



Stress urinary incontinence in women

Stress urinary incontinence (SUI) happens often in women. It hardly ever leads to other medical problems but can really disturb your daily life.

The good news is that treatment can help you get back control of your bladder.

What is stress urinary incontinence (SUI)?

- The bladder normally stores urine until you need to empty it.
- When there is a weakness in the tissues that go around and support the urethra, urine can leak out when you cough, sneeze or exercise.
See diagram: *Sling suspension of bladder outlet*
- This unwanted (and often embarrassing) leaking of urine is called stress urinary incontinence (SUI).
- At least one-third of women have SUI symptoms that really disturb their daily lives.

Are there other kinds of urinary incontinence?

- **Urgency** incontinence happens when you need to urinate "right now!"
- **Mixed** urinary incontinence is when you have both stress and urgency urinary incontinence.
- **Overflow** incontinence occurs when you cannot completely empty your bladder and then it gets too full.
 - A too-full bladder can cause urine to leak out suddenly.
 - It may not even feel like your bladder is full.
- Women with more than one kind of urinary incontinence will need different treatments.
- Your urologist will figure out your problem by asking questions and doing some tests.

What causes SUI?

- SUI happens more often in the following situations.
 1. Childbirth:
 - Especially giving birth to more than one child
 - Having long labours
 - Having larger babies
 2. Getting older and going through menopause (you lose the hormone estrogen)
 3. Being obese
 4. Pelvic surgery (e.g., hysterectomy, vaginal surgery, rectal surgery)
 5. Gaining extra body fat
 6. Smoking or vaping tobacco
 7. Radiation therapy for cancer

How is SUI diagnosed?

- Your doctor will want to know:
 - when and how often "leaking" happens
 - whether or not you need to wear a pad because of "leaking" and how many
- Tests for SUI include:
 - Filling your bladder with water, then having you stand up and cough or walk around to see if any urine leaks out.
 - Measuring the amount that your bladder can hold.
 - Checking to see how well your urine flows out and how well you can empty your bladder.

- Giving a urine sample to rule out bladder problems or infection.
- Sometimes, other tests need to be done.
 - Bladder ultrasound uses imaging (using painless sound waves) to show how well your bladder empties.
 - Cystoscopy uses a small camera-like tool on a thin, lighted tube to look inside your bladder.
 - Urodynamic assessment can check on:
 - how well your bladder stores and empties urine
 - how much pressure is in your bladder when it is filling, emptying, and straining to empty.

Are there treatments of SUI that don't need surgery?

- Some helpful ways to treat SUI without surgery include:
 - Pelvic floor exercises (the pelvic floor has muscles that attach to the pelvis) such as Kegel exercises (they are like doing "strength training" for your pelvic floor muscles)
 - Biofeedback (using computer sensors to improve pelvic floor exercises)
 - Pelvic floor physiotherapy
 - Losing weight (whether overweight or obese)
 - Quitting smoking or vaping tobacco

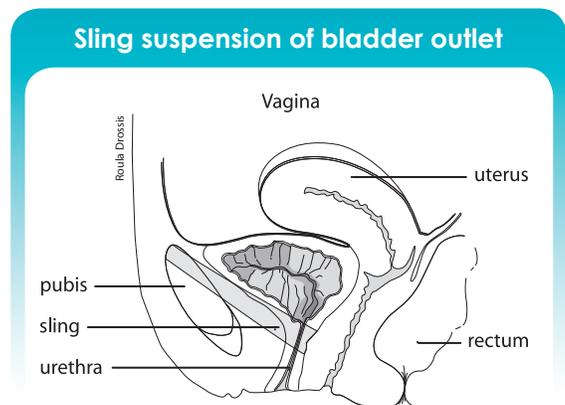
Are there medications for the symptoms of SUI?

- Medications may be helpful for some of the problems of SUI.
- Topical or vaginal estrogen (female hormone or HRT) replacement may help to improve the tissues around the urethra because:
 - Tissue in the vagina becomes less elastic with menopause (See diagram: *Sling suspension of bladder outlet*).
 - The lining in your urethra gets thinner
 - The muscles in your pelvic floor become weaker.

- Medication may help if there are symptoms of an overactive bladder (OAB) along with symptoms of SUI.
 - OAB gives the feeling of needing to urinate "right this minute" even if your bladder is not full.
- For some women, it could be helpful to wear a vaginal ring or pessary (a soft, removable ring) that goes into your vagina to help support your bladder.
- Injecting bulking material around the urethra may help some patients. You may need more injections in the future.

Will I need surgery for SUI?

- Surgery may be necessary if:
 - urine leakage is abundant and frequent enough to significantly affect quality of life
 - you have had SUI for a long time,
 - SUI makes you very anxious about being in public or with friends
 - non-surgical treatments have not worked (See section: *Are there treatments that don't need surgery?*).
- Urethral sling suspension can help support the urethra by attaching man-made (synthetic) strips of mesh or "tape" or you own fascia/tissues (See diagram: *Sling suspension of bladder outlet*).
- In some cases, stitches made through a cut in your lower abdomen may be used to support the bladder.



What happens after surgery?

- If surgery is necessary, your urologist will talk with you about what is best for you to do.
- After surgery, you may feel some pain, urinate often, and have a “right now” need to urinate.
- Usually, these symptoms go away on their own.
- Sometimes women have trouble urinating at all. They may need help from a catheter (a thin tube passed through the urethra).
- It doesn't happen often, but other problems may require more surgery if synthetic mesh or tape is the treatment used.

What is the bottom line?

- Stress urinary incontinence is a common problem that can disturb the daily lives of women.
- Fortunately, SUI can often be helped with lifestyle changes, exercises and, if necessary, surgery.

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