Stress Urinary Incontinence

What is stress urinary incontinence?
Female stress urinary incontinence, or simply “stress incontinence”, is a very common problem, affecting up to 1/3 of adult women. It is characterised by unwanted leakage of urine during physical activity. Despite the common misconception, it is not caused by emotional stress but rather activities that “stress” the bladder neck. Classic triggers for leakage of urine in stress incontinence include coughing, sneezing and laughing. It may also occur during exercise or sporting activity (such as playing golf or tennis) or during sexual intercourse, which can be very distressing for the woman.

In stress incontinence, normal support of the bladder neck (urethra) is weakened. This means that during coughing or sneezing, the normal sphincter mechanism fails and leakage occurs.

Why do I have stress incontinence but my friend does not?
Several risk factors can increase a woman’s risk of stress incontinence:

- **Age and number of children** play a key role, with this problem far more common in older women and those who have already had children, particularly if they had difficult vaginal deliveries. Although stress incontinence is more often seen in post-menopausal women, it is not uncommon for younger women, even in adolescence, to experience stress incontinence.
- **Body weight** is another big risk factor and women who are overweight tend to have a higher risk of stress incontinence.
- Women who cough chronically, either because of smoking or background lung problems, have an increased risk.
- Some women will unfortunately develop stress leakage despite having few risk factors.
This stress incontinence is really affecting my life – what treatment do you recommend?
The most effective treatment for stress incontinence is surgery and the best operation for female stress incontinence is called a “mid-urethral sling” procedure [1]. Dr. Colin Walsh has cared for hundreds of women with this condition. He has also published several leading studies examining the best surgical treatment for women with stress incontinence [2,3].

The mid-urethral sling surgery supports the bladder neck and is 85% successful in treating stress incontinence

I want something done but am not sure surgery is right for me – are there any other options?
All surgery carries risks and an operation is not right for all women. Similarly, women whose family is not yet complete may wish to defer their surgery until after their children are born. The 1st operation is always the most effective and ideally, a couple’s family should be complete before they embark on continence surgery.

1. Some women with mild stress incontinence can achieve cure through a 3-month program of pelvic floor muscle training. Ideally, this should be with the help of an experienced pelvic floor physiotherapist – Dr. Walsh can recommend a suitable physiotherapist for you.
2. Other simple things which can improve your leakage are stopping smoking and, if necessary, losing weight.
3. Finally, there is a range of plastic vaginal continence pessaries available. There are inserted vaginally by the woman (like a tampon) and offer extra support to the bladder. They can be very effective in the short-term.

References