



Surgery

North Bristol **NHS**  
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# Stress incontinence in Women



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# Operations for Stress Incontinence

## Introduction

Stress incontinence is a medical word used to describe the type of leakage that many women suffer, particularly after they have had several children. This type of leakage tends to occur when the woman coughs, sneezes, lifts, runs or walks fast. The leakage is due to a weakness of the pelvic floor that supports the bladder and the urethra (the tube which comes from the bladder to the outside).

## Non-surgical treatment

You may have been given advice on restricting the amount of fluid you drink, stopping smoking, reducing your weight and doing pelvic floor exercises. In approximately 1 in every 3 women these non-operative treatments are sufficient to cure or make your symptoms very much better. However, many women still require an operation to improve the quality of their life.

## Pelvic Floor Exercises for Women

### What are pelvic floor muscles?

They are layers of muscles stretching like a hammock from the pubic bone at the front of the pelvis to the coccyx and sacrum at the back of the pelvis. They are firm and supportive, helping to hold the bowel, bladder and uterus in place and closing the outlets of the bladder and bowel. When you pass urine or have a bowel motion, the pelvic floor muscles relax. After emptying, they tighten again to restore control.

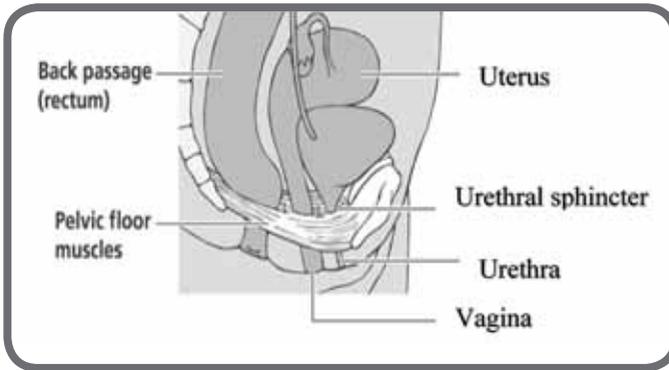
### Why do pelvic floor exercises?

Weakness of the pelvic floor muscles can be a common problem affecting 1 in 3 women by middle age, resulting in incontinence and prolapse. This may be due to being overweight, post pregnancy/childbirth, pelvic surgery or simply getting older. Incontinence can affect your bladder and/or bowel.

So if you:

- leak on coughing, sneezing, laughing or physical exertion
- leak before reaching the toilet
- are of child-bearing years
- are menopausal

**pelvic floor exercises are for you.**



## Identifying the pelvic floor muscles

Sit comfortably on a firm chair with your knees slightly apart, lean forward over your knees with your elbows resting on your thighs – relax in this position.

### Stage 1:

Tighten your back passage – imagine that you are stopping yourself passing wind, focus on the tightening around the opening of the bowel. Do not squeeze your buttocks or leg muscles.

### Stage 2:

Tighten your vagina and front passage – imagine that you are trying to stop the flow of urine. Focus on this tightening; try to feel the muscles lifting upwards and forwards towards the pubic bone.

### Stage 3:

Do both of the above tightening exercises together and hold this. How many seconds can you hold? Aim for 5 seconds – when you let go, can you feel the muscles relax? If not, you have held too long – try again with a shorter hold. Some women may be able to hold for only 1-2 seconds and others as many as 8-10 seconds. It is important to discover your hold.

### Pelvic floor exercises

In sitting – as before:

#### Exercise 1- slow pