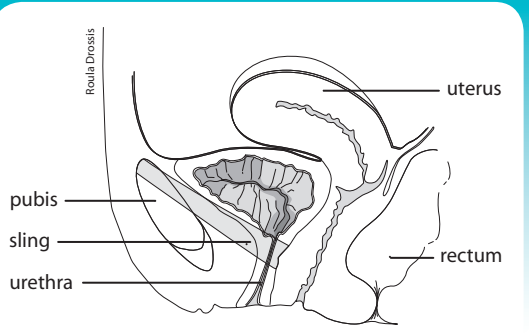


Sling suspension of bladder outlet

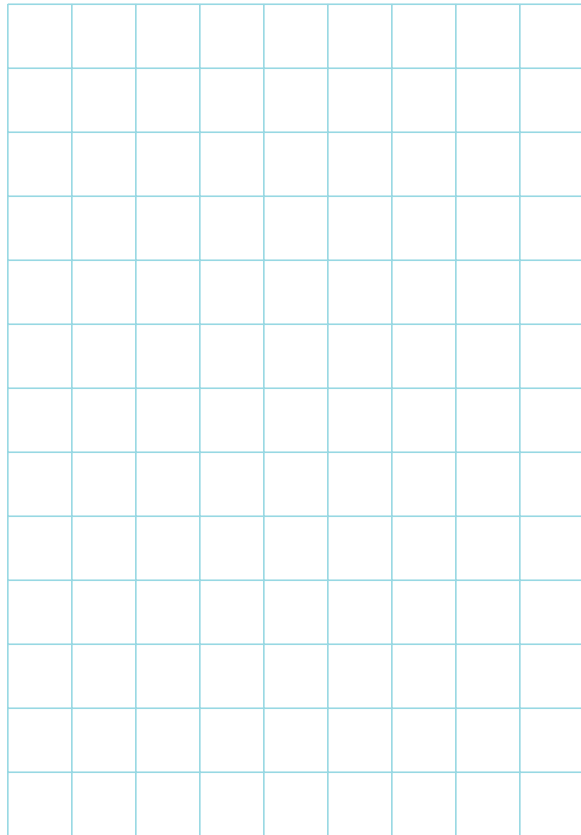


After surgery, it is not uncommon to experience discomfort, increased urgency and frequency of urination. Usually, these symptoms resolve on their own. Some women are occasionally unable to urinate and may require a catheter. Rarely, complications may occur requiring further surgery if mesh or tape is used.

Conclusion

Stress urinary incontinence is a common problem in women which can have a negative impact on their quality of life. Fortunately, it can often be helped with lifestyle changes, exercises and, if necessary, surgery.

Notes / Diagrams:



Stress urinary incontinence

Stress urinary incontinence occurs frequently in women, rarely leading to other medical problems, but often impairing one's quality of life. Treatment is available to restore control.



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**S**tress urinary incontinence (SUI) is the involuntary leakage of urine during activities such as coughing, sneezing, sudden changes in position or sports. It affects at least one-third of women and can significantly impair their quality of life.

The bladder normally stores urine until emptying is desired. SUI is thought to result from the weakening of the supportive tissues surrounding the urethra (urinary passage), which results in urine leakage during straining.

Stress incontinence differs from other forms of urinary incontinence (“leakage”) including:

- **urgency** incontinence, where urine leakage occurs with an uncontrollable urge to void,
- **overflow** incontinence, where an overfull bladder leaks because it cannot store any more urine.

Some women may have a mixture of several kinds of urinary incontinence.

Your urologist will clarify your incontinence problem by asking questions and performing some investigations. Different forms of urinary incontinence require quite different treatments.

## Contributing factors

Several factors increase the chances of developing SUI, including:

1. childbirth, especially multiple pregnancies, prolonged labour, and larger babies
2. age and menopause, with loss of female hormones
3. pelvic surgery (e.g., hysterectomy, vaginal surgery, rectal surgery)
4. excess weight gain
5. smoking
6. radiation therapy
7. obesity

## Investigation of SUI

The investigation of SUI begins with a thorough questioning regarding your normal voiding pattern and problem of urinary leakage. The timing and frequency of your accidents and your need to wear protection should be clarified.

Your doctor may examine you with a full bladder and ask you to cough and strain to demonstrate the incontinence. Measurements may be taken of your bladder capacity, your urine flow, and how well you empty your bladder.

A urine sample may be obtained to exclude bladder infection and other urinary problems. Other more sophisticated tests may be required in some cases and will be explained by your doctor. This may include a visual examination of the bladder (cystoscopy). Urodynamic assessment may be recommended where pressures in the bladder and its outlet are measured during filling, emptying and straining.

## Non-surgical treatment of SUI

Non-surgical measures such as pelvic floor exercises (Kegel exercises), biofeedback, physiotherapy, weight loss and smoking cessation may be helpful.

Medications may be useful to control some of the problems that accompany SUI. Estrogen (female hormone) replacement in postmenopausal women may restore the quality of the tissues around the urethra. If bladder overactivity with abnormal frequency and urgency of urination is also present with SUI, it may improve with medication.

Some women benefit from wearing a vaginal ring or pessary, much like a contraceptive diaphragm, to support the bladder.

Injection of material (e.g., collagen) around the urethra may be helpful in some patients. Repeat injections may be required.

## Surgical treatment of SUI

Surgery may be appropriate for those women in whom persistent SUI is very bothersome.

Several surgical techniques are available to correct SUI. The urethra may be supported with synthetic strips of mesh or “tape” that can exit above the pubis or the groin area. In some cases, sutures may be used to support the bladder through a lower abdominal incision.

The procedure most appropriate for your condition will be discussed with you by your surgeon.