

## Stress Incontinence

Urinary incontinence has been described as affecting 35% of women over 50 years of age, indeed, almost 15% admit to leaking on a daily basis. Of these unfortunate ladies, 60% will suffer with genuine stress incontinence.

Stress incontinence may result from either descent and rotation of the bladder and urethra on straining (e.g. coughing, sneezing, laughing) and/or from weakness of the valve that should shut off the water-pipe (urethral sphincter).

There are a number of theories as to the development of this condition. However, childbirth and pregnancy are usually central. It is thought that there may be some nerve damage to the muscles of the pelvic floor during the carrying of the child but most importantly during vaginal birth. Repeated descent of the pelvic floor with chronic coughing, constipation or straining on lifting may also play a role.

Usually, a good history is all that is required to make a diagnosis of stress incontinence. However, if the history is unclear or if there has been previous pelvic surgery, then further investigations may be required. These will often take the form of urodynamic studies. In fact, 75% of women with symptoms of stress incontinence will also describe symptoms consistent with urge incontinence and the results of such studies may significantly influence the direction of treatment. An extension of this type of study can be used to help delineate between rotational descent of the bladder/urethra versus intrinsic sphincter weakness.

For those women with genuine stress incontinence a step-wise approach in management may be taken.

1. Conservative approach
  - a. Weight loss
  - b. Pelvic floor exercises (Kegel's exercises)
  - c. Alteration of fluid intake – avoidance of caffeine/ alcohol
2. Medical approach
  - a. Topical oestrogen
  - b. Stopping alpha-blocking anti-hypertensive medication
  - c. Alpha-agonist drugs e.g. *duloxetine (Yentreve)*
3. Surgical approach
  - a. Urethral bulking with injectables
  - b. Transvaginal tape (TVT)
  - c. Transobturator tape (TOT)
  - d. Urethral/bladder neck slings
  - e. Colposuspension