

Urinary Incontinence FAQs

You've got questions, and we've got answers

What is Stress Urinary Incontinence?

Stress Urinary Incontinence is the involuntary loss of urine during physical activities, like laughing, jumping, sneezing or lifting heavy objects. It's the most common form of urinary incontinence.

What are some of the symptoms of Stress Urinary Incontinence and how is it caused?

Stress Urinary Incontinence is the involuntary loss of urine during physical activity, which may include but is not limited to: coughing, laughing or lifting. Incontinence occurs when the muscles that support the urethra (the tube that carries urine out of the body) are weakened or damaged. This can happen as a result of childbirth, trauma, obesity, family history, hormone changes and many other reasons.

My doctor says I have Stress Urinary Incontinence. Are there different types?

One type is called hypermobility, "hyper" means too much and "mobility" refers to movement, which can result from childbirth, previous pelvic surgery or hormonal changes. Hypermobility occurs when the normal pelvic floor muscles can no longer provide the necessary support to the urethra. This may lead to the urethra dropping when any downward pressure is applied, resulting in involuntary leakage. Another type is called intrinsic sphincter deficiency, also sometimes referred to as ISD. This refers to the weakening of the urethral sphincter muscles or closing mechanism. As a result, the sphincter does not function normally regardless of the position of the bladder neck or urethra.

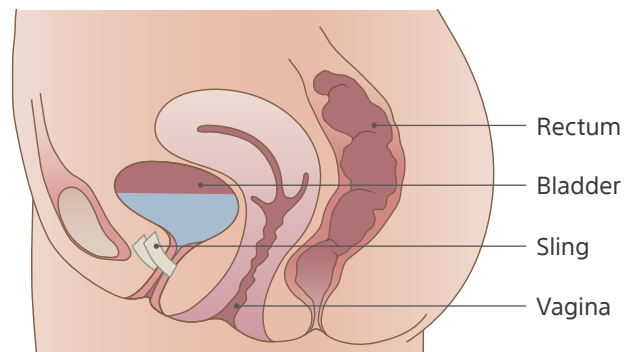
What are some treatment options?

Many times, conservative treatment options for stress urinary incontinence are used initially. Some of those treatment options include behavioral modification - such as decreasing fluid intake, timed voiding and eliminating caffeine, or pelvic floor muscle training such as kegel exercises to strengthen the pelvic floor and sphincter muscles. These types of treatments may or may not improve symptoms. When symptoms are more severe, or conservative options aren't working, bulking agent injections or surgery may be an option.

Stress urinary incontinence can be treated in several ways, depending on the exact nature of the incontinence and its severity. As disease state and anatomy differ for each patient, outcomes may vary. Consult your physician for all available treatment options.

What is a mid-urethral sling system?

A mid-urethral sling system is designed to provide a hammock of support under the urethra to prevent it from dropping during physical activity.



What are the types of sling options?

Many surgical options have been developed, the difference being how the mesh material is placed under the urethra. As disease state and anatomy differ for each patient, as well as the type of Stress Urinary Incontinence, consult your physician for all available treatment options.

How do I know if a sling is a good option for me?

This is a decision that should be made by you in consultation with your physician. You should have the opportunity to discuss with your physician all of your treatment options, and then which treatment plan is most appropriate for your specific medical situation.

How will my surgery be performed if I elect to have a sling?

A minimally invasive sling procedure is estimated to take between 30 to 45 minutes; this estimate can vary for many reasons. Your doctor will discuss the type of anesthesia with you, the specific procedure steps, and should answer all your questions. Mid-urethral sling procedures are frequently outpatient procedures, in which case, most patients return home the same day.

What are the potential risks and complications of surgery?

As with most surgical procedures, there are potential risks and complications associated with SUI mid-urethral sling surgery. Your physician can further explain your specific risks based on your medical history and surgical approach used. Some potential adverse reactions include:

- Pain
- Ongoing pain (pelvic, vaginal, groin/thigh)
- Dyspareunia (pain during intercourse)
- Discomfort/Irritation
- Voiding dysfunction (having difficulty with urination)
- Retention (difficulty with urination)
- Obstruction (inability to urinate)
- Urinary urgency (uncontrolled urge to urinate)
- Urinary frequency (taking multiple trips to the bathroom)
- Infection, including abscess
- Erosion or the presence of mesh material within the organs surrounding the vagina
- Exposure or the presence of mesh material through the surrounding tissue
- Extrusion or the presence of mesh material within the vagina
- Vaginal discharge
- Bruising, bleeding

Will a mid-urethral sling cure my incontinence symptoms with 100% certainty?

There is no surgery for incontinence that has a 100% cure rate, but mid-urethral slings for bladder leakage have been studied since the mid-1990's and have shown to have high success rates of 80-95%.¹⁻⁵

What is the Public Health Notification related to transvaginal mesh?

In 2011, the U.S. Food and Drug Administration issued a public health notification which reported higher than expected complication rates with synthetic mesh delivered through vaginal incisions for the treatment of pelvic organ prolapse. Although complications from mid-urethral slings used for the treatment of stress urinary incontinence were NOT included in the FDA Public Health notification, FDA gathered an expert panel of physicians to debate the clinical evidence supporting the use of vaginal mesh for both pelvic organ prolapse (POP) and stress urinary incontinence.

In January 2012, an FDA panel recommended additional clinical studies to evaluate the safety and effectiveness of mesh used to treat pelvic organ prolapse. For traditional mid-urethral slings, "the panel consensus was that the safety and effectiveness of these devices is well established and post market studies for these devices are not necessary". The panel did recommend that one type of mid-urethral sling (single-incision) be supported by additional clinical studies.⁶

If you and your doctor elect to move forward with a mid-urethral sling procedure, you should discuss the type of sling selected and the Public Health Notification with your doctor.

What can I expect during recovery?

Every patient's recovery experience is unique, and you should consult your physician as to what he or she expects in your individual case. As with any surgery, it is expected that you feel some soreness but most patients return to normal activity after a short period of time. Please consult with your surgeon on specific activities to avoid during recovery to achieve optimal outcomes. Before you are discharged from the hospital, you may be given a prescription for an antibiotic and/or pain medication to relieve any discomfort you may experience. You will be instructed on how to care for your incision area. At the discretion of your physician, most patients resume moderate activities within 2 to 4 weeks, with no strenuous activity for up to 6 weeks. Talk with your doctor about post-procedure complications and when to notify him or her of a potential concern.

When will I stop leaking?

Most women see results right after the procedure. Talk with your physician about what you should expect.

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