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Stress Urinary Incontinence (SUI)

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What is Stress Urinary Incontinence?

Stress urinary incontinence (SUI) is a leakage of urine during moments of physical activity that increases abdominal pressure, such as coughing, sneezing, laughing, or exercise. SUI is the most common type of urinary incontinence in women.

SUI can happen when pelvic tissues and muscles, which support the bladder and urethra, become weak and allow the bladder “neck” (where the bladder and urethra intersect) to descend during bursts of physical activity. This descent can prevent the urethra from working properly to control the flow of urine. SUI can also occur when the sphincter muscle that controls the urethra weakens. The weakened sphincter muscle is not able to stop the flow of urine under normal circumstances and when there is an increase in abdominal pressure. Weakness may occur from pregnancy, childbirth, aging, or prior pelvic surgery. Other risk factors for SUI include chronic coughing or straining, obesity and smoking.

It is important for you to consult with your health care provider for proper diagnosis of SUI.

Bladder Control System

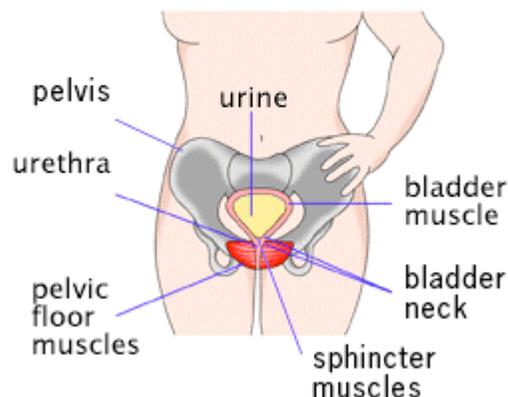


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What are the Treatment Options for Women with Stress Urinary Incontinence?

Women have both non-surgical and surgical options to treat SUI.

Not every woman with SUI will need surgery. Some factors you should consider before deciding whether to undergo surgery include:

- the severity of your SUI symptoms and their effect on your daily activities;
- your desire for future pregnancy as vaginal delivery can cause recurrence of SUI symptoms, which could require future surgery

NONSURGICAL TREATMENT OPTIONS

Examples of nonsurgical treatment options for SUI include:

- **Pelvic Floor Exercises:** A type of exercise to strengthen the pelvic floor by contracting and relaxing the muscles that surround the opening of the urethra, vagina, and rectum. These exercises, commonly referred to as Kegel exercises, improve the muscles' strength and function and may help to hold urine in the bladder longer.
- **Pessary:** A removable device that is inserted into the vagina against the vaginal wall and urethra to support the bladder neck. This helps reposition the urethra to reduce SUI.
- **Transurethral Bulking Agents:** Collagen injections around the urethra that make the space around the urethra thicker, thus helping to control urine leakage. The effects may not be permanent.
- **Behavioral Modification:** This includes avoiding activities that trigger episodes of leaking.

SURGICAL TREATMENT OPTIONS

Surgery to decrease or prevent urine leakage can be done through the vagina or abdomen. The urethra or bladder neck is supported with either stitches alone or with tissue surgically removed from other parts of the body such as the abdominal wall or leg (fascial sling), with tissue from another person (donor tissue) or with material such as surgical mesh (mesh sling).

Surgical mesh in the form of a “sling” (sometimes called “tape”) is permanently implanted to support the urethra or bladder neck in order to correct SUI. This is commonly referred to as a “sling procedure.”

The use of surgical mesh slings to treat SUI provides a less invasive approach than non-mesh repairs, which require a larger incision in the abdominal wall. The multi-incision

sling procedure can be performed using three incisions, in two ways: with one vaginal incision and two lower abdominal incisions, called retropubic; or with one vaginal incision and two groin/thigh incisions, called transobturator. There is also a “mini-sling” procedure that utilizes a shorter piece of surgical mesh, which may be done with only one incision.

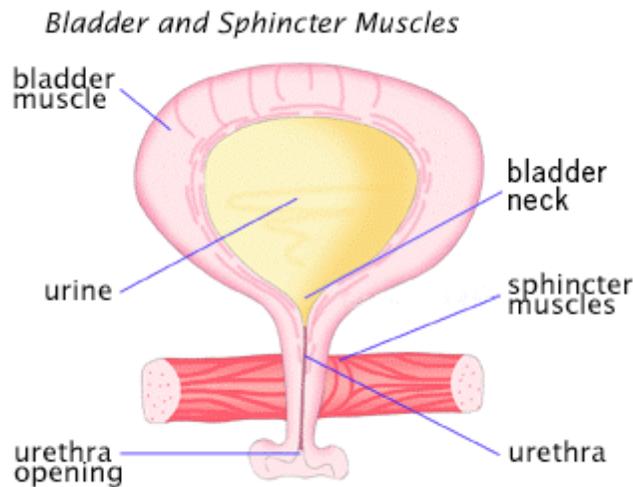


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