

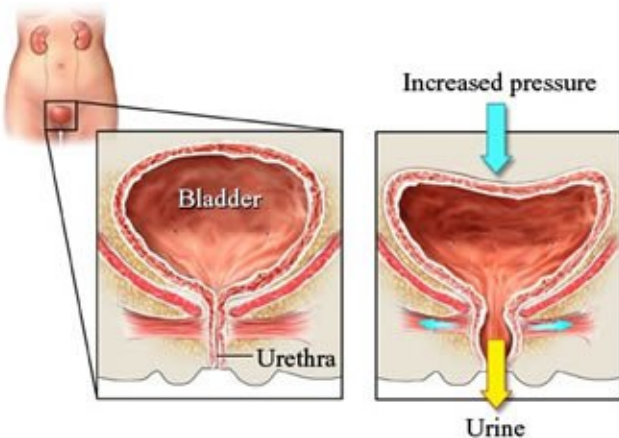
STRESS URINARY INCONTINENCE

WHAT IS STRESS URINARY INCONTINENCE?

Stress Urinary Incontinence (SUI) refers to the involuntary leakage of urine and is caused by sudden pressure on the bladder and urethra. Activities such as coughing, sneezing, laughing and exercise place increased amounts of pressure or physical “stress” on the bladder and urethra, which causes the sphincter muscles to open briefly and leak urine.

Risk factors include:

- Gender (female)
- Pregnancy and childbirth
- Pelvic or prostate surgery
- Smoking/chronic coughing
- Pelvic or prostate surgery
- Obesity



HOW IS SUI DIAGNOSED?

To evaluate your condition, you can see a urologist or urogynecologist, doctors who specialize in incontinence. They will ask about your symptoms and perform a physical exam to evaluate your condition and screen for other conditions such as bladder prolapse. You may also be asked to fill out a bladder diary at home to track your urinary output and leakage. The following chart lists additional tests that may be performed to assess your condition.

Bladder diary	a record of when you urinate, when you leak, as well as your fluid intake throughout the day
Bladder scan	evaluates proper emptying of the bladder after urination
Cystoscopy	uses a narrow tube with a tiny camera is used to assess for urinary tract problems
Urine analysis	assesses for bacteria, blood and other irregularities in the urine
Urodynamic study	tests the function of the bladder, sphincters and urethra

TERMINOLOGY:

Bladder: Hollow, balloon-shaped organ that stores urine.

Bladder diary: A record to track how much and how often you drink fluids and when you leak.

Incontinence: The loss of bladder or bowel control.

Urethral sling: Synthetic mesh or human tissue implanted under the urethra for support to treat SUI.

Urethra: Thin tube that carries urine from the bladder out of the body.

Urethral suspension (Burch): Suspension of the bladder with stitches near urethra to treat SUI.

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HOW IS SUI TREATED?

Lifestyle changes

Be sure to empty your bladder every two to three hours to prevent excessive stress on the urethra. Maintain a healthy weight and quit smoking. Treat constipation and stop straining with bowel movements.

Vaginal pessary

A pessary is a silicone device inserted into the vagina to push the urethra closed and control urine leakage. This allows for normal urination when needed and can be removed at any time.

Pelvic floor physical therapy

Strengthening the muscles that help control continence is a proven, successful treatment for SUI. However, 40 percent of women cannot perform the exercise properly without instruction. It may take two to four months of regular pelvic floor muscle exercises to see improvement. Ask your provider for a referral.

Urethral bulking agents

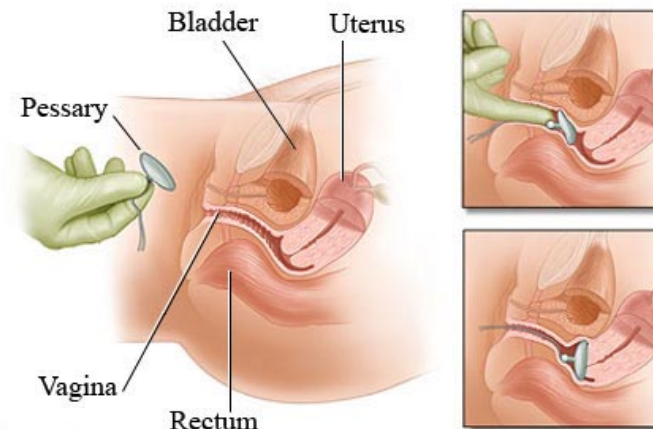
A substance is injected near the urethra to bulk it so it can help with incontinence when the urethral sphincter weakens. There are different types of bulking agents and the procedure can be performed in the doctor's office. The procedure is low risk and effects can wear off after several months.

Surgery

There are different types of surgery, including mid-urethral suspensions and urethral slings. Surgery is typically successful and often low risk. Not all women are candidates for surgery. Your provider can discuss these options with you to determine the best course of treatment.

Medication

At this time, there are no medications that help decrease symptoms of SUI. If you have SUI and an overactive bladder (known as mixed incontinence), your provider may prescribe medication to decrease overactive bladder symptoms.



KEY POINTS:

1. Leaking urine is common but not normal.
2. Conservative management with lifestyle changes, pelvic floor strengthening and pessaries are options to improve your symptoms.
3. Lastly, speak to your provider about surgical management of urinary incontinence.

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