

## Plain language summary

# Assessment and Management of Stress Urinary Incontinence in Women

### Who is this summary for?

This summary is for people who are impacted by Stress Urinary Incontinence (SUI). This may include women diagnosed with a SUI, their support partners or their family.

### What is this summary about?

The National Women and Infants Health Programme have developed a number of clinical guidelines. One of these guidelines is a national Guideline for the Assessment and Management of Stress Urinary Incontinence in Women. This plain language summary will describe the key points and important take home messages from the Guideline.

### What is stress urinary incontinence?

Women with this condition leak urine on exertion, for example when they cough, sneeze or exercise.

### How is stress urinary incontinence diagnosed?

Talking about it with the GP is the first step in getting help for this problem. The GP will take a history and decide to refer to a Physiotherapist/Gynaecologist/Urogynaecologist/Urologist.

Important questions that may be asked include:

- When does leaking occur? (With coughing/sneezing, or without warning?)
- When did the leakage begin? (e.g. after having babies?) Has it worsened or improved over time?
- Have any treatments/pelvic floor exercises been tried to reduce leakage?
- Is there blood in the urine, bladder pain, or back pain with fevers; or other pelvic symptoms such as accidental bowel leakage, numbness of the labial area, or a bulge beyond the opening of the vagina?
- Is there severe constipation?

### Examination:

- A physical examination is a requirement to evaluate urinary incontinence. This may include a pelvic examination, an abdominal examination and/or a brief neurologic assessment.
- A pelvic examination is necessary to evaluate incontinence and may include a speculum examination (like a cervical smear test), an examination for pelvic organ prolapse and an evaluation for pelvic masses. In addition palpation of the urethra (the urethra is the tube that carries urine out of the body), bladder and muscles of the pelvis is carried out.
- Assessment of the strength of pelvic muscles is also commonly performed.

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/>

<https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/>

**Tests:**

- Simple tests may be done during a hospital visit to determine the type of urinary leakage. This may include a cough test, where the woman is asked to cough with a full bladder while the Doctor or Nurse/Midwife watches for urine leakage.
- A urine test (urinalysis and sometimes a urine culture to test for bacteria) is usually done to look for signs of infection or blood in the urine.

**Urodynamic testing:**

- For a urodynamic test, small catheters (tubes) are placed inside the bladder and vagina (or back passage) to measure how much urine the bladder can hold, what makes the bladder leak urine, and whether there are problems emptying the bladder.
- This test may be recommended if the woman has had or is planning surgery for urine leakage, or if the cause of the leakage is not clear.

**What can be done to improve stress urinary incontinence?**

The following initial treatments may be helpful for women with SUI and should be done first.

- **Lifestyle modification** may help symptoms of urinary leakage.  
**Weight loss** – If overweight or obese, strategies to lose weight are important. Losing weight helps to reduce urine leakage in addition to improving other chronic medical conditions that are associated with incontinence (e.g., diabetes and high blood pressure).  
**Fluid management** – If the woman drinks large amounts of fluids, she may find that cutting back on fluids will reduce leakage. This includes alcohol and drinks containing caffeine such as tea (green/brown) and coffee.  
**Avoiding constipation** – Constipation can make urinary leakage worse. Increasing the amount of fibre in the diet may help.
- **Pelvic muscle exercises**  
Pelvic muscle exercises, also known as Kegel exercises, strengthen the muscles involved in controlling urine leakage. Practicing these exercises on a regular basis helps to strengthen the muscles used to support the urethra and prevent leakage. If exercises are not working, specialist treatment with a women's health trained physiotherapist, is recommended as they can target treatment and improve outcomes.
- **Topical vaginal estrogen** – Vaginal estrogen may be helpful for women who are near menopause or have gone through menopause and have urinary incontinence and vaginal atrophy (dryness).

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## What are the specific treatments for stress urinary incontinence?

- **Supervised pelvic floor physiotherapy** – If not performing pelvic floor exercises effectively, it may be of benefit to have some formal instruction on how to do them. There are specialist physiotherapists specifically trained to assist with these exercises for your pelvic floor muscles and is like having a specialist “personal trainer.”
- **Vaginal pessaries** – A vaginal pessary is a flexible device made of silicone that can be worn in the vagina. A pessary can help to reduce or eliminate stress incontinence by providing support to the urethra. A pessary is a reasonable treatment if the woman wants to delay or avoid surgery. When fit properly, there is no discomfort from the pessary.
- **Medications** – There is a medication called Duloxetine that is approved for the management of stress incontinence. The woman should talk to the Doctor about whether or not this is an appropriate option.
- **Surgery for stress urinary incontinence** – Surgery offers the highest cure rate of any treatment for stress urinary incontinence. There are several surgical procedures for the treatment of stress incontinence. Each procedure has its own risks, benefits, complications, and chance of failure. It is important to remember that the results of surgery are different for everyone. Only the woman herself can decide whether surgery is the best treatment option and should discuss her options with the Surgeon.

## What are the different types of surgery to treat stress urinary incontinence?

Types of surgery include:

- A “sling procedure” – A sling is a small piece of material that goes around the urethra. There are different types, but they all give the urethra support to help keep it from leaking urine. The sling can be made of artificial mesh or tissue from the woman’s own body.
- A procedure called the “Burch procedure” – This is also called a “colposuspension” or “retropubic colposuspension.” For this procedure, stitches are attached to the tissue around the urethra to strong bands of tissue inside the pelvis. This can be done with “minimally invasive” surgery (several small cuts) or “open” surgery (1 large cut).
- A “urethra bulking” surgery – A small amount of material is injected next to the urethra. This material makes the area urethra thicker. It helps support the urethra and keep urine from leaking out. This treatment might be an option for people who do not want the risks of other types of surgery.

## What are the benefits of surgery?

Surgery can often cure SUI when other treatments do not. But it may not be the right option for every woman with SUI.

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## What are the risks of surgery?

The risks of surgery are different depending on:

- The type of surgery
- The woman's age and
- Overall health (e.g. if the woman has other medical conditions)

The risks of surgery include:

- Problems from surgery, such as bleeding, infection, or a tear in the bladder or urethra
- Incomplete emptying – trouble getting all the urine out when urinating which may lead to inserting a catheter (tube) to empty the bladder.
- Stress incontinence after surgery – some women might still have SUI even after surgery.
- Urgency incontinence – This is also called “urge incontinence” or “overactive bladder syndrome.” This might be a feeling of having to urinate all the time or needing to urinate immediately and having difficulty getting to the toilet or leaking before making it in time. This can happen after surgery or can get worse for people who had it before surgery and many people develop this problem with age.
- Pain during sex
- Pain in the groin – the area where the thigh meets the rest of the body.

### Further information can be found in the following locations

**IUGA:** <https://www.yourpelvicfloor.org/media/stress-urinary-incontinence-RV2-1.pdf>

**RANZCOG:** <https://ranzcof.edu.au/wp-content/uploads/2022/05/Stress-Urinary-Incontinence-KK19.pdf>

**Patient Decision Aid:** <https://www.nice.org.uk/guidance/ng123/resources/surgery-for-stress-urinary-incontinence-patient-decision-aid-pdf-6725286110>

**HSE leaflet:** <https://www.hse.ie/eng/services/list/2/primarycare/community-funded-schemes/continence/public/stress-incontinence-leaflet.pdf>

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