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

Information from The British Association of Urological Surgeons (BAUS)

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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%20options.pdf)

### **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.

## 1. Pelvic floor exercises

<b>Type of treatment</b>	Conservative treatment with lifestyle modification
<b>Success rate</b>	50 to 70%, if supervised by a continence adviser or physiotherapist
<b>Complications</b>	None
<b>Advantages</b>	Simple, safe & effective for many patients
<b>Disadvantages</b>	Requires commitment by the patient

*I WILL consider this option because ...*

*I WON'T consider this option because ...*

## 2. Medications - i.e. drugs such as Duloxetine®

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

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### 3. [Periurethral bulking injections](#) - using agents such as Bulkamid®

<b>Type of treatment</b>	Minimally-invasive day-case procedure usually performed under a general anaesthetic
<b>Success rate</b>	50 to 70%
<b>Complications</b>	Incontinence may return but it is generally a very safe procedure. Recurrence in 20% & slowing of your urinary flow in 10%
<b>Advantages</b>	Can work well and avoids more invasive treatments
<b>Disadvantages</b>	Less effective than other options, especially in the long term

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#### 4. [Synthetic mid-urethral tapes](#) - retropubic, transvaginal (TVT) & transobturator (TOT)

<b>Type of treatment</b>	Minimally-invasive day-case procedure usually performed under a general anaesthetic
<b>Success rate</b>	80-90% dry or significantly improved
<b>Complications</b>	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%)
<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 e.g. severe pain, mesh migration into the bladder, urethra or rectum, and vaginal erosion, which may require major surgical intervention

*I WILL consider this option because ...*

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## 5. 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>	80-90% dry or significantly improved
<b>Complications</b>	Urinary urgency (10%), difficulty passing urine (5-10%), damage to the urethra or bladder (5-10%), wound infection (5%)
<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 hospital stay and recovery time

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## 6. Colposuspension

<b>Type of treatment</b>	Operation with an abdominal wound requiring a one to two-night stay in hospital
<b>Success rate</b>	80-90% dry or significantly improved
<b>Complications</b>	Vaginal prolapse (10-20%), urinary urgency (10%), minor damage to the bladder during surgery (5-10%), difficulty passing urine (20%), wound infection (5%)
<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 hospital stay and recovery time

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## 7. [Artificial urinary sphincter \(AUS\)](#)

<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 (2-10%), mechanical failure of the sphincter (2-10%), difficulty passing urine (5-10%)
<b>Advantages</b>	May be successful where other treatments have failed
<b>Disadvantages</b>	Need to squeeze a small pump, implanted into the labia every time you want to empty your bladder, a slightly more major procedure than TVT or TOT requiring longer hospital stay and recovery time

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## 8. 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 and the need for a permanent stoma bag

*I WILL consider this option because ...*

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## 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.

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.