**Information Regarding Stress Urinary Incontinence Management**

1. Kegel exercises twice a day (20 in the morning, 20 at night). Pair it up with something you do every day so you remember. Also do half of those squeezes fast every second and half of them slower where you hold your squeeze for 5-8 seconds or so.

2. Incontinence Pessary: If you are interested in this, please call our nurses and schedule an appointment for fitting and teaching.

3. Surgery : If pessary does not work or is not tolerated, surgery can be considered. The most common one we do is tension-free vaginal tape procedure with mesh. It is an outpatient procedure lasting 30-45 minutes.

Remember, with surgery, there is risk of bleeding, infection, injury to bladder and other surrounding organs, cardiac or respiratory complications secondary to surgery or anaesthesia, and pelvic pain that may be chronic. There is also a small ( <1%) but possible risk of urinary retention that may necessitate long term catheterization. With mesh procedure, there is additional risk of mesh erosion that is approximately 2% or less. This may necessitate removing mesh surgically. There is a risk of recurrence of incontinence. The cure rate for a midurethral sling is approximately 85% with additional 10% improvement. Approximately 5% of patients may not have improvement. If you have urgency, frequency and urge incontinence, these symptoms may get better but they may also stay the same or get worse. Remember, the surgery for stress urinary incontinence does not address urgency incontinence.

After surgery, there will be restriction to lifting to 10 lbs or less for 6-8 weeks and vaginal rest for 6-8 weeks.

If you decide to pursue surgery, please call us and let us know so we can coordinate your care. Our team will try to find a time for surgery that would work for you and your provider.

There are also other procedures for stress incontinence that don't involve mesh sling such as burch colposuspension and pubovaginal sling, both involving abdominal incision and using your own tissue to support the bladder neck. Finally, we can also do an injection of a urethral bulking agent which can be done as an outpatient under sedation or in the office. However, the success with this particular procedure could be variable and may not be as high as the midurethral sling.