

BLADDER HEALTH:
Surgery for Urinary Incontinence

Loss of Bladder Control

Surgery for Urinary Incontinence



ADULT PEDIATRIC UROLOGY & UROGYNECOLOGY

adultpediatricuro.com
Omaha

402-397-7989
Council Bluffs

Urology Care
FOUNDATION™
*The Official Foundation of the
American Urological Association*



Don't Let Urinary Incontinence Keep You from Enjoying Life.

What is Urinary Incontinence?

Urinary incontinence is an uncontrolled leaking of urine. More than 15 million American men and women suffer from urinary incontinence.

Any Leakage of Urine Is Abnormal.

If urinary incontinence prevents you from doing the activities that you want to do, talk to your health care provider.

What Causes Urinary Incontinence?

Urinary incontinence is not a disease. It is a symptom of a wide range of conditions. These may include diabetes, a stroke, multiple sclerosis, Parkinson's disease, some surgeries or even childbirth or **menopause*** for women.

Certain types of medications can cause or make incontinence worse. These medications include diuretics, sedatives, narcotics, antidepressants, antihistamines, calcium channel-blockers and alpha-blockers.

In men, the most common cause of incontinence is **prostate** surgery.

* Words that are bold are explained in the glossary

If you have any of the following types of incontinence, treatments are available. Ask your health care provider which treatment is right for you.

Stress Urinary Incontinence (SUI)

SUI is the most common type of urine leakage. This occurs when urine is lost during any activity. This may include walking, exercise or even sneezing and coughing. The added pressure on the **abdomen** from these activities can cause urine to leak.

Overactive Bladder (Urgency Incontinence)

Urgency incontinence is another form of leakage and is sometimes called overactive bladder or OAB. It happens when a person has a strong urge to urinate but cannot reach the bathroom before urine leaks.

Overflow Urinary Incontinence

This type of urinary incontinence occurs when the bladder is full. For many reasons, the bladder is unable to empty and may leak urine. Frequent small urinations and constant dribbling are symptoms. This is rare in women and more common in men with a history of prostate problems or surgery.

Some people may experience more than one type of incontinence.

Mixed incontinence most commonly combines stress and urgency incontinence.

Patients with incontinence may benefit from behavioral therapies such as monitoring fluid intake or exercises to strengthen the **pelvic floor muscles**. Some may benefit from taking medications. Others may see improvement with different surgical treatments. This booklet highlights common surgical options used to treat urinary incontinence.

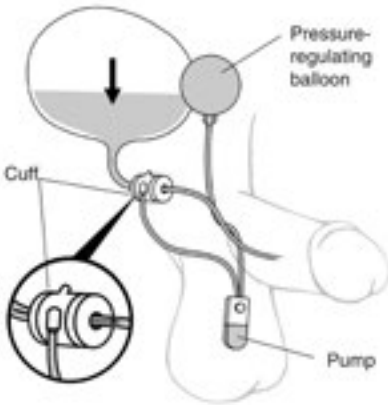
Surgical Treatment for Men with Urinary Incontinence

Stress Urinary Incontinence (SUI)

The most effective treatment for male SUI is implantation of an **artificial sphincter**. This procedure implants a device with three parts into the man's body:

1. The artificial sphincter is a fluid-filled cuff which is surgically attached around the **urethra**.
2. A fluid-filled, pressure-regulating balloon is inserted in the abdomen.
3. A pump inserted in the **scrotum** is controlled by the patient.

Surgical Treatments for Women with Stress Urinary Incontinence



Artificial sphincter

When the man uses the pump, the fluid in the balloon is transferred to the cuff of the artificial sphincter. This closes the urethra and prevents leakage of urine.

This surgery can cure or greatly improve urinary control in more than 70 to 80 percent of men with stress urinary incontinence. Results may vary in men who have had radiation treatment, other bladder conditions or who have scar tissue in the urethra.

A **sling** may also be offered as a treatment option for men with SUI. The sling is a urethral compression procedure. During surgery, a strip of donated tissue or soft mesh is placed between the scrotum and **rectum** to compress the urethra. Currently this treatment is experimental. For men with lesser degrees of incontinence, this procedure may provide another option.

Men should speak with their health care provider about their treatment options for stress urinary incontinence.

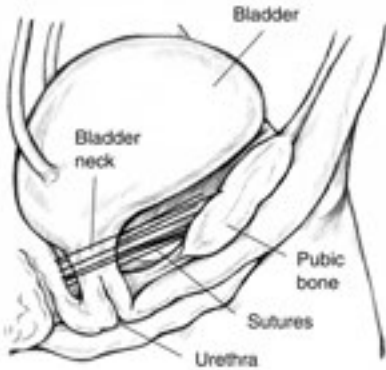
The most common surgical treatment for female stress incontinence is the **sling procedure**. During this surgery, a strip of tissue or soft mesh is placed under the urethra to provide compression and improve urethral closure.

Women usually recover very quickly because this procedure does not require a large **surgical incision**. The tissue used to create the sling can be a piece of the patient's abdominal wall muscle or other tissue, donated tissue or synthetic material (mesh). For simple stress urinary incontinence, a sling is the surgical procedure of choice. Most women can expect more than 80 to 90 percent cure or great improvement from this surgery.



Sling for urinary incontinence

Another option, known as Burch suspension, cuts through the abdominal wall to attach vaginal tissues to the pubic bone. Though this major surgery requires longer recovery time, it often provides long-term benefit to many women with SUI.



