Techniques to Improve Bladder Function without Drugs  
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The bladder has two primary jobs, holding and discharging urine. Drugs can be used to relax the bladder and improve the “holding” function, or relax the outlet of the bladder to improve voiding. There are also ways to train the bladder to function better, with or without the help of drugs. One helpful technique is to make a voiding diary to see and even measure response to treatment.

Incomplete emptying: If the bladder does not completely empty there is an increased risk of infection, and there is less functional capacity of the bladder because there is less room for additional urine. This results in frequent voiding and further fatigue of the bladder. The bladder is a muscle, and emptying is work. It can tire during the process and stop before the bladder is empty. By waiting a few minutes after voiding, and sometimes by actually pushing down on the top of the bladder with your hand, the bladder can empty the remaining urine. **Double voiding** like this can reduce the risk of infection and decrease the number of trips to the bathroom.

Frequent and Urgent Voiding: There are no “volume receptors” in the bladder, only “pressure receptors.” The urge to urinate occurs whenever the bladder contracts, regardless of the volume of urine. Contraction may be stimulated by irritation of the bladder from surgery, infection, radiation, foreign body such as catheter or ureteral stent, or by reflex stimulation of nerves. Medications such as prescription bladder relaxants or over the counter medicines like Alka Seltzer or sodium bicarbonate (for acid urine) or ibuprofen (for inflammation) may help, but you can also “train” your bladder and reduce or eliminate the need for medication. The bladder can reflexly contract every time you hear water running or see porcelain. If you void each time the bladder contracts, the volume at which the bladder contracts may continue to decrease, shrinking the effective capacity of the bladder. You can suppress the urge (bladder contraction) by extending the interval between voiding. This, of course, must be done gradually and carries a risk of urine leakage. One technique used to suppress the urge to urinate is to give 5 quick Kegel’s contractions and two long, slow, maximal contractions of the sphincter when you have the urge. (See our handout on Kegel’s exercise for more specifics). The urge should pass, but will return later. It is best to try to urinate when you do not have the severe urge if you can. In short, try to stretch the bladder by holding your urine 2 or more times a week to improve the storage function of the bladder, and train your bladder to not contract by suppressing the urge to urinate reflexly when you pass a bathroom with “5+2” contractions and voiding, when possible, between urges.