

Stress Urinary Incontinence

Leakage caused by weak pelvic floor muscles, urethral sphincter, and poor urethral support. Leakage often occurs from coughing, sneezing, or exercise.

Treatment Options

1. Observation
2. Non-surgical
 - a. Kegels/Pelvic Floor Muscle Exercises (w/o or w/ P.T.)
 - b. Vaginal devices
 - i. Tampons- can insert at the opening to put pressure on the urethra (Poise Impressa)
 - ii. Pessary- device specifically made to put pressure on the urethra. Inserted vaginally and usually removed nightly.
 - iii. Revive Reusable 12 hour Pessary
 - c. Weight loss
 - d. Medication
 - i. Cymbalta (off label use)- Works by increasing urethral tone but has several side effects.
3. Surgical
 - Injectables/Bulking Agents(Silicone beads)
 - Least invasive and can be done in the office
 - Moderate Improvement
 - May need 1-3 injections and may need “boosters” every several years
 - Mid-urethral slings (small incisions under urethra in vagina and above pubic bone)
 - Permanent synthetic mesh
 - 90% improvement
 - 50-60% dry rate
 - 10% failure
 - 1-2% mesh exposure/erosion
 - 5% difficulty urinating
 - 5-10% new urge problems
 - Urge problems: 40-60% improve 40-60% same/worse
 - FDA advisory(old)

Hospital and Recovery for slings

Hospital

-Outpatient

Recovery

-No driving for 3 days

-No lifting >10 pounds for 2 weeks

-Limited activities for 4 weeks

-Pelvic Rest for 6 weeks

WEBSITES: www.yourpelvicfloor.org www.voidesforpfd.org
www.sufuorg.com/resources/patients.aspx

[Www.nafc.org](http://www.nafc.org)