

Stress Urinary Incontinence

Treatment for Women

Urology Care
FOUNDATION™

*The Official Foundation of the
American Urological Association*

What is Stress Urinary Incontinence (SUI)?

Stress Urinary Incontinence (SUI) is when urine leaks out of your body. It is caused by sudden pressure on the bladder and urethra. The pressure causes the sphincter muscles to open briefly, letting urine leak. With mild SUI, pressure may be from sudden forceful actions, like exercise, sneezing, laughing or coughing. More severe SUI is when you leak while doing less forceful actions such as standing up, walking or bending over. Urinary “accidents” like this can be a few drops of urine, or enough to soak through your clothes.

Types of Incontinence

Urinary incontinence is a problem with the loss of control over passing urine. There are two main types:

- **Stress Urinary Incontinence (SUI)** is when a small to moderate amount of urine is released, without control. This happens when the pressure on your bladder grows, such as when you cough, sneeze, or laugh.
- **Urge Urinary Incontinence (UUI) or Overactive Bladder (OAB)** is a sudden, uncontrollable need to pass urine. Leaks may be moderate to large.

What Causes SUI?

The most common risks for SUI are:

- Gender: Females are more likely to get SUI
- Pregnancy and childbirth
- Smoking (which leads to coughing)
- Chronic coughing

- Being overweight
- Nerve injuries to the spine or neurologic diseases

SUI Myths

There is a lot of misinformation on SUI. These myths are simply not true:

- It is part of being a woman
- It is a normal part of aging
- It is hereditary – my mom had it, and so will I
- I could have stopped it
- There is nothing that can be done for it

How is SUI Treated?

Lifestyle Changes and Products

Making a few changes in your everyday life can help SUI symptoms. You can lose weight, stop smoking (to help you cough less) and keep yourself healthy. Exercises, bladder training to plan bathroom visits, and SUI products may also help.

- **Pelvic Floor Muscle Exercises (Kegels):** Daily Kegels are proven to strengthen your pelvic floor. This helps support the bladder and other organs. It is of great value to do Kegels the right way and regularly.
- **Absorbent Products:** As a quick-fix or long-term choice, absorbent pads are helpful if leaks are not a major problem in your life. They come in many shapes and forms. They can be pads, or pull-on briefs.
- **Medical Devices for Women:** If your pelvic floor muscles are weak, a device may be used to manage symptoms.

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A vaginal pessary is a firm yet flexible device placed in the vagina. It repositions and supports the urethra and/or uterus. There are many kinds that can be either re-used or thrown away. If you use a pessary, set a plan to visit your health care provider. That way it can be checked, cleaned and refitted as needed.

Surgical Treatment

If surgery is needed, there are many choices. Learn the risks and benefits, and what to expect during and after surgery before you decide. Aim to work with a urologist with knowledge in SUI surgery. Female Pelvic Medicine and Reconstructive Surgeons (FPMRS) are certified in SUI and other pelvic surgery.

- **Urethral Injections / Bulking Agents:** This choice is used to treat female SUI by “bulking up” the inner urethral lining and making the opening of the urethra smaller. Modern bulking agents are permanent materials that are placed into the tissues around the urethra and sphincter muscle up towards the bladder neck. This helps how well the natural urethral closure function can work to stop leaks.
- **Sling:** A common surgical treatment and the current standard of care for the surgical treatment of female SUI is the midurethral sling surgery. For this, a strip of soft permanent mesh is placed under the urethra to support urethral closure during actions that involve “physical pelvic stress” (coughing, sneezing, bending, lifting, jumping and running). It is a 10-20 minute, outpatient procedure with a small single-cut in the vagina. This is done under limited anesthesia and often results in a quick return to normal day-to-day activities.
- One more type of female sling surgery, the pubovaginal sling, is a bladder neck sling. Here the tissue used to make the sling comes from the patient’s abdominal wall (fascia), or donated tissue (bovine or cadaver).
- **Bladder Neck Suspension:** The Burch Colposuspension, or bladder neck suspension, is surgery for female SUI that lifts the bladder neck up towards the pubic bone with permanent stitches. This is a bigger surgery with a cut through the abdominal wall (muscles and skin) to reach the deeper pelvic areas. Because of the cut into the belly, it takes a

longer time to heal from this surgery compared to the more minimally invasive midurethral sling, but it can be the right choice for some patients. In some cases it can be performed laparoscopically, which lessens the healing time after surgery.

Drugs

There are no drugs approved in the United States to treat SUI at this time. If you have mixed incontinence, your health care provider may tell you to take OAB drugs or treatments. They do not treat SUI, just OAB symptoms.

What Happens After Treatment?

The goal of any treatment for incontinence is to help your quality of life. Surgical treatments often work, and work even better when blended with lifestyle changes. Keep up with daily Kegel exercises to improve pelvic muscle strength. But if you still have problems with SUI, talk with your health care provider about other choices.

About the Urology Care Foundation

The Urology Care Foundation is the world’s leading urologic foundation – and the official foundation of the American Urological Association. We provide information for those actively managing their urologic health and those ready to make health changes. Our information is based on the American Urological Association resources and is reviewed by medical experts.

To learn more, visit the Urology Care Foundation’s website, UrologyHealth.org/UrologicConditions or go to UrologyHealth.org/FindAUrologist to find a doctor near you.

Disclaimer

This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please talk to your urologist or health care provider about your health concerns. Always consult a health care provider before you start or stop any treatments, including medications.

For more information, visit UrologyHealth.org/Download.