

Surgery for Stress Incontinence in Women

Stress incontinence is the most common type of bladder control problem. In most cases it can be cured with special exercises, but sometimes an operation may be necessary. This leaflet explains the options available and where to get expert advice.

What is stress incontinence?

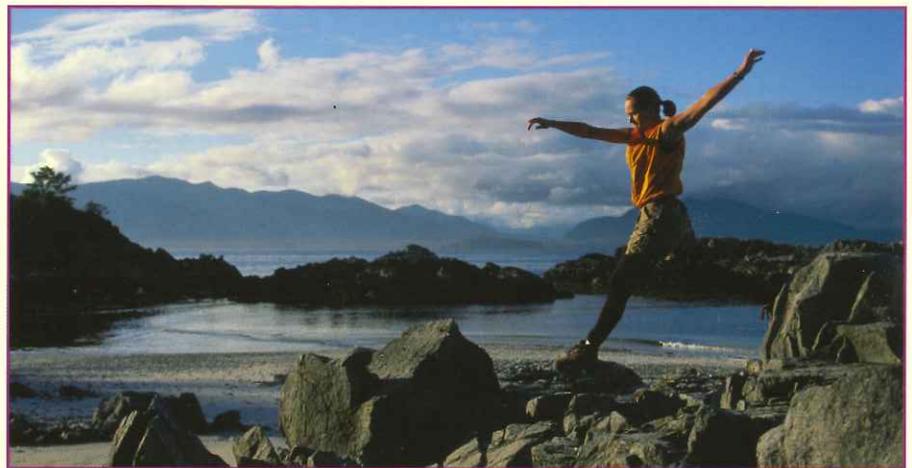
Stress incontinence has nothing to do with "stress" in the sense of anxiety. In fact it is almost always caused by weakness in the pelvic floor muscles.

Pelvic floor muscles squeeze when you put pressure (stress) on them by laughing, coughing, lifting or sneezing. By squeezing, they make sure that your bladder outlet remains closed. But if your pelvic floor muscles are weak they may not squeeze hard enough and you may leak.

This can happen at any age, but it is especially common during pregnancy and after childbirth. Both put an enormous strain on the pelvic floor muscles, which can leave them weakened. Changes in your body after the menopause can make the problem worse, as can excessive weight and a chronic or smoker's cough.

Pelvic Floor Exercises

For most women the answer is special exercises to strengthen the pelvic floor muscles. Contact the Continence Foundation for a leaflet about these exercises, which can be combined with other treatments by nurses and physiotherapists.



Continence Foundation Helpline
Open Monday to Friday 9.30am-1.00pm

0845 345 0165

What can be done?

Surgery

Surgery is rarely a first resort and even in the best circumstances the results can never be guaranteed. But, if other methods have not worked after a reasonable time, you may wish to discuss this option with your doctor.

There are several well-established operations. All of them assist the pelvic floor muscles. They do this by either lifting the neck of the bladder to help it remain closed, or supporting it so that it does not leak when it is put under stress. These are not minor operations and most will involve a hospital stay of at least several days, with maybe six to eight weeks' recovery time.

What you should discuss with your surgeon

Before agreeing to an operation, you should discuss it fully with your surgeon. Make a list of questions you want to ask, such as:

- What exactly is he or she going to do? (This leaflet describes the most common procedure and gives information about some other operations, but there are alternatives not mentioned here).
- What cut will he or she make, what stitches will there be, and what sort of scar will be left?
- How long will you be in hospital, and how long will you be off work or recovering?
- What permanent changes in your lifestyle will result - maybe improvements, maybe limitations?
- How often has your surgeon performed the operation? with what results?
- What are the chances of a complete cure for your incontinence? of a substantial improvement? will the change be permanent? if not, how long will it last?
- What adverse effects may there be? how likely are they? are they treatable? how?

Continence Foundation Helpline
Open Monday to Friday 9.30am-1.00pm

0845 345 0165

Success rates

As with any operation, your chance of long-term success will depend on your general health, age, weight, previous operations, and other personal circumstances (such as whether you need a hysterectomy at the same time). These factors will direct your surgeon's choice of which operation to recommend.

Burch Colposuspension

The best known operation is called the Burch Colposuspension. It produces the highest rates of long-term success - up to 85-90% success at 10 years after the operation. It involves (in general terms) creating a cradle of threads from the back to the front of the pelvic region. These are stitched at each end to suitable tissues. You will normally be admitted to hospital the day before the operation. As usual when having a general anaesthetic, you will not be allowed to eat or drink for several hours before the operation.

Once you are asleep, the surgeon will make a small horizontal "bikini line" cut just below the hairline. He or she will then put in the stitches described above.

When you come round from the operation, you will probably find that you have a tube from the wound to drain away any excess fluid. This will be removed after about 24 hours. You will also have a catheter - coming out either through the wound or through your urethra (bladder outlet). You will need this because at first you will not be able to pass all of your urine. The catheter will remove the urine that remains in your bladder.

Surgery - the options

You will be in hospital for up to a week, depending on how quickly you recover. After you go home it will take up to six weeks to recover, during which time you should build up your activity. You will probably be recommended not to drive for about four weeks. This is because your soreness will affect the speed of your reactions in an emergency.



Keyhole Surgery

Sometimes keyhole ("laparoscopic") surgery is used to do the same operation. This involves making two or three very small cuts of about a quarter of an inch (0.5-1 centimetre). Keyhole surgery may reduce your stay in hospital and length of recovery time. However, it is not yet proved that keyhole techniques are as good as traditional surgery.

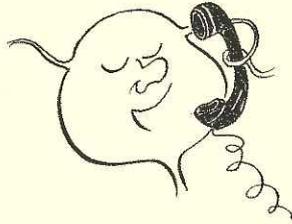
Alternative operations

If your stress incontinence is related to a prolapse, you may need an "anterior repair of the vaginal wall". Your surgeon should be willing to explain what factors have led to suggesting this operation.

Continence Foundation Helpline
Open Monday to Friday 9.30am-1.00pm

0845 345 0165

Further Help



For confidential advice from our specialist nurses (and details of your local NHS Continence Advisory Service) ring:

Continence Foundation Helpline

0845 345 0165

Monday to Friday, 9.30-1.00

(Local rate call charge from anywhere in the UK.)

The Foundation produces a range of literature. Send a 9¹/₂" x 6¹/₂" s.a.e for a copy of our free publications list to:



The Continence Foundation

307 Hatton Square

16 Baldwins Gardens

London EC1N 7RJ

Tel: 020 7404 6875 Fax: 020 7404 6876

You can e-mail the nurses at: continence-help@dial.pipex.com

You can also find more information on our extensive website:

www.continence-foundation.org.uk

Incontact is a support organisation for people affected by bladder or bowel problems.

Incontact

United House

North Road

London N7 9DP

Tel: 0870 770 3246 e-mail: info@incontact.org Web: www.incontact.org

This leaflet has been produced with the assistance of an educational grant from:



For further information on GYNECARE TVT™ visit www.LaughAgain.co.uk

*The Continence Foundation 2003, a registered charity (No. 1014429) and a company limited by guarantee (registered in England, no. 2662838).