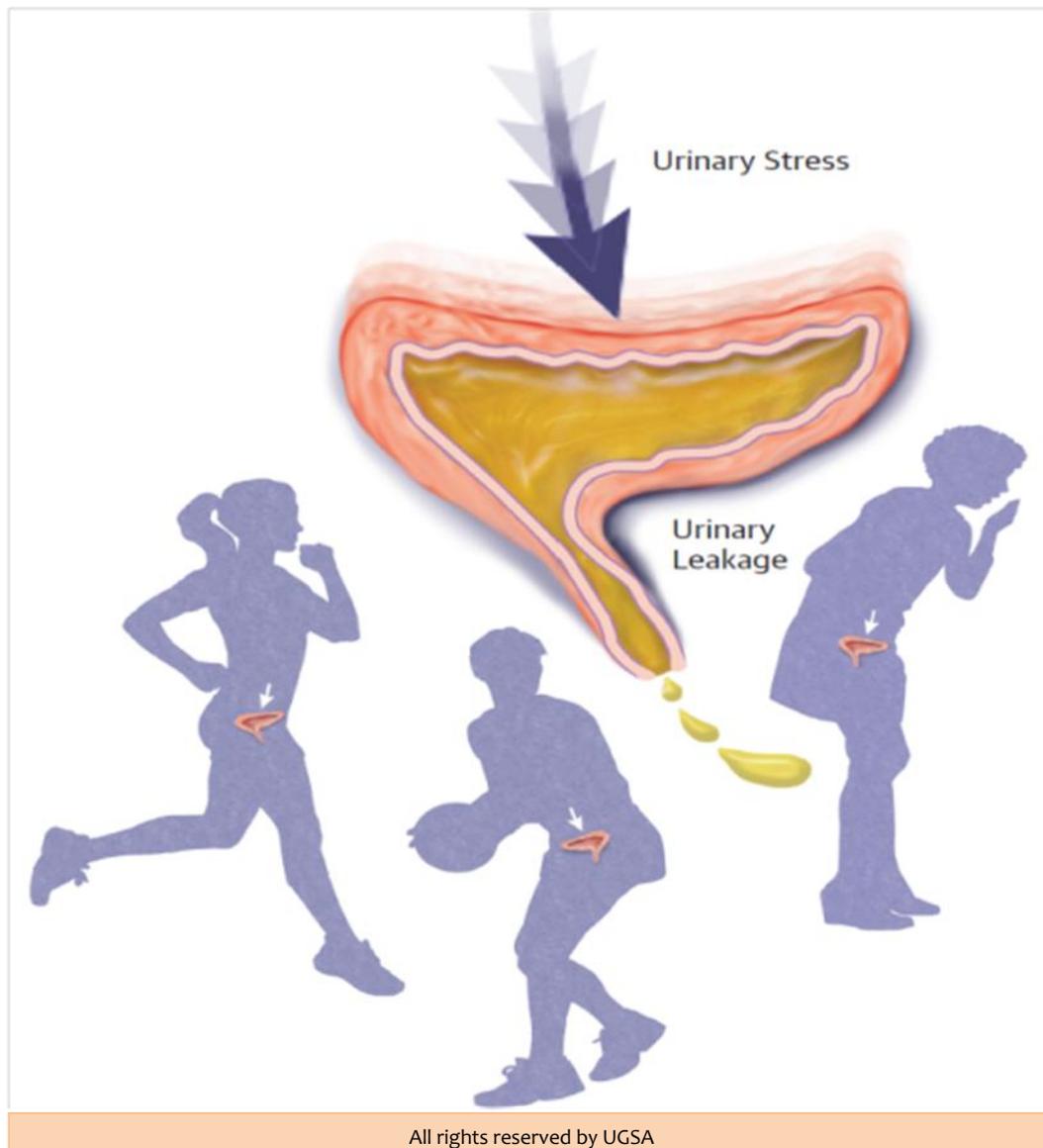




Stress Urinary Incontinence

What is stress urinary incontinence?

Stress urinary incontinence (SUI) is the medical term for leakage of urine when your bladder is under pressure, for example during sneezing, coughing, laughing, straining, lifting, jumping or other exercise as depicted in the diagram below. The loss of urine is usually small. It is a common problem affecting up to a third of women. The term stress is related to the mechanical stress of the abdomen pushing down on the bladder and is not related to feeling stressed.





What causes stress urinary incontinence?

SUI is caused by a lack of support of the urethra (tube from the bladder) and reduced function of the urethral sphincter. The urethra is supported by tissues and pelvic floor muscles that may be weakened by a variety of factors, including pregnancy and childbirth, obesity, chronic cough, constipation and age. A family history of incontinence also increases your risk of stress urinary incontinence.

What can be done to help stress urinary incontinence?

Conservative measures (not including medication or surgery) should be tried first.

- *Lifestyle changes:* Reduction in heavy lifting or high-impact activities, treatment of constipation or chronic cough and weight loss can all improve your symptoms.
- *Pelvic floor muscle training:* As with all muscles, exercise is needed to keep the pelvic floor muscles strong. This is even more important if there is any damage to your muscles. Pelvic floor exercises can cure or improve symptoms in up to 50% of women. Training with a specialised physiotherapist or nurse is important in treating stress incontinence, but you should also continue to work on your pelvic floor muscles at home.
- *Continence pessaries:* Devices made of silicone or vinyl are inserted in the vagina to support the bladder neck and reduce any leakage. Some types have been designed to help with both prolapse and incontinence, although they may not work if you have had previous surgery or if your pelvic floor muscles are weak. It may take a few sessions to find the right fit, but once this has been found, continence pessaries have been demonstrated to be as successful as pelvic floor muscle training and are effective in 50% of women.
- *No treatment:* If the leakage is very minimal, you may not wish to have any treatment at all.

If conservative measures fail and you would prefer to have surgical treatment there are various effective operations available as discussed in separate leaflets (*Surgical Treatment of SUI*).

This statement has been developed by the Urogynaecological Society of Australasia (UGSA).

Disclaimer: This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.