COMPARISONS of TREATMENT OPTIONS for STRESS URINARY INCONTINENCE (SUI) in WOMEN

Information about treatment of SUI 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 this leaflet online, scan the QR code (right) or type the short URL below it into your web browser.

http://rb.gy/ji9kg

Making a decision about your treatment

The various treatment options for managing stress incontinence are outlined on the following pages. Click on the title/header to open the information leaflet for each specific procedure.

We have given you the opportunity to enter your thoughts about each treatment option, after you have considered carefully which treatments are appropriate for you. You may find it helpful to complete these sections with your urologist or specialist nurse.

They will also advise you of any multi-disciplinary team (MDT) discussions and recommendations that may have been made regarding your condition.

The success rates, complications and disadvantages listed apply to “first-time” treatments.

Outcomes for stress urinary incontinence which has recurred following previous surgical treatment are not usually as good as those for “first-time” treatment.

The main treatment options are outlined in the tables below:

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PELVIC FLOOR EXERCISES	
Type of treatment	Conservative - lifestyle modification … more
Success rate	50 to 70% effective, if supervised by a continence adviser or physiotherapist
Complications	None
Advantages	Simple, safe & effective for many patients
Disadvantages	Requires commitment by the patient
I WILL consider this option because …	
I WON'T consider this option because …	

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MEDICATIONS - drugs such as Duloxetine®	
Type of treatment	Tablets … more
Success rate	Approximately 50%
Complications	Nausea (sickness), dizziness, drowsiness & insomnia
Advantages	Avoids surgical intervention
Disadvantages	Not very effective and side-effects can be very troublesome; not recommended as first-line treatment
I WILL consider this option because …	
I WON'T consider this option because …	

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URETHRAL BULKING INJECTIONS - using agents such as Bulkamid®	
Type of treatment	Minimally-invasive day-case procedure under a general anaesthetic … more
Success rate	50 to 70%
Complications	Incontinence may return (and the procedure may need to be repeated) but it is generally a very safe procedure. Recurrence in 20% & slowing of your urinary flow in 10%
Advantages	Can work well and avoids more invasive treatments
Disadvantages	Less effective than other options, especially in the long term
I WILL consider this option because …	
I WON'T consider this option because …	

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SYNTHETIC MID-URETHRAL TAPES - retropubic, transvaginal (TVT) & transobturator (TOT)	
Type of treatment	Minimally-invasive procedure usually performed under a general anaesthetic … more
Success rate	80-90% dry or significantly improved
Complications	Urinary urgency (10%), minor damage to the bladder during surgery (5-10%), migration of mesh into the vagina (2-5%), difficulty passing urine (2-5%), severe or long-standing pain (less than 1%), migration of mesh into the bladder, urethra or rectum (less than 2%)
Advantages	Very effective; serious side-effects are uncommon
Disadvantages	Although side-effects are uncommon, the synthetic mesh can cause major complications e.g. severe pain, mesh migration into the bladder, urethra or rectum, and vaginal erosion, which may require major surgical intervention
This procedure is currently not recommended following the findings of the Cumberlege Report	
I WON'T consider this option because …	

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AUTOLOGOUS (OWN TISSUE FASCIAL) SLINGS	
Type of treatment	Operation with an abdominal wound requiring a one to two-night stay in hospital … more
Success rate	80-90% dry or significantly improved
Complications	Urinary urgency (10%), difficulty passing urine (5-10%), damage to the urethra or bladder (5-10%), wound infection (5%)
Advantages	Very effective; similar results to TVT and TOT but does not use synthetic mesh
Disadvantages	Abdominal wound and higher risk of voiding problems
I WILL consider this option because …	
I WON'T consider this option because …	

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COLPOSUSPENSION	
Type of treatment	Operation with an abdominal wound requiring a one to three-night stay in hospital. Keyhole surgery (laparoscopic or robotic is available in selected centres … more
Success rate	80-90% dry or significantly improved
Complications	Vaginal prolapse (20-30%), urinary urgency (10%), minor damage to the bladder during surgery (5-10%), difficulty passing urine (5-10%), wound infection (5%)
Advantages	Very effective; similar results to TVT and TOT but does not use synthetic mesh
Disadvantages	Abdominal wound (if performed by open surgery) and a risk of vaginal prolapse
I WILL consider this option because …	
I WON'T consider this option because …	

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ARTIFICIAL URINARY SPHINCTER (AUS)	
Type of treatment	Operation requiring one to two-night stay in hospital … more
Success rate	More than 90% dry or significantly improved
Complications	Device infection (2-10%), mechanical failure of the sphincter (2-10%), difficulty passing urine (5-10%)
Advantages	May be successful where other treatments have failed
Disadvantages	Need to squeeze a small pump, implanted into the labia every time you want to empty your bladder
I WILL consider this option because …	
I WON'T consider this option because …	

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ILEAL CONDUIT URINARY DIVERSION	
Type of treatment	Major operation with several days in hospital: urinary containment by a stoma bag ... more
Success rate	100% resolution of incontinence
Complications	Urine infections, stoma issues, narrowing of the join of the ureters to the bowel, poor kidney drainage
Advantages	Last resort for severe, untreatable incontinence
Disadvantages	Major surgery with a risk of complications and the need for a permanent stoma bag
I WILL consider this option because ...	
I WON'T consider this option because ...	

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.

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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

Whilst we have made every effort to give accurate information, 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 have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.

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