



# Blue Ridge Urogynecology

## Surgery for Stress Urinary Incontinence

Surgery has proved to be a very effective treatment for stress incontinence. The best surgical procedures improve or cure the incontinence in 85 to 90 percent of women over a ten-year period. It is necessary to diagnose stress incontinence before you undergo surgery. ***Your doctor should make sure that the incontinence is not due to overactive bladder or some other cause that might not be helped by surgery.***

### When Should I Consider Surgery for Stress Urinary Incontinence?

Surgical management of urinary incontinence should only be considered after several criteria have been met:

1. Your symptoms concern you enough to have some type of treatment.
2. Your doctor has done adequate testing to confirm that surgery is a reasonable option.
3. You have determined that non-surgical options have failed or are not appropriate for you.
4. You understand the potential benefits and risks of surgery.

### What Different Kinds of Surgical Procedures are Available?

More than 200 surgical procedures have been described to treat stress urinary incontinence. Most of them can be divided into a few basic categories. Surgery may be performed through a vaginal incision and/or an abdominal incision. The right procedure for you will depend on both the specifics of your disorder and the skills of your surgeon. If you have any questions about the surgical procedure that has been suggested for you, you should discuss this with your surgeon.

**Vaginal Procedure:** Tension free vaginal Tape (TVT or TOT)

**Abdominal Procedure:** Burch retropubic urethropexy



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### **Will My Stress Incontinence be Cured By Surgery?**

If you have a successful surgery and you follow the postoperative instructions carefully, you have a very good chance of having good bladder control for at least 5 to 10 years. Sometimes you may require not only surgical management but also the addition of medical treatment to give you the best opportunity for relief of your urinary symptoms. If the initial surgery is not successful in curing incontinence, further surgical procedures may be performed after diagnostic tests and a complete review of your symptoms.

### **TVT and TOT**

The Tension-free Vaginal Tape procedure, or TVT, is a minimally invasive procedure that was developed in the 1990's. It is performed with a permanent synthetic material, placed under the urethra without tension. This operation can be performed in conjunction with an abdominal procedure or it can be done independently as an outpatient procedure. This procedure involves three incisions: one in the vagina (underneath the urethra) and two small puncture wounds above your pubic bone. This operation has success rates equivalent to the traditional Burch procedure in large multi-center trials.

In the last few years, some surgeons have been performing an adaptation of the TVT, called the TVT-O or TOT (Transobturator technique). This procedure uses the same type of permanent synthetic material. Instead of having 2 incisions above your pubic bone, these are placed just inside your groin. Short term studies have suggested that the Transobturator technique gives equal results to the original TVT.

### **Abdominal Surgery--The Burch Procedure**

The Burch retropubic urethropexy is performed through an abdominal incision in the lower part of the abdomen. In this operation, stitches are placed into the connective tissue of the vagina at the bladder neck and through Cooper's ligament, which is a strong piece of tissue that rests on the back of the pubic bone. The stitches are tightened in such a way as to provide support to the bladder neck and urethra. When properly performed, the procedure produces a



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long-term improvement in more than 80 percent of patients with stress incontinence.

### **Other option: Periurethral Bulking**

If your urethra has adequate support but does not work properly, your doctor may recommend injecting a type of bulking agent beside the urethra. In the past these bulking agents have included the patient's own blood or fat, and Teflon.

Currently, periurethral bulking techniques involve the use a permanent material called Coaptite. There are very few complications associated with bulking agent therapy other than reports of minor infection or blood in the urine.

Bulking agents are administered under light anesthesia in the operating room. The injections are generally performed with the assistance of a cystoscope, a camera that allows the surgeon to look into the urethra and the bladder.

7 out of 10 women who have a bulking agent injection say that their symptoms improved after the injection, and this improvement lasted about 2 years. About half of the women were cured, and did not leak urine after the injection for 2 years. The effects of the injection usually do not last forever, so if your symptoms recur in the years following your injection, you may be a candidate to have the same procedure repeated again in the future.

### **Postoperative Considerations**

The vaginal and abdominal operations for anatomic stress incontinence are safe procedures. However, there can be adverse side effects. The most common side effects after an operation for incontinence are voiding difficulties or urinary retention. After surgery it is possible that **you** may have a weaker urinary stream or find it necessary to lean back on the toilet to urinate. Additionally, some people have trouble completely emptying their bladders. In the hands of an experienced surgeon, the incidence of these complications is relatively small. In the days following surgery, however, it is possible that you **will need a** catheter to empty your bladder. Commonly, you will be discharged from the hospital while you are still **using the** catheter for emptying your bladder. Before you are discharged, we



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will decide both the type of catheter you will use and when it is appropriate for you to stop using a catheter. It isn't uncommon for a woman to use a catheter for several days or even several weeks following surgery for urinary incontinence.

### **What Type of Catheter Will I Use After Surgery?**

There are three general methods of catheter management: self-catheterization, suprapubic self-catheterization, and the transurethral catheter.

#### **Self-Catheterization**

You may be taught to use a small plastic catheter to empty your bladder on an intermittent basis. If you are using this method of catheter management, you will place the small plastic catheter into the bladder through the normal opening of the urethra. All of the urine will drain out of your bladder within a minute or two of placement.

Self-catheterization is a safe and effective method of emptying your bladder. Your doctor will advise you how frequently to perform self-catheterization. While you are using self-catheterization, your doctor may prescribe a nighttime antibiotic to prevent infection. Once you have begun to urinate spontaneously and empty your bladder appropriately, you can stop using self-catheterization.

#### **Suprapubic Self-Catheterization**

Suprapubic catheters are used only occasionally. They are long tubes that are placed through a puncture in the skin of the lower part of the abdomen directly into the bladder. The suprapubic catheter has a small valve that can be left open or closed the same way you can open or close the flow of water from your faucet. When the valve is closed, your bladder collects urine. When the valve is open, urine can drain out of the catheter into a collection device. Your doctor may prefer that you use a suprapubic catheter following surgery for urinary incontinence. Once you have begun to void adequate volumes spontaneously



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and you are emptying your bladder satisfactorily, your doctor or nurse can remove the suprapubic catheter very easily.

### **Transurethral Catheter (Foley Catheter)**

We may recommend the use of a transurethral catheter for a few days before having you attempt to urinate on your own. The transurethral catheter is placed in the bladder through the normal opening of the urethra. The catheter is attached to a small bag that collects urine as it is drained from the bladder. This collection bag is then emptied periodically depending on the amount of urine you are producing.