

Comparisons of treatment options for stress urinary incontinence in women

Different ways to treat pee leaks in women

This leaflet gives you simple, easy-to-read details about your choices. Expert doctors in the UK have written it. Please also remember the advice your own doctor or nurse has given you.

What is this leaflet about?

We've given you this leaflet because you leak pee when you cough, laugh or move. This is called stress incontinence. This leaflet explains the different ways to treat it and how they compare. You can read about each option and think about which ones might suit you. You can talk through your choices with your bladder nurse or doctor. Your nurse or doctor may also tell you what other health experts think about your condition.

The results, risks and problems listed in this leaflet are for people having treatment for the first time. If you have had surgery before and the problem has come back, the results may not be as good.

We have left you space to write down what you think about each treatment. You might find it helpful to go through this with your bladder doctor or nurse.

Pelvic floor exercises

You can find more information here. (please add link when available)

Type of treatment	Lifestyle change.	
	These are special movements that help strengthen the	
	muscles that control when you pee. A nurse or therapist	
	can teach you how to do them.	
How well it works	These exercises help about 7 out of every 10 women	
	when a trained nurse or physio helps them.	
Problems	None known.	
Good points	Simple and can help many people.	
Things to think about	You need to keep doing the exercises regularly.	

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Urethral bulking injections

You can find more information here. (please add link when available)

Type of treatment	A thick liquid is injected into the wall of your urethra. This is the pipe that carries the pee from your bladder. It is a small operation. You may have a general anaesthetic. This is where the operation is done whilst you are asleep. Most people go home the same day.	
How well it works	Helps about 7 out of every 10 people.	
Problems	Pee leaks may come back.	
	2 out of 10 people need another injection.	
	1 out of 10 people pee more slowly after the operation.	
Good points	It can help.	
	It may mean you do not need a bigger operation.	
Things to think about	The effects may not last a long time.	

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Synthetic midurethral tapes

You can find more information here. (please add link when available)

Type of treatment	This is a small operation. It uses a man-made mesh to support the urethra. This is the pipe that carries the pee from your bladder. Most people recover quicker with this operation.
How well it works	Helps 9 out of every 10 people.
Problems	1 out of 10 people feel they need to pee very suddenly. About 1 out of 10 people get bladder damage. In about 5 out of 100 women, the mesh moves into the vagina. About 5 out of 100 women have trouble peeing. Fewer than 1 out of 100 women have long-term pain. In fewer than 2 out of 100 women, the mesh moves into your bladder, pee tube or bowel.
Good points	Can work very well.
Things to think about	The mesh can cause serious problems and may need more surgery. Doctors do not advise this treatment right now because a recent report found some serious problems with it.

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Autologous sling surgery

You can find more information here. (please add link when available)

Type of treatment	In this operation, the doctor makes a sling from your own
	body tissue. It will support your bladder and stop pee
	leaks. You will need to stay in hospital for about 2 days.
How well it works	Helps 9 out of every 10 people.
Problems 1 out of 10 people feel they need to pee very sudde	
	About 1 out of 10 people have damage to their bladder or
	pee tube.
	About 5 out of 100 women get a wound infection.
Good points	Works well. It does not use mesh.
Things to think	Needs a tummy cut and may cause pee problems.
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Colposuspension

You can find more information here. (please add link when available)

Type of treatment	This is an operation to lift and support the bladder and urethra. Your urethra is the tube where your pee comes out. It helps to stop leaks by keeping everything in the right place. You will stay in hospital for about 3 nights.	
	Some people may be able to have keyhole surgery.	
How well it works	Helps 9 out of every 10 people.	
Problems	About 3 out of 10 people get a bulge in their vagina. We call this a vaginal prolapse.	
	1 out of 10 people feel they need to pee very suddenly.	
	About 1 out of 10 people have damage to their bladder.	
	About 1 out of 10 people have trouble peeing.	
	About 5 out of 100 women get a wound infection.	
Good points	Works well. It does not use mesh.	
Things to think about	Needs a tummy cut and may cause vaginal bulge.	

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An artificial sphincter

You can find more information here. (please add link when available)

Type of treatment	This is an operation to implant a small device around	
	your urethra. It squeezes the urethra to stop the	
	leaks. You will stay in hospital for about 2 days.	
How well it works	Helps more than 9 out of every 10 people.	
Problems	About 1 out of 10 people get an infection.	
	About 1 out of 10 people have a problem with the device.	
	About 1 out of 10 people have trouble peeing.	
Good points	May help when other treatments have not worked.	
Things to think about	You need to press a small pump inside your body each	
	time you want to pee.	

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You can find more information here. (please add link when available)

Type of treatment	This is an operation to make a new way for pee to leave the body. This is a big operation. You stay in hospital for about 2 weeks. Pee is sent through a small tube to a bag on your tummy.
How well it works	Stops pee leaks in all cases.
Problems	Pee infections, problems with the pee bag.
	You may get narrowing where the pee tube joins the
	bowel.
	Some people get poor kidney drainage.
Good points	May help when nothing else works.
Things to think about	It is a big operation with risks.
	You will need a pee bag on your tummy all the time.

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Important

We have worked hard to make this leaflet clear and correct. But it cannot replace advice from your own doctor or nurse. Always ask them if you are worried or unsure.

What should you do with this leaflet?

You can keep this leaflet. If you have more questions, ask your doctor nurse. They can explain more.

Online access

You can see this leaflet on the internet.

Scan the special picture (QR code).

Feedback

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We'd love to know what you think! You can share your thoughts by emailing us at admin@baus.org.uk



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Questions and notes

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