



QR code — Ivy Collaborative

IVY COLLABORATIVE HEALTHCARE

We help people **Feel Good, Look Good & Function Well**

2100 Central Avenue, Suite 6 | Augusta, GA 30904 | (706) 364-3461

www.IvyCollaborative.com



IDENTIFYING & MANAGING INCONTINENCE/OAB

Self-Help, Traditional Approaches & Ivy Collaborative Support

1. What Urge Incontinence & Overactive Bladder Can Feel Like

A sudden, hard-to-ignore urge to urinate—sometimes with leakage before you reach the bathroom—is urge incontinence. Overactive bladder (OAB) is the broader pattern: urgency plus going eight or more times a day and waking at night (nocturia). The bladder muscle (detrusor) contracts when it should stay quiet, from nerve signaling, pelvic-floor weakness, hormones, irritation, or no clear cause. Many people map their day around restrooms, skip trips or events, and feel exhausted from broken sleep. This is a medical condition, not a personal failing. Stress incontinence (leak with cough, sneeze, or exercise) can overlap—that is mixed incontinence. Both are common after childbirth, menopause, pelvic surgery, or prostate treatment, and both are treatable.



2. Self-Help Strategies	3. Traditional Medicine Options	4. How Ivy Collaborative Can Help
• Try timed voiding (e.g., every 2–3 hours) before urgency peaks • Cut back on evening fluids, caffeine, alcohol, and carbonation • Treat constipation; straining worsens pelvic-floor load • Practice pelvic-floor (“Kegel”) holds with correct form—lift, don’t bear down • Keep a 3-day bladder diary: time, amount, leaks, triggers • Maintain a healthy weight; extra pressure loads the bladder • Know the myth: “just do more Kegels” fails if form is wrong or muscles are too weak • See a clinician if urgency, frequency, or leaks disrupt sleep or plans • Get prompt care for burning, blood in urine, or fever—those are not typical OAB	• Primary-care or urology/urogynecology evaluation to confirm type of incontinence • Rule out UTI, medications, diabetes, and neurologic drivers • Bladder training and pelvic-floor physical therapy • Medications when indicated—anticholinergics or beta-3 agonists—with side-effect monitoring • Discuss vaginal estrogen after menopause when appropriate • Procedures for selected cases: bladder Botox or nerve stimulation • Coordinate primary care, pelvic PT, and specialist care • Understand limits: pills and Kegels help many people—and leave others with residual urgency or dry-mouth/constipation side effects • Ask about non-invasive, FDA-cleared pelvic-floor strengthening	• Emsella (BTL) — FDA-cleared HIFEM chair for urinary incontinence in women and men • About 11,200 supramaximal pelvic-floor contractions in a 28-minute, fully clothed session • Typical course: 6 visits over about 3 weeks (often twice weekly); no downtime* • Used for urge, stress, and mixed incontinence; may also support postpartum recovery • Clinical reports include high patient satisfaction and fewer pads / better quality of life* • Complements—not replaces—bladder training, pelvic PT, and medical care

5. Helpful Links

Self-Help	Traditional Medicine	Ivy Collaborative & BTL
niddk.nih.gov / bladder urologyhealth.org / OAB <i>Diary • Fluids • Pelvic floor • Timing</i>	mayoclinic.org (OAB) auanet.org / patients <i>Evaluation • Therapy • Medication</i>	ivycollaborative.com — Emsella <i>Emsella • Schedule your consultation</i> <i>Physician-directed plans with Dr. Jocelyn Bayliss, MD</i>

6. Contact Ivy Collaborative Healthcare

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Complimentary consultations available • Non-invasive pelvic-floor strengthening for bladder control

You do not have to plan your life around the nearest restroom—support is available.



*Emsella (BTL) is FDA-cleared for urinary incontinence. Satisfaction, pad-use, and symptom-score figures come from published HIFEM / Emsella clinical studies; individual results vary. A typical course is six 28-minute sessions and may be individualized; maintenance every 6–12 months is often discussed. Not a substitute for evaluation of infection, blood in urine, or neurologic disease. Pacemakers, defibrillators, metal in the pelvis/hips, pregnancy, and certain implanted electronic devices are common contraindications—eligibility is determined after physician screening. Serving Augusta, Evans, Grovetown, Martinez, North Augusta, Harlem, and Richmond, Columbia, and Burke Counties.