Loss of Bladder Control

Surgery to Treat Urinary Incontinence
If you have one 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.

**URGE URINARY INCONTINENCE:**
Urge urinary 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 in time and has an accident.

**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; most commonly stress and urge incontinence.

Patients with incontinence may benefit from behavioral therapies such as monitoring fluid intake or exercises to strengthen the pelvic floor. 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.

*Bold words are defined in the Glossary.*
Another option, known as Burch Suspension, is major abdominal surgery 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.

Surgical Treatment for Women with Stress Urinary Incontinence

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

Women usually recover very quickly because this procedure does not require a major **surgical incision**. The tissue used to create the sling can be a piece of the patient’s abdominal wall muscle or other tissue, tissue from a cadaver or synthetic material. 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.

A **sling** may also be offered as a treatment option for men with SUI. The sling is a urethral compression procedure. During surgery, a **vascular graft** or a piece of tissue from a **cadaver** 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 world of artificial sphincters is another urethral compression procedure. During this surgery, a **vascular graft** or a piece of tissue from a **cadaver** 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.

Another option, known as Burch Suspension, is major abdominal surgery 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.

Surgical Treatment for Both Men and Women with SUI

Adding bulk to the tissue around the bladder opening helps keep the urethra closed.
URGE URINARY INCONTINENCE:
A bladder pacemaker can control bladder function for men and women with urge urinary incontinence. During surgery, a small electrode is inserted in the patient’s back close to the nerve that controls bladder function. This electrode sends electrical impulses to control the bladder.

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).

CADAVER: A dead body; especially one intended for dissection.

CATHETERIZATION: Insertion of a narrow tube through the urethra or through the front of the abdominal wall into the bladder to allow urine drainage.

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: Creation of a hammock through the vagina to improve closure of the urethra.

SLING PROCEDURE: Surgical methods for urinary incontinence involving the placement of a sling, made either of tissue obtained from the person undergoing the sling procedure or a synthetic material.

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

VASCULAR GRAFT: Transplanted tissue used to replace damaged or diseased blood vessels.
For more information about surgery to treat urologic conditions, please visit the AUA Foundation’s website, www.UrologyHealth.org or call the Urology Health Line at 1-800-828-7866 for assistance in English and Spanish.

ABOUT THE AUA FOUNDATION:
The AUA Foundation is the world’s leading non-profit urologic health organization and the Official Foundation of the American Urological Association. Our mission is to promote health, provide hope and promise a future free from urologic diseases, including cancer.

UROLOGY HEALTH SERIES: 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 healthcare professional before you start or stop any treatments, including medications.

Additional resources may be available.

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