# Female Stress Incontinence

## Surgical Treatment Of Female Stress Incontinence

If conservative therapies fail to improve your stress incontinence and symptoms remain bothersome you may wish to consider surgical treatment. In 2018, the use of synthetic polypropylene mesh vaginal slings for stress incontinence was suspended in the UK owing to safety concerns. Up until this point, synthetic mesh vaginal slings had accounted for the vast majority of surgical procedures to treat stress incontinence since the mid 1990s. Currently there remain 3 surgical options available to treat stress incontinence.

---

## Urethral Bulking Injections

### What's involved?

A small telescopic camera (cystoscope) is passed into the urethra and under vision an inert biocompatible material such as Bulkamid Ò is injected into the urethral wall. This increases the volume of the tissue and makes it easier for the walls of the urethra to meet each other closing the channel and preventing leakage. The procedure is normally performed under a short general anaesthetic and you will be able to go home the same day. It is minimally invasive with a low risk of complications but is less effective than other options.

### How effective is it?

Around 70% of patients will experience significant improvement or cure of their incontinence after urethral bulking but the effect may deteriorate over time and at 2 years this may fall to around 50%. The injections can safely be repeated if necessary.

### What are the risks?

- Temporary mild burning and stinging when you pass urine is expected
- Temporary mild bleeding in the urine is expected.
- Urinary tract infection can occur around 10%.
- Temporary difficulty emptying your bladder requiring catherization can occur in 5-10% and typically resolves quickly.
- Temporary urinary frequency and urgency can occur in 2-10% and typically resolves quickly.

---

## Autologous Fascial Sling

### What's involved?

The autologous fascial sling works by providing support or compression to the urethra which reduces or prevents leakage during coughing or straining. The principle is similar to the synthetic slings but your own tissue is used to make the sling instead of a foreign material. As such, complications such as erosion which can be a concern with mesh slings are not seen when fascia is used. The procedure involves a horizontal incision in a skin crease just above your pubic bone through which a strip of tough connective tissue (fascia) is harvested

from the top of your abdominal muscles. This strip of fascia is then placed underneath the urethra through a separate vaginal incision and the ends are brought up into the abdominal wound and tied with sutures above your abdominal muscles to provide the correct amount of tension. The wounds will be closed with absorbable sutures. You will normally spend one night in hospital, a catheter and vaginal pack are placed at the end of surgery and are removed the following morning. You should avoid any strenuous exercise, heavy lifting or sex for 6 to 8 weeks afterwards.

### How effective is it?

80-90% of patients experience significant improvement or cure of their stress incontinence.

### What are the risks?

- Pain from the abdominal wound requiring painkillers for up to a few weeks is expected
- Mild vaginal bleeding is expected.
- Failure to significantly improve your incontinence can occur in 10-20%.
- New onset or worsening symptoms of frequency and urgency can occur in around 10%.
- Late recurrence of incontinence after initial cure can occur in around 10%.
- Long term pelvic or vaginal discomfort can occur in around 10%.
- Injury to the bladder during the procedure requiring a period of catherization 5-10%.
- Urinary tract infection can occur in around 5%
- Wound infection can occur in around 5%
- Temporary difficulty emptying your bladder requiring intermittent catheterisation in 5-10%.
- Long term difficulty emptying your bladder requiring intermittent catherization 2-5%
- Inadvertent injury to surrounding structures such as bowel urethra or blood vessels %
- Significant bleeding requiring further procedure %.

---

## Colposuspension

### What's involved?

During a colposuspension, stitches are placed inside the pelvis to support the vagina at the level of the bladder outlet. When these stitches are tied to strong ligaments on the pelvic wall they prevent movement of the of the vagina and bladder outlet when you strain or cough and help prevent leakage. Colposuspension can be performed as an open procedure through a horizontal lower abdominal incision or as a keyhole procedure through 3 small incisions. You will have a catheter after surgery which can usually be removed the following morning. You will typically need to stay in hospital for 1 or 2 nights after your surgery. Heavy lifting or other strenuous exercise should be avoided for 6-8 weeks after surgery.

### How effective is it?

80-90% of patients experience significant improvement or cure of their stress incontinence.

### What are the risks?

- Pain from the abdominal wound requiring painkillers for up to a few weeks is expected
- Failure to significantly improve your incontinence can occur in 10-20%
- Development of vaginal prolapse can occur in 10-20%.
- New onset or worsening symptoms of frequency and urgency can occur in around 10%

- Long term pain in the abdomen or vagina can occur in around 10%
- Temporary difficulty emptying your bladder requiring catherization in around 10%
- Late recurrence of incontinence after initial cure can occur in 10%.
- Long term difficulty emptying your bladder requiring intermittent catheterisation in 5%
- Injury to the bladder during the procedure requiring a period of catherization 5-10%.
- Urinary tract infection can occur in around 5%
- Wound infection can occur in around 5%
- Inadvertent injury to surrounding structures such as bowel urethra or blood vessels %
- Significant bleeding requiring further procedure %.