

Stress Urinary Incontinence

A PATIENT'S GUIDE

Bladder problems don't have to control your life anymore.

Talk to your provider about getting the relief you need to restore an active lifestyle.

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Understanding Stress Urinary Incontinence

Stress urinary incontinence (SUI) affects 1 in 3 women over the age of 45. Stress incontinence is the involuntary or accidental loss or leakage of urine during physical activity. Women who have SUI have weak pelvic muscles and connective tissue that allow urine to leak when a cough, sneeze, laugh, or exercise puts pressure on the bladder.

Stress incontinence is common in women but is not a normal part of aging.

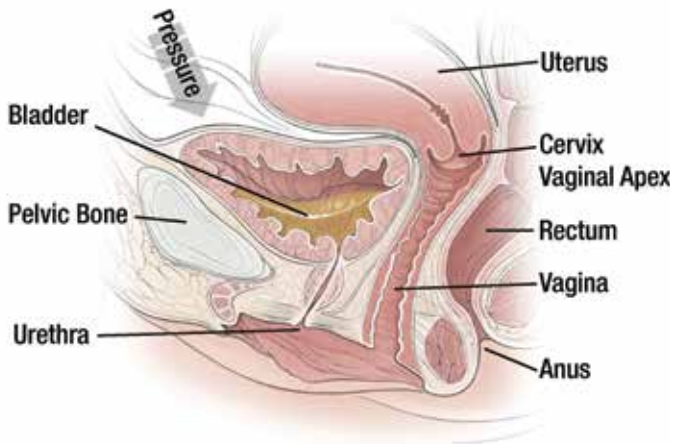
Pelvic health conditions like SUI can negatively impact a woman's quality of life, but there is help. You no longer have to stress about urine leakage while doing the things you love. Our team can help you take back control.

Stress urinary incontinence, the most prevalent form of incontinence among women, affects an estimated 15 million adult women in the U.S.

WHAT CAUSES STRESS URINARY INCONTINENCE?

While stress urinary incontinence is more common as women age, it is not caused simply by aging. A number of factors influence SUI including:

- Pregnancy and childbirth, which can stretch, weaken or even damage pelvic floor muscles
- Neurological conditions that cause damage to the nerves including multiple sclerosis, spina bifida and spinal cord injuries
- Obesity
- Chronic cough, oftentimes caused by smoking
- Certain medications, excessive alcohol consumption and caffeine
- Menopause, due to decreased hormones
- Pelvic surgery or radiation treatment



Symptoms of Stress Urinary Incontinence

- Urine leaks when you cough, laugh, sneeze, exercise, lift heavy objects
- Urine leakage worsens when your bladder is full

Stress incontinence is different than overactive bladder (OAB), or urge incontinence. SUI is leakage of urine with activity while OAB is the sudden and often frequent urge to urinate, which is sometimes accompanied by the inability to get to the bathroom in time.

DIAGNOSING STRESS URINARY INCONTINENCE

Your provider will perform a comprehensive medical history and evaluation to accurately diagnose the condition in order to prescribe the best treatment option for you. You may be asked to cough or strain with a full bladder to see if you leak urine. Additional tests may include:

- **Urinalysis**
- **A bladder diary:** you may be asked to keep a record of what you drink, your urine output, when leakage occurs and what you were doing (coughing, laughing, exercising, etc.) when urine leakage occurred.
- **Stress test:** Looks for leaking urine when you cough, laugh or put other types of pressure on your bladder.
- **Post void residual test (PVR):** Determines how well you empty your bladder by measuring residual urine after voiding using ultrasound.
- **Cystoscopy:** A tiny instrument called a cystoscope is inserted into the urethra to find and/or remove abnormalities.
- **Urodynamic tests:** Diagnostic tests that evaluate the function of the bladder and urethra and include uroflow, cystometrogram, EMG, pressure flow study, or videourodynamics.

Although incontinence risk goes up as you age, anyone can experience symptoms at any time.

TREATMENTS FOR STRESS URINARY INCONTINENCE

Treatment of stress incontinence is tailored to your symptoms and how they affect your daily life. Treatment options range from lifestyle changes and pelvic floor physical therapy to medical devices and minimally invasive surgical procedures designed to stop urinary leakage and restore quality of life.

