

Surgery for Urinary Incontinence

Stress urinary incontinence is leakage of urine with physical stress, such as coughing, laughing, or sneezing. It is a common problem for women. Sometimes it can be treated successfully without surgery. At other times, surgery may be the best treatment. This pamphlet will explain:

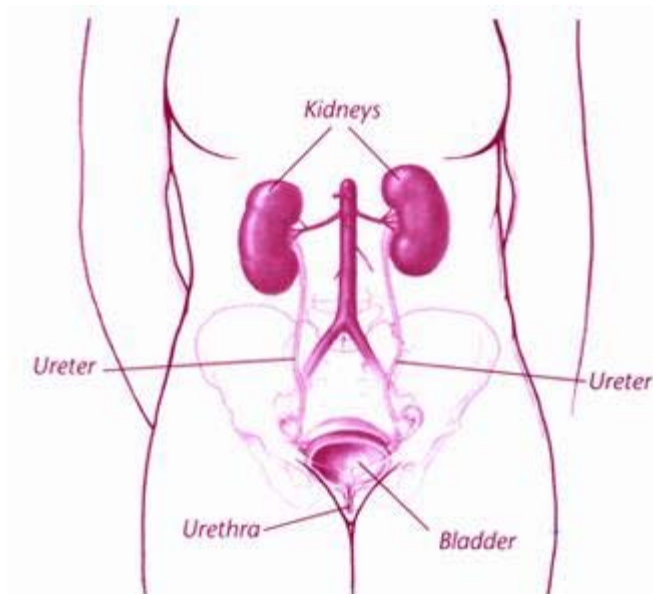
- What causes the problem
- What kinds of surgery are used to treat it
- Who is likely to need surgery
- Side effects and risks of surgery

Urinary incontinence is a common problem for women.

A Woman's Urinary Tract

The urinary tract is made up of the following parts:

- Two **kidneys**, which produce urine
- Two tubes called **ureters** that take urine from the kidneys to the **bladder**
- The bladder, where urine is stored
- The **urethra**, which carries urine from the bladder out of the body



The urinary tract is made up of the kidneys, ureters, bladder, and urethra.

Normal urination (also called voiding) occurs when a woman can empty her bladder when she has a natural need to do so. In normal voiding, the muscles around the urethra relax. The bladder then contracts and urine flows to the urethra and out of the body. When the bladder is almost empty, the muscles around the urethra contract. The bladder then relaxes and the stream of urine stops flowing.

Urinary Incontinence

Urinary incontinence is uncontrolled leakage of urine. It is more common in women than in men. Mild leakage affects most women at some time in their lives. Severe leakage is less common.

Stress incontinence occurs when the pressure in the bladder is higher than the pressure in the urethra. This happens when the support tissues and surrounding muscles have weakened and cannot keep the urethra closed, so urine leaks out.

Stress urinary incontinence can happen at any age. It is the most common type of urinary incontinence in younger women, but also often occurs in older women. Women with stress urinary incontinence notice leakage during:

- Coughing, laughing, and sneezing
- Walking, running, and aerobics
- Lifting, bending, and exertion

No matter what age you are or when the leaks occur, tell your doctor if you have a problem controlling urine leaks. Proper diagnosis and treatment can ease your symptoms.

Treatment

Options for treating stress incontinence include lifestyle changes, physical therapy, devices placed in the vagina or urethra, medications, and surgery. Your doctor may first suggest nonsurgical treatment. Often, several treatments are used together for the best effect. If other treatments do not improve the problem, surgery may help. Surgery improves the problem in most women. The most common types of surgery for stress urinary incontinence are:

- Retropubic suspension
- Suburethral sling
- Bulking injections

Types of Surgery

Surgery can be done through a cut in the abdomen (abdominal), through the vagina (vaginal), or with *laparoscopy* (laparoscopic). Some of the slings are done through tiny cuts above the pubic bone or at the inside of the thigh as well as in the vagina. The type of surgery depends on many factors. You and your doctor will discuss them before choosing which type of surgery is right for you. These factors include:

- Age
- Lifestyle
- Need for *hysterectomy* or treatment of other pelvic problems
- Medical history (if you have had pelvic radiation or already had surgery for incontinence)
- General health
- Cause of the problem

Retropubic Suspension

This treatment is used when the bladder or urethra has dropped out of place. With this procedure, the bladder neck can be raised back to the correct position. A few stitches are placed in the wall of the vagina and the pelvic *fascia*. They keep the bladder in place. Doing this also helps support the urethra.

Suburethral Sling

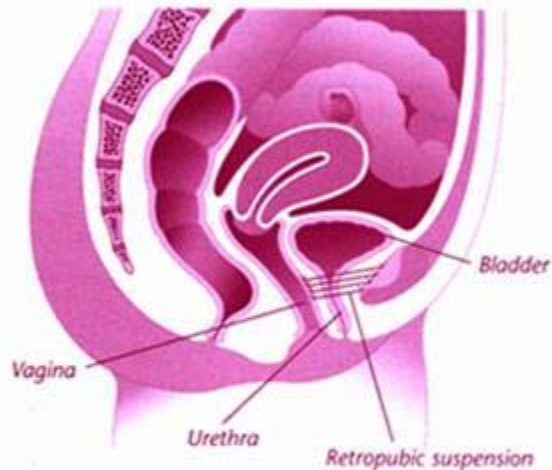
A sling may be used when the urethra has dropped out of place or when the *sphincter muscle* of the urethra is weak. The sling is placed under the urethra. Some slings are held in place by stitches. Others stay in place by friction between the sling and surrounding tissues. The sling is a narrow strap. It may be made of your own tissues or man-made materials, such as mesh.

Bulking Injections

Bulking injections may be used when the sphincter muscle of the urethra is very weak and extensive surgery is not an option or has not worked. A substance is injected into the tissues around the urethra to add bulk. The urethra becomes more narrow and better able to hold urine.

Local anesthesia is used for this procedure. The treatment may be done in a doctor's office. More than one injection may be needed. The effect of this type of surgery may last from a few months to a few years. The procedure (injection) may be repeated.

The Procedures



Risks of Surgery

All surgery has some risk. There may be problems related to the *anesthesia* used. Infection or damage to the pelvic organs, urethra, bladder, bowel, blood vessels, or surrounding nerves also may occur. In rare cases, the body also may reject the sling or stitches can get infected or may wear away.

Recovery

The time needed to recover varies. It is longer for abdominal surgery and shorter for laparoscopic or vaginal surgery. The hospital stay may be longer if other procedures are done at the same time.

Signs of a Problem After Surgery

Make sure you know the warning signs of a problem related to surgery. Contact your doctor if you experience any of the following symptoms:

- Vomiting
- Fainting
- Severe abdominal pain or cramping
- Heavy bleeding
- Abnormal vaginal discharge
- Fever or chills
- Redness or discharge from incisions
- Shortness of breath or chest pain

After surgery, discomfort may last for a few days or weeks. The degree of discomfort may be different for every woman.

Some women may find it hard to void for a while. During this time, they may need to use a tube to empty their bladders a few times each day. Drinking water can help ease soreness or aches when voiding. The doctor also may prescribe pain relief medication. In rare cases, if a woman is not able to void on her own, the stitches or the sling may need to be removed.

A small amount of blood may be passed during voiding. Tell the doctor if bleeding persists or is heavy. Prolonged or heavy bleeding may signal a problem.

It may take a while for the bladder to adapt to the new position after surgery. Bladder spasms can occur during recovery. This happens when the muscles contract and relax in waves. When the bladder heals, they usually stop, but some women may develop long-term spasms after surgery. Medication can help control the spasms.

Some women get bladder infections after surgery. If this occurs, it can be treated with antibiotics.

To speed up the recovery, you should avoid activities that put stress on the surgical area, such as:

- Straining with bowel movements
- Strenuous exercises
- Heavy lifting
- Placing anything in your vagina for 6 weeks, including tampons and douches. (This also means you should not have sex.)

Ask your doctor about when you can resume driving, exercise, and daily activities.

Follow-up

You should schedule and keep follow-up visits so your doctor can check if any problems have occurred after surgery and repair them, if needed. Many women with stress urinary incontinence also have leakage with urgency, for example, on the way to the bathroom or with the sound of running water. Surgery is not designed to improve this type of leakage. Tell your doctor if you are still leaking urine after the surgery. You may need additional treatment.

How to Prevent Future Problems

Making some changes in your lifestyle can help avoid bladder problems in the future. Be sure to:

- Drink plenty of water (enough to keep your urine pale yellow most of the time).
- Exercise and eat a balanced diet to maintain a healthy weight.
- Keep the pelvic muscles strong by doing Kegel exercises regularly (see box).
- Quit smoking (to avoid chronic coughing).

You also should avoid **constipation**. A full bowel puts pressure on the bladder. This may cause the urge to urinate. Repeated straining from trying to empty your bowel also may damage your pelvic floor muscles.

Finally...

Urinary incontinence is a common problem for women. Some women just put up with it, but there are many treatment options available to improve the problem. If other treatments do not work, surgery may be an option. For many women who have surgery, recovery time is short and the success rates are good.

Kegel Exercises

Kegel exercises tone your pelvic muscles. They strengthen the muscles around the openings of the urethra, vagina, and rectum. Just like doing sit-ups, these exercises work only if you use the right muscles, hold the "squeeze" long enough, and do enough of them.

Here is how to do them:

- Squeeze the muscles that you use to stop the flow of urine (but do not do these exercises while you are urinating).
- Hold for up to 10 seconds, then release.
- Do this 10–20 times in a row at least 3 times a day.

Be careful not to squeeze the muscles of the leg, buttock, or abdomen. Do these exercises on a regular basis. After 6–12 weeks, you should be able to hold your urine better.

Glossary

Anesthesia: Relief of pain by loss of sensation.

Bladder: A muscular organ in which urine is stored.

Constipation: Having infrequent bowel movements that also may be painful.

Fascia: Tissue that supports the organs and muscles of the body.

Hysterectomy: Removal of the uterus.

Kidneys: Two organs that cleanse the blood, removing liquid wastes in the form of urine.

Laparoscopy: A surgical procedure in which a slender, light-transmitting instrument, the laparoscope, is used to view the pelvic organs or perform surgery.

Sphincter Muscle: A muscle that can close a bodily opening, such as the sphincter muscle of the urethra.

Ureters: A pair of tubes, each leading from one of the kidneys to the bladder.

Urethra: A short, narrow tube that carries urine from the bladder out of the body.