



## COMPARISON OF TREATMENT OPTIONS FOR STRESS URINARY INCONTINENCE (SUI) IN WOMEN

Information from The British Association of Urological Surgeons (BAUS)

You have been given this leaflet because you have stress urinary incontinence. The aim of the leaflet is to provide you with information about the different treatment options available, and how they compare with one another.

We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

[http://www.baus.org.uk/\\_userfiles/pages/files/Patients/Leaflets/SUI\\_options.pdf](http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/SUI_options.pdf)

### Pelvic floor exercises

<b>Type of treatment</b>	Conservative, lifestyle
<b>Success rate</b>	Up to 70%
<b>Complications</b>	None
<b>Advantages</b>	Simple, safe and effective for many patients
<b>Disadvantages</b>	Requires commitment by the patient

### Medications (e.g. Duloxetine)

<b>Type of treatment</b>	Tablet
<b>Success rate</b>	Not accurately known, but approximately 50%
<b>Complications</b>	Nausea (sickness), dizziness, drowsiness and insomnia
<b>Advantages</b>	Avoids surgical intervention
<b>Disadvantages</b>	Not very effective and side-effects can be very troublesome

### Periurethral bulking injections (e.g. Bulkamid)

<b>Type of treatment</b>	Minimally-invasive day-case procedure, usually performed under general anaesthetic
<b>Success rate</b>	50 to 70%
<b>Complications</b>	Incontinence may return but generally very safe
<b>Advantages</b>	Can work well and avoids more invasive treatments
<b>Disadvantages</b>	Less effective than other operations, especially in the long term

### Mid-urethral tapes (retropubic, TVT & transobturator, TOT)

<b>Type of treatment</b>	Minimally-invasive day-case procedure, usually performed under general anaesthetic
<b>Success rate</b>	85% dry or significantly improved
<b>Complications</b>	Urinary urgency (10%), difficulty passing urine (1%), damage to the urethra or bladder (less than 1%), mesh complications (less than 1%)
<b>Advantages</b>	Very effective Serious side-effects are uncommon
<b>Disadvantages</b>	Although side-effects are uncommon, the synthetic mesh can cause major complications

### Autologous slings

<b>Type of treatment</b>	Operation with an abdominal wound requiring a one to two-night stay in hospital
<b>Success rate</b>	85% dry or significantly improved
<b>Complications</b>	Urinary urgency (10%), difficulty passing urine (5%), damage to the urethra or bladder (less than 1%)
<b>Advantages</b>	Very effective Similar results to TVT and TOT but does not use synthetic mesh
<b>Disadvantages</b>	Slightly more major procedure than TVT & TOT with an abdominal wound and longer recovery time

## Colposuspension

<b>Type of treatment</b>	Operation with an abdominal wound requiring a one to two-night stay in hospital
<b>Success rate</b>	85% dry or significantly improved
<b>Complications</b>	Vaginal prolapse (10%), urinary urgency (10%)
<b>Advantages</b>	Very effective Avoids the use of synthetic mesh tape
<b>Disadvantages</b>	More major procedure than TVT & TOT with an abdominal wound and longer recovery time

## Artificial urinary sphincter

<b>Type of treatment</b>	Operation requiring one to two-night stay in hospital
<b>Success rate</b>	More than 90% dry or significantly improved
<b>Complications</b>	Device infection and mechanical failure of the sphincter
<b>Advantages</b>	May be successful where other treatments have failed
<b>Disadvantages</b>	Need to squeeze a small pump, implanted into the labia, to empty the bladder

## Ileal conduit urinary diversion

<b>Type of treatment</b>	Major operation with several days in hospital
<b>Success rate</b>	100% resolution of incontinence
<b>Complications</b>	Urine infections, poor kidney drainage and the need for a stoma (bag)
<b>Advantages</b>	Last resort for severe, untreatable incontinence
<b>Disadvantages</b>	Major surgery with a risk of complications Permanent stoma bag

## What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you wish to have a copy for your own records. If you wish, they can also arrange for a copy to be kept in your hospital notes.

## What sources were used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Information Standard](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

## Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

### PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.