Lifestyle Changes

Incorporating these lifestyle changes may help reduce your urinary symptoms:

- Fluid and diet management including minimizing fluid intake and avoiding bladder irritants such as caffeine and spicy foods
- Maintaining a healthy weight to help eliminate excess pressure on your bladder
- Quitting smoking
- Absorbent continence pads to provide added protection from urine leakage
- Keeping your bladder empty by urinating every 2 to 3 hours





Pelvic Floor Physical Therapy

Pelvic floor physical therapy strengthens the pelvic floor and sphincter muscles that help support the bladder. A specialized physical therapist can teach you effective pelvic floor muscle exercises (Kegels) to help improve your symptoms. As with any new exercise program, it may take several months to strengthen the pelvic floor muscles and to see results. Ask your provider for a referral.

Vaginal Pessary

A vaginal pessary is a soft silicone device that, when inserted, provides extra support for the urethra to prevent urine leakage. Pessaries come in different shapes and sizes. Your provider will fit you for the correct pessary and teach you how to insert and remove it. Pessaries are a good option for women who wish to avoid surgery. Some women use a pessary only during physical activity and others leave them in all the time. The device offers flexibility to meet your needs.



Urethral Bulking

Urethral bulking involves the injection of a special material, typically a natural hydrogel, around the urethra. The bulking agent helps build up the thickness of the urethral wall to support the bladder and form a tight seal to prevent urine leakage. Bulking agents are low risk, provide immediate and long-term symptom improvement, and patients can return to normal daily activities immediately after the treatment.

- The minimally invasive procedure can be performed in your urologist's office with local anesthesia or may be performed under sedation as an outpatient procedure in an ambulatory surgery center.
- Some patients may require an indwelling catheter for 1-2 days due to temporary swelling.
- Injection of the bulking agent may need to be repeated in several years. Up to a third of patients require a "top-off" procedure to reinforce the bulking agent.

SURGICAL TREATMENT OPTIONS

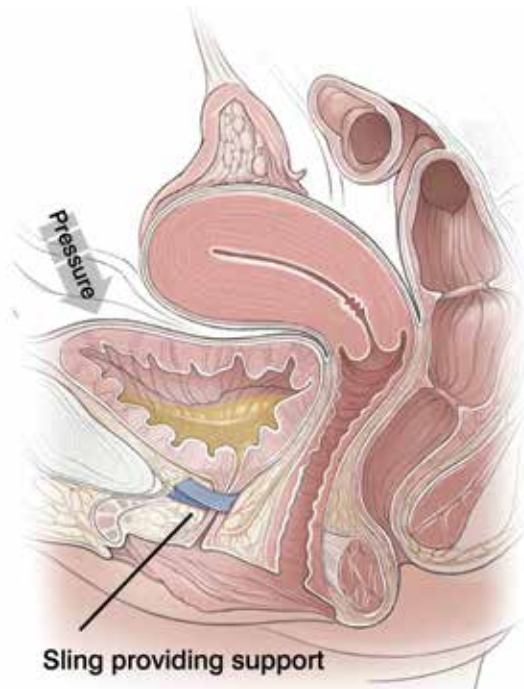
Surgery for stress urinary incontinence is typically very successful in women who haven't had success with other therapies. Your provider will discuss the options to identify the best treatment for your condition. Surgical procedures include:

Urethral Slings

Urethral slings are the most common and effective surgical treatment option for SUI. Your doctor will perform a minimally invasive procedure to place a sling, a small piece of synthetic mesh, under the urethra. The sling forms a hammock of support for your urethra, keeping it supported to eliminate accidental urine leakage.

Many women experience immediate relief from urinary symptoms following the placement of the sling.

SUI Treatment with Sling



Autologous Pubo-Vaginal Sling

An alternative to the more common mesh urethral sling, the autologous pubovaginal sling utilizes your own tissue, taken from the thigh or lower pelvic area, to create the sling. Because your doctor uses your tissue, there is no reaction to synthetic materials. The procedure, which is a more invasive, intricate surgery than a urethral sling, involves a small vaginal incision as well as two small incisions made above the pubic bone to insert and place the sling. A small incision in either the thigh or lower pelvis is also made to harvest the tissue.

Retropubic Suspension Surgery (Burch procedure)

In some women, the bladder neck and urethra have dropped into the pelvic area, which causes involuntary urine leakage. Retropubic suspension surgery is a less common procedure that treats SUI by lifting the sagging bladder neck and urethra by attaching the bladder to structures behind the pubic bone to provide added support. This procedure is typically performed under general anesthesia either laparoscopically through several small incisions in the abdomen or via open surgery.

Data from a National Association for Continence survey shows that 24% of women ages 25-44 experienced symptoms of stress incontinence compared to 33% of women ages 45-64.