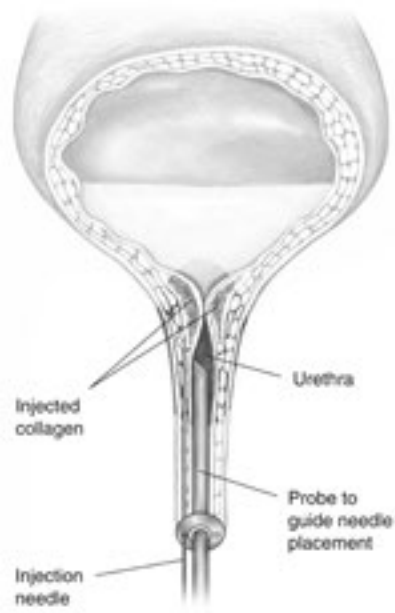
Burch suspension for urinary incontinence

Surgery for stress urinary incontinence in women is usually very successful, but choosing the proper procedure is important. A woman with SUI should speak to her health care provider to find out if she would benefit from these surgical procedures.

Surgical Treatments for Both Men & Women

Treatment for SUI

Another surgical treatment for stress urinary incontinence for both men and women involves injecting substances known as **bulking agents** into the urethra and bladder



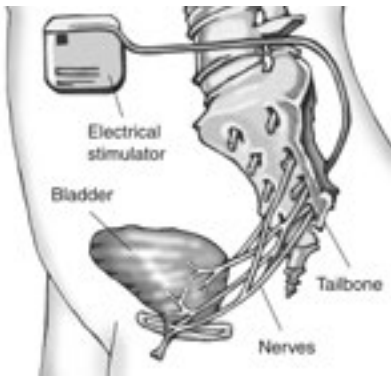
Urethral injections

sphincter. This improves the function of the sphincter that helps close the bladder. The injections are done under local anesthesia. They can be repeated if needed. Between 10 and 30 percent of men and women are cured of SUI when they have this procedure.

Adding bulk to the tissue around the bladder opening helps keep the urethra closed.

Treatments for Overactive Bladder (OAB)

A bladder “pacemaker” can control bladder function for men and women with overactive bladder/urgency incontinence. During surgery, a small electrode is inserted in the patient’s back close to the



A device can be placed under your skin to deliver mild electrical pulses to the nerves that control bladder function.

nerve that controls bladder function. This electrode sends electrical impulses to control the bladder.

Surgery to enlarge the bladder, using a piece of the patient's intestine, may cure incontinence in carefully selected patients. It is sometimes the only choice when other treatments fail to relieve the symptoms of incontinence. Most patients who choose this surgical treatment may need to perform self-catheterization to empty their bladder for the rest of their lives.

Overflow Urinary Incontinence

Surgery to remove the blockage that causes overflow urinary incontinence may be a treatment option. Because the source of the blockage may vary, each patient should discuss surgical options with his or her health care provider.

What Can I Expect After Treatment?

The goal of any treatment for incontinence is to improve quality of life for the patient. In most cases, great improvements and even cure of the symptoms are possible. These treatments are usually effective, as long as the patient is careful with fluid intake and urinates regularly. Large weight gain and activities that promote abdominal and pelvic straining may cause problems with surgical repair over time. Using common sense and care will help ensure long-term benefit from these surgical treatments.

Because these treatments deal with implants and/or medical devices, adjustment and modification may be required over time. Ask your doctor about typical follow up procedures.

Glossary

Abdomen

Also referred to as the belly. It is the part of the body that contains all of the internal structures between the chest and the pelvis.

Artificial sphincter

Device used for treatment of urinary incontinence. Consists of three components: a pump, balloon reservoir and a cuff that encircles the urethra and prevents urine from leaking out.

Bulking agent

Substance injected under the urethra to improve urinary control (continence).

Catheterization

Insertion of a narrow tube through the urethra into the bladder to allow urine drainage.

Menopause

The time in a woman's life when menstrual periods permanently stop.

Pelvic Floor Muscles

Provide support for the bladder and other pelvic organs.

Prostate

A small walnut-shaped gland in men that produces seminal fluid that transports sperm.

Rectum

The lower part of the large intestine, ending in the anal opening.

Scrotum

Also referred to as the scrotal sac. The sac of tissue that hangs below the penis and contains the testicles.

Sling/Sling Procedure

Surgery where a strip of tissue or soft mesh is placed under the urethra to improve its ability to close without urine leakage.

Surgical incision

A surgical incision is a cut or a wound intentionally produced by cutting with a sharp instrument.

Urethra

This thin tube carries urine from the bladder to the outside of the body. In men, it also carries semen and extends from the bladder to the tip of the penis.

Where Can I Go for More Information about Bladder Health Issues?

For more information about bladder health and urologic conditions, please visit the Urology Care Foundation's website, **UrologyHealth.org**. For information specifically about Stress Urinary Incontinence, visit **UrologyHealth.org/SUI**. For information specifically about Overactive Bladder, visit **UrologyHealth.org/OAB**.

About the Urology Care Foundation

The Urology Care Foundation is committed to advancing urologic research and education. We collaborate with researchers, health care professionals, patients and caregivers to improve patients' lives. The Urology Care Foundation is the official foundation of the American Urological Association (AUA).

The Urology Care Foundation provides this information based on current medical and scientific knowledge. This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please see your urologist or other healthcare provider regarding any health concerns and always consult a health care professional before you start or stop any treatments, including medications.

Special Thanks



Special thanks to the Society for Urodynamics and Female Urology (SUFU) for their collaboration on content development for this brochure.

For more information, contact:

Urology Care
FOUNDATION™
*The Official Foundation of the
American Urological Association*

1000 Corporate Boulevard,
Linthicum, MD 21090
1-800-828-7866

UrologyHealth.org

**ADULT PEDIATRIC UROLOGY &
UROGYNECOLOGY**

adultpediatricuro.com
Omaha

402-397-7989
Council Bluffs