

Surgery for Stress Urinary Incontinence

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What is stress urinary incontinence?

Stress urinary **incontinence** is leakage of urine with physical activity, such as exercise, or when coughing, laughing, or sneezing.

What causes stress urinary incontinence?

Stress urinary incontinence may be caused by a weakening of the **sphincter muscle** that controls the **urethra**, which may occur from pregnancy, childbirth, or aging. Pelvic support problems also are a leading cause of stress urinary incontinence. These problems occur when tissues and muscles that support the urethra, **bladder**, **uterus**, or **rectum** become weakened or stretched. These organs may drop down, causing urine leakage or making it hard to pass urine.

What are the nonsurgical treatment options for stress urinary incontinence?

Nonsurgical options for treating stress urinary incontinence include lifestyle changes, physical therapy, the use of devices called pessaries that are placed in the **vagina**, and special injections.

What types of surgery treat stress urinary incontinence?

There are two main types of surgery: 1) urethral slings and 2) colposuspension. Surgery can be done through an incision in the abdomen (abdominal), through the vagina (vaginal), or with **laparoscopy** (laparoscopic).

How do slings work?

A sling may be used when the urethra has dropped out of place or when the sphincter muscle of the urethra is weak. The sling is a narrow strap that is placed under the urethra. It acts as a hammock to lift or support the urethra and the neck of the bladder. There are different types of sling procedures. They differ in the type of material used for the sling, the type of incisions needed, and how the sling is placed.

When is colposuspension used?

This treatment is used when the bladder or urethra has dropped out of place. The most common type of colposuspension performed is called the Burch procedure. The bladder neck is raised back to the correct position using a few stitches placed in the wall of the vagina and the pelvic tissues. These stitches keep the bladder neck in place and help support the urethra. The Burch procedure can be done through an incision in the abdomen or with laparoscopy.

What are the risks associated with stress urinary incontinence surgery?

The following risks are associated with surgery for stress urinary incontinence:

- Injury to the bladder, bowel, or blood vessels
- Bleeding
- Infection of the urinary tract or wound infections
- Urinary problems after the procedure (difficulty urinating or urge symptoms)
- Problems related to the **anesthesia** used
- Urinary tract infections and urinary problems are more common in women who have had sling procedures than in those who have had colposuspension.
- The bladder may be stuck by the needles used in the midurethral sling procedures, and this occurs more often when the sling passes behind the pubic bone.
- If a synthetic sling is used, there is a risk that the body will reject it. Occasionally, the sling material can erode through the vaginal tissue.
- With some sling procedures, more surgery may be needed to adjust the sling if it is too tight.

What can you expect after surgery?

After surgery, discomfort may last for a few days or weeks. The degree of discomfort may be different for each woman. If more than one procedure is done, there may be more pain than if only a stress urinary incontinence procedure is done.

Some women may find it hard to urinate for a while or notice that they urinate slower than before surgery. During this time, they may need to use a **catheter** to empty their bladders a few times each day. In rare cases, if a woman is not able to urinate on her own, the stitches or the sling may need to be adjusted or removed.

Glossary

Anesthesia: Relief of pain by loss of sensation.

Bladder: A muscular organ in which urine is stored.

Catheter: A tube used to drain fluid or urine from the body.

Incontinence: Inability to control bodily functions such as urination.

Laparoscopy: A surgical procedure in which a slender, light-transmitting instrument, the laparoscope, is used to view the pelvic organs or perform surgery.

Rectum: The last part of the digestive tract.

Sphincter Muscle: A muscle that can close a bodily opening, such as the sphincter muscle of the urethra.

Urethra: A tube-like structure through which urine flows from the bladder to the outside of the body.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vagina: A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

If you have further questions, contact your obstetrician–gynecologist.

Designed as an aid to patients, this document sets forth current information and opinions related to women’s health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.