St Helens and Knowsley Teaching Hospitals NHS Trust

# Stress Urinary Incontinence

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## What is stress incontinence?

This is when someone leaks urine due to an increase in pressure on their pelvic floor. Usually it is due to coughing, sneezing, vomiting and exercise such as lifting, running or jumping. Each leak is usually quite small, however, lots of small leaks can add up to an overall large amount of urine loss, so it can affect women to very different levels depending on their activity levels, job etc.

## How common is it?

Stress urinary incontinence is very common and one in four women will have some symptoms of stress incontinence (although most will not require surgical treatment).

## Why does it happen?

There are many possible causes for stress incontinence, and they vary with your age. Some things you can change and others unfortunately you cannot.

**Weight** – over-active bladder is much more common in women who are overweight and the more overweight you are, the more common and worse it can be.

**Childbirth** – can damage the structures around the vagina and bladder increasing the likelihood of stress incontinence.

**Heavy lifting** – causes more regular straining and pressure on your pelvic floor.

**Diabetes** – makes leakage worse.

**Chronic constipation** – puts more pressure unnecessarily on your pelvic floor.

**Chronic cough** – will make the symptoms more frequent than without a cough.

**Menopause** – The menopause and lack of hormones can make stress incontinence symptoms worse than they were before the menopause.

## How is it diagnosed?

**History** – This is the vital first step in treating stress urinary incontinence. It helps us to see how it compares to other pelvic floor symptoms. We also ask about a wide range of other things that often exist together and that you may not have realized can be treated at the same time or alongside the leakage.

**Bladder diary** – Everyone with symptoms that suggest an over-active bladder, should fill out a fluid diary to see if they really do have the right symptoms and see how much they can hold at any one time.

**Cystoscopy** – Sometimes we will advise a short procedure to look into the bladder to see if there is any cause such as a stone or a tumour in the bladder. Usually this is done if you have not got better with lifestyle changes or if you have had surgery in the past.

**Urodynamics** – If you have not got better with the normal treatments, then usually a bladder test called “Urodynamics” will be offered. This is a test to check how the bladder is working and see if the muscle is tightening when you do not want it to.

## What can be done to treat it?

There are many treatments that are available for women who have symptoms of Stress urinary incontinence. They start at the least invasive and safest treatments.

**Lifestyle changes** – There are many changes that can be made to relieve the symptoms quite quickly. Reducing the amount of caffeine, stopping artificial sweeteners, losing weight, stopping smoking, controlling diabetes are all key in the short and long-term treatment of your bladder.

**Physiotherapy** – Doing your pelvic floor muscle exercises with a physiotherapist is very effective in reducing your symptoms. Many women do their exercises, but a physiotherapist can make sure that you are doing them properly and monitor your progress.

**Medication** – whilst there is no medication that can effectively treat stress incontinence, there may be medications that you are taking that worsen the symptoms. The commonest one is a Blood pressure medication called “Doxazosin”.

It causes the bladder neck to open and urine to leak out. If you are on any medications that may make your leakage worse, we will ask your GP to review the specific medications and alter them for something less problematic.

**Surgery** – There are separate leaflets for each of these conditions available.

- Bulkamid – a small procedure performed under local anaesthetic as an outpatient or under a short general anaesthetic as a day case. Low risk, quick recovery but lower short- and long-term success

- Colposuspension – a big operation performed through a cut in your abdomen which takes 6-12 weeks to recover from but has a higher short- and long-term success rate

- Autologous fascial sling – performed at some centres in the UK, it is a medium sized operation which has a very similar technique to a mid-urethral tape operation, but using a strip of tissue taken from your tummy muscles rather than using synthetic mesh

- Mid-urethral Tape (Mesh) – currently on pause, it is a well-known operation which will be likely to return in the near future. It has a good success rate with quick recovery (about 2-4 weeks) and low complications but does use a small strip of synthetic mesh.

**Catheter (Long term)** – for some women, they do not want any intervention or surgery and would prefer to have a catheter into their bladder. This can be put in through the urethra (where you pass urine from) or across your tummy above the pubic bone. Either way, the catheter can drain your bladder constantly to reduce or avoid leakage. It can still allow some leakage though and does increase your risk of urine infections

## Further reading

IUGA leaflets - https://www.yourpelvicfloor.org/leaflets/

BSUG Patient leaflets - https://bsug.org.uk/pages/for-patients/bsug-patient-information-leaflets/154

Bladder and Bowel organization UK - https://www.bbuk.org.uk/

## Useful contact numbers:

- **Urogynaecology Clinical Co-Ordinator**
  Monday to Friday (excl. BH) - **0151 676 5619**

- **Day Surgery Unit St Helens Hospital (Sanderson Suite)**
  8am-9pm Monday to Friday – **01744 64 6089**

- **Pre-assessment Clinic - 01744 64 6395**
  9am-5pm Monday to Friday

- **Surgical Assessment Unit - 0151 430 1637**
  after 9pm, weekends and bank holidays

- **Outpatients Department, St Helens Hospital**
  9am-5pm Monday to Friday – **01744 64631 / 6300**

- **Main Switchboard – 0151 426 1600**

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