

ہم نے ہڑپہ مک اسی ج، ۱۱-۱۲ کے ایک بایئرس ڈی سی سٹیو گراف لادبتم تاہول عم ہی ٹرنپ اڈب ای انس آ اور درخواست پر متبادل زبانوں میں بھی دستیاب ہو سکتی ہیں۔ مزید معلومات کے لیے، اپنی کلینکل ٹیم سے بات کریں۔

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## Patient information

## Treatment options for stress incontinence



## What is stress incontinence?

The muscles of the pelvic floor support the bladder and usually help keep it closed or open as necessary. Stress incontinence happens when these muscles become weak. So when there is sudden extra pressure on your bladder, it cannot stay closed as it should and some urine leaks out. This leakage can happen during normal everyday activities, though most often happens when you cough, sneeze, laugh, exercise or change position.

## What are the management options?

### Conservative measures:

- Adjusting your daily routines to help you cope better
- Losing weight if you are overweight
- Managing a chronic cough if you have one
- Special physiotherapy exercises to make your pelvic floor muscles stronger and improve control of your bladder
- Giving up smoking

These things will also help to improve the results of surgery, if you have it.

### Surgery:

Surgical procedures for stress incontinence aim to improve support for the muscles around the bladder entrance, in order to help the outlet (known as the urethra) to stay closed when it should and prevent it leaking.

There are two main surgical options:

#### 1. Tension-free vaginal tape (TVT)

This involves inserting a special kind of synthetic sling using tape. The surgeon makes small cuts just above the pubic area and passes synthetic tape through them. The tape supports the bladder entrance (urethra) and remains permanently in place. This operation is simpler than colposuspension, although not quite as effective.

#### 2. Burch colposuspension

This operation creates a cradle of threads, like a hammock, from back to front of the pelvic area to provide support for the urethra, the entrance of the bladder. It can be done through a 'bikini line' cut just below the line of the pubic hair or through 'keyhole' surgery (laparoscopic colposuspension); this takes a little longer, but you recover more quickly. It is the most effective treatment, although it is a major operation.

## Other procedures that are used less often include:

**Bulking agents** - Natural or synthetic materials (such as collagen, fat, silicone or Teflon) are injected around the bladder entrance to help keep it closed when necessary.

## Do I need an operation?

Many treatments for stress incontinence do not involve surgery. Not everyone with stress incontinence needs an operation. Whether you choose to have surgery will depend on how far stress incontinence affects your daily life and what you feel you can cope with. You may want to consider surgical options if other things (such as exercises to help strengthen the muscles in the pelvic floor) have not helped. Surgical procedures for stress incontinence are not usually suitable if you still plan to have children.

There are risks with any operation. These risks are higher if you are overweight or have medical problems. Your doctor will discuss these with you so that you can decide whether you wish to go ahead with an operation.

### References:

1. *Barts Health Patient Information Leaflet – mid urethral tapes for stress incontinence. February 2010.*
2. "Adapted from: Royal College of Obstetricians and Gynaecologists. *Recovering well, Information for you after a Pelvic Floor Repair Operation. Patient Information Leaflet. London: RCOG; 2015, with the permission of the Royal College of Obstetricians and Gynaecologists.*"