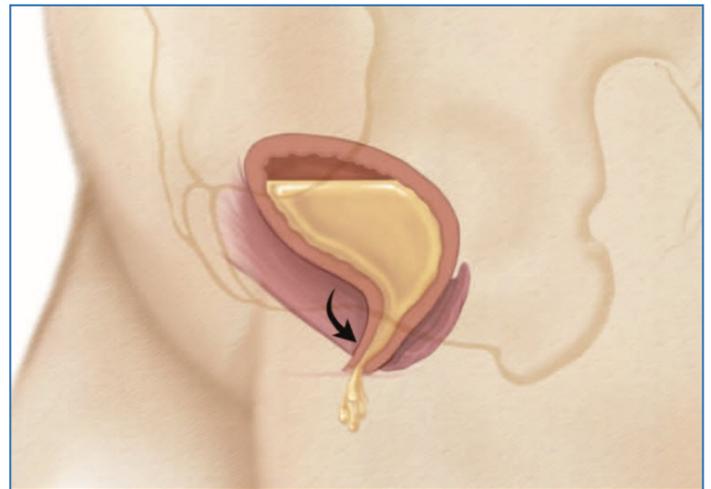
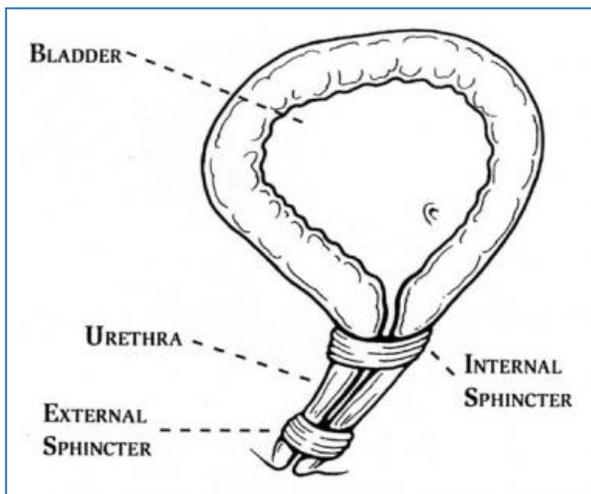


## STRESS URINARY INCONTINENCE

### 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.*

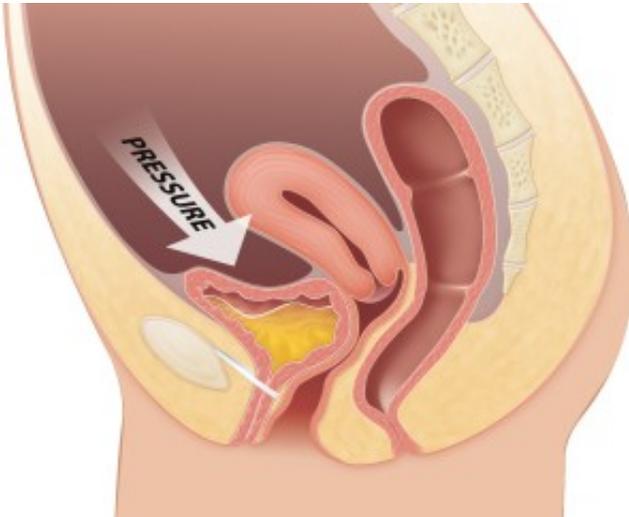
### Why do I have stress incontinence but my friend does not?

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 to 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].



**BJUI** TVT-Secur mini-sling for stress urinary incontinence: a review of outcomes at 12 months

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Accepted for publication 11 March 2011

• Synthetic mid-urethral slings (MUSs) are considered the first choice surgical procedure for stress urinary incontinence. Recent publications have raised concerns about the efficacy of third generation single-incision mini-slings. The present paper is a systematic review of studies reporting 12-month outcomes after the TVT-Secur (TVT-S) procedure.

• Pubmed/Medline online databases, abstracts from recent International Continence Society and International Urogynaecological Association annual scientific meetings and the [Clinicaltrials.gov](http://Clinicaltrials.gov) and [Controlled-trials.com](http://Controlled-trials.com) online trial registries were searched for English-language articles containing the terms TVT-

**What's known on the subject? and What does the study add?**  
Although synthetic mid-urethral slings are now generally accepted as the first-line surgical treatment of female stress incontinence, there is concern that newer slings are being used prematurely, before sufficient evidence exists. The 3<sup>rd</sup> generation “mini-slings” are inserted via a single incision which, theoretically, reduces iatrogenic morbidity. It is vital, however, that efficacy is not compromised. To date, a number of papers have examined short-term outcome data following the TVT-Secur, with wide variations in reported cure rates at up to one year.

This is the largest review of outcomes following TVT-Secur published to date ( $n = 1178$  cases from 10 studies). Cure rate, both objectively and subjectively, was 76%, which is similar to more established mid-urethral slings. Intra-operative vaginal perforation rates and rates of mesh exposure in the first 12 months post-operatively were both 2%. The incidence of *de novo* OAB was 10%. No serious complications were recorded amongst this large cohort. Although the TVT-Secur appears to be a safe procedure, its long-term efficacy moving forward requires close scrutiny.

*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 1<sup>st</sup> 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

1. Labrie J et al. Surgery versus physiotherapy for stress urinary incontinence. N Engl J Med. 2013; 369: 1124-33.
2. **Walsh CA.** TVT-Secur mini-sling for stress urinary incontinence: a review of outcomes at 12 months. BJU Int. 2011; 108: 652-7

3. **Walsh CA**, Moore KH. Recurrent stress urinary incontinence after synthetic mid-urethral sling procedure. *Obstet Gynecol.* 2010; 115: 1296-301.