The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

FAQ

FREQUENTLY ASKED QUESTIONS
FAQ166
SPECIAL PROCEDURES

Surgery for Stress Urinary Incontinence

What is stress urinary incontinence?

Stress urinary incontinence (SUI) is the leakage of urine with physical activity, such as exercise, or when coughing, laughing, or sneezing. It is a common problem in women.

What causes stress urinary incontinence?

SUI is a ***pelvic floor disorder***. These disorders occur when tissues and muscles that support the ***urethra***, ***bladder***, ***uterus***, or ***rectum*** are damaged. In SUI, the ***sphincter muscle*** that controls the urethra weakens, which may occur from pregnancy, childbirth, or aging.

What nonsurgical treatment options may help with stress urinary incontinence?

Lifestyle changes, such as drinking less fluid, limiting caffeine, stopping smoking, and losing weight, can help decrease the number of times you leak urine. Other nonsurgical options include pelvic muscle exercises (***Kegel exercises***), physical therapy and biofeedback, or use of a ***pessary***. Another option is an over-the-counter product that is inserted into the ***vagina*** like a tampon.

What are the surgical treatment options for stress urinary incontinence?

There are different types of surgery for SUI:

- Injections
- Urethral sling
- Colposuspension

Urethral slings and colposuspension can be done through an incision in the abdomen (abdominal), through the vagina (vaginal), or with ***laparoscopy*** (laparoscopic). Injections can be given into the tissues around the urethra without an incision.

What factors are considered when deciding which stress urinary incontinence surgery is appropriate for me?

The type of surgery you have depends on many factors:

- Age
- Future childbearing plans
- Lifestyle
- Need for ***hysterectomy*** or treatment of other pelvic problems
- Medical history (if you have had ***radiation therapy*** for pelvic cancer or have already had surgery for incontinence)
- General health
- Cause of the problem

Before you have surgery, you should weigh all of the risks and benefits of your surgical options. Your health care professional can discuss these risks and benefits with you.

How are injections for stress urinary incontinence done?

Synthetic materials are injected into the tissue around the urethra to provide support and to tighten the opening of the bladder neck. The procedure usually is performed in your health care professional's office with local ***anesthesia***. A lighted scope is inserted into the urethra and the material is injected through a thin needle. The procedure takes less than 20 minutes. It may take two to three or more injections to get the desired result. The injections may improve symptoms but usually do not result in a complete cure of incontinence.

What types of urethral slings are available to treat stress urinary incontinence?

There are two types of urethral slings that are used to treat SUI:

1. Midurethral sling—The midurethral sling is the most common type of surgery used to correct SUI. The sling is a narrow strap made of synthetic mesh that is placed under the urethra. It acts as a hammock to lift or support the urethra and the neck of the bladder.
2. Traditional sling—In this type of surgery, the sling is a strip of your own tissue taken from the lower abdomen or thigh. The ends of the sling are stitched in place through an incision in the abdomen.

What are some of the benefits and risks of midurethral sling surgery?

Midurethral sling surgery usually takes less than 30 minutes to perform. It is an outpatient procedure, meaning that you usually can go home the same day. Recovery time generally is quicker than with other procedures for SUI.

If synthetic mesh is used, there is a small risk (less than 5%) that the mesh will erode through the vaginal tissue. Infection, long-term pain, and other problems can occur with the use of synthetic mesh. Additional surgery may be needed to fix these problems. Another risk is possible injury to the bladder or other pelvic organs by the instruments used to place the midurethral sling. These injuries usually do not lead to long-term problems.

Use of the mesh midurethral sling is supported by the American Urogynecologic Society and the Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction.

What are some of the benefits and risks of traditional sling surgery?

With traditional slings, there are none of the risks associated with synthetic mesh. However, this type of surgery requires more recovery time than midurethral sling surgery. You usually will need to stay in the hospital for a few days when having traditional sling surgery. Risks of this type of surgery include urinary problems after the surgery, such as urgency or difficulty urinating. If these problems occur, the sling may need to be adjusted.

What is colposuspension?

In colposuspension, the part of the urethra nearest to the bladder is restored to its normal position. The most common type of colposuspension performed is called the Burch procedure. The bladder neck is supported with a few stitches placed on either side of the urethra. These stitches keep the bladder neck in place and help support the urethra.

What are some of the benefits and risks of colposuspension?

Colposuspension can be performed with an abdominal incision or with laparoscopy. When performed through an abdominal incision, the recovery time is similar to that of a traditional sling procedure. When performed by laparoscopy, you often can go home the same day.

Risks include urinary problems after the surgery. The stitches may need to be loosened if this happens.

What are some of the general risks associated with surgery for stress urinary incontinence?

The following risks are associated with any type of surgery for SUI:

- Injury to the bladder, bowel, blood vessels, or nerves
- Bleeding

- Infection of the urinary tract or wound infections
- Urinary problems after the procedure (difficulty urinating or urgency symptoms)
- Problems related to the anesthesia used

What should I expect during recovery from a stress urinary incontinence procedure?

After surgery, discomfort may last for a few days or weeks. During this time, you may be told to avoid anything that puts stress on the surgical area, such as the following activities:

- Excessive straining
- Strenuous exercise
- Heavy lifting

Some women may find it hard to urinate for a while or notice that they urinate more slowly than they did before surgery. 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 void 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 hollow, muscular organ in which urine is stored.

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

Hysterectomy: Surgery to remove the uterus.

Kegel Exercises: Pelvic muscle exercises. Doing these exercises helps with bladder and bowel control as well as sexual function.

Laparoscopy: A surgical procedure in which a thin, lighted telescope called a laparoscope is inserted through a small incision (cut) in the abdomen. The laparoscope is used to view the pelvic organs. Other instruments can be used with it to perform surgery.

Pelvic Floor Disorder: Any disorder that affects the muscles and tissues that support the pelvic organs.

Pessary: A device that can be inserted into the vagina to support the organs that have dropped down or to help control urine leakage.

Radiation Therapy: Treatment with radiation.

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 anus.

Synthetic: Made by a chemical process, usually to imitate a natural material.

Urethra: A tube-like structure. Urine flows through this tube when it leaves the body.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus.

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

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