

Treatment of Female Stress Urinary Incontinence (SUI)

Definition of stress urinary incontinence (SUI)

This refers to an involuntary loss of urine that accompanies any action that suddenly increases pressure in the abdomen.

Frequent symptoms and signs

Unintentional loss of urine with lifting, sneezing, singing, coughing, laughing, crying or straining to have a bowel movement.

Causes and risk factors

A change in the relationship of the uterus to the bladder resulting in shortening of the urethra (tube from the bladder to the outside), and loss of the normal muscular support for the bladder and floor of the pelvis.

Risk increases with:

- Repeated vaginal childbirth.
- Vaginal birth of large children.
- Age over 60.
- Obesity.
- Chronic lung disease (with a cough) or chronic constipation.

Treatment

General Measures

- Exclude and treat urinary infection.
- Weight loss, smoking cessation, or cough suppression may be indicated.
- Learn and practice pelvic floor exercise. This is only effective if the woman has mild stress incontinence, but if there is moderate to severe incontinence or genital organ prolapse, then surgery is more effective.

Non Surgical Therapy

- Currently, there is no effective medication for this condition.
- Other conservative therapies include biofeedback, electrical stimulation, magnetic innervations or special weights to strengthen pelvic muscles.
- A special pessary inserted into the vagina to support the uterus and lower muscular layer of the bladder may be helpful for mild cases.

Surgery

- Surgery is the main treatment in those with moderate to severe symptoms. The most popular and effective method now is the minimally invasive tension-free vaginal tape (TVT) insertion.

What is TVT insertion and how does it work for the treatment of female SUI?

The procedure involves an insertion of a strip of 1 cm wide mesh-like tape under the mid-urethra to create a supportive sling. This will support and allows the urethra to remain closed when appropriate, preventing urine loss during sudden movements or exercise. It is done vaginally, with two small incisions (about 5 mm) made near the creases of the thighs during the insertion of the tape. The procedure takes only about 20-30 minutes to complete.

What are the risks associated with this procedure?

As with any surgery, there can be complications (both surgical or anaesthetic). These may include injury to surrounding structures, bleeding or difficulty in urination. However, the overall complications rate is very much lower when compared to other surgical treatment for this condition.

Who shouldn't undergo TVT insertion?

This procedure is not suitable for the woman who is currently pregnant or still desires to have more children.

Post-operative period

The procedure can be performed as a daycase or an overnight stay, under either local, regional or general anaesthesia. The recovery period is short, with little interference with normal daily activities. Many women can return to normal activities within a few days, which is significantly less than the recuperation period for major abdominal surgery. Some women may experience groin pain for a few days and this often responds well to oral painkillers. However, patients should avoid heavy lifting and intercourse for four weeks.

Outcome

A clinical study has shown that seven years after treatment, 81 % of women who were treated with Gynecare TVT remained dry and an additional 16 % remained significantly improved. To date, more than one million patients worldwide have been treated.

Advantages of TVT insertion (compared to other surgical options) for SUI.

- Less invasive, with no abdominal scars.
- Quick recovery and return to work.
- Minimal or no pain.
- Less complications.
- More effective.

Disclaimer

This is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. It is important for readers to seek proper medical advice when necessary.

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