

My surgical treatment

— decision aid —

Stress urinary incontinence

Please be advised that this does not replace medical advice and should be used with your medical practitioner to discuss your treatment options

Name:

Understanding your stress urinary incontinence

Stress urinary incontinence is very common among women of all ages and increases as you get older. Apart from aging, other factors include childbirth, obesity or some form of a pelvic floor disorder.

Stress urinary incontinence is caused by a weakness in your pelvic floor, preventing your urethra (the tube that urine comes out of) from closing fully when sudden pressure is put on your bladder. This can allow urine to leak out during normal daily activities for example when you cough, laugh, walk or exercise.

Stress urinary incontinence can have a big impact on your everyday life, reducing your confidence and causing embarrassment. However, it is very treatable. A number of treatments are available, you just need to work out which is the best treatment for you – it is your decision, based on what matters most to you.

Time to think about what is important to you

Using the scale below, mark each line, indicating how important each factor is when choosing a treatment:

	Least important	Most important
Invasiveness of procedure <small>(invasiveness ranges from a simple injection to multiple incisions)</small>	-----	-----
Success rate <small>(meaningful difference in your symptoms)</small>	-----	-----
Complication rate	-----	-----
Length of hospital stay	-----	-----
Length of recovery	-----	-----
Risk of symptoms returning	-----	-----

	Bulkamid Other bulking agents are available, however these will have different effectiveness and safety levels	Mesh tape⁴	Colposuspension⁶	Natural tissue sling⁷
Overview	A urethral bulking agent such as Bulkamid is injected into the walls of the urethra in 3 or 4 locations.	A piece of plastic mesh tape is inserted into the pelvis to support the urethra.	Stitches are placed in the pelvis to lift the bladder neck upwards.	A piece of your own tissue (normally from your thigh or abdomen) is used to support the urethra.
Invasiveness	No incisions are made, just a series of small injections. ¹	1-2cm incision in the lower abdomen (tummy) or groin and a small incision in the vaginal wall.	10cm incision in the abdomen (tummy), or 3 to 4 small 1-2cm incisions in the abdomen if keyhole surgery is used.	A small incision on your bikini line or on the outside of your leg to remove a section of your tissue to be used as a sling. The sling is then placed through a small 1.5cm incision in the vaginal wall.
Success rate	75% ²	85% ⁸	85% ⁸	85% ⁸
Hospital stay	Day surgery ¹	Day surgery	Up to 5 days	Up to 2 days
Recovery time	Up to 24 hours ¹	Up to 4 weeks	6 weeks	6 weeks
Long term complications*	No long-term complications reported. ³	Up to 5% severe pain. 2.5% erosion of the mesh into the urethra or bladder. ⁵ 10% urgency (the sudden urge to urinate). Up to 5% problems urinating requiring either a catheter or intermittent self-catheterisation.	10- 20% vaginal prolapse. 10-20% urgency (the sudden urge to urinate). 2% pain in the vagina or abdomen (tummy) including pain during intercourse. Up to 5% problems urinating requiring either a catheter or intermittent self-catheterisation.	2-10% - erosion of the sling into the urethra or bladder. Up to 20% urgency (the sudden urge to urinate). Up to 5% pain in vagina or abdomen (tummy). Up to 5% problems urinating requiring either a catheter or intermittent self-catheterisation.
Recurrence rate	10% Repeat injections may be required if your symptoms begin to return. ¹	10%	10%	10%

*As with any procedure short term complications may occur however these normally resolve within a couple of days after your treatment. These can include post-operative pain, difficulty emptying your bladder, urgency (the sudden urge to urinate), urinary infection, mild burning or bleeding when urinating. For more information on short term complications please visit www.bulkamid.com/yourtreatmentoptions.

Your decision

After reviewing your options, please describe your preferred surgical treatment options and why.

1. _____

This procedure would be my first choice because _____

2. _____

This procedure would be my second choice because _____

3. _____

This procedure would be my third choice because _____

References

1. Urethral Bulking Injections for Stress Urinary Incontinence (SUI). BAUS Leaflet No: 16/148. Published April 2017
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3. Bulkamid bibliography
4. Synthetic mid-urethral tapes for Stress Urinary Incontinence. BAUS Leaflet no: 16/153 Published June 2017
5. Blaivas JG, Purohit RS, Benedon MS, Mekel G, Stern M, Billah M, Olugbade K, Bendavid R, Iakovlev V. Safety considerations for synthetic sling surgery. *Nat Rev Urology.* Sep;12(9):481-509
6. Colposuspension for Stress Urinary Incontinence (SUI). BAUS Leaflet no:17/146. Published June 2017
7. Autologous Slings for Stress Urinary Incontinence (SUI). BAUS Leaflet 17/145. Published March 2017
8. Data on file. Average of efficacy data for IUGA and BAUS.