - M - L	
3am-6am				S - M - L	Yes - No		Yes - No	S - M - L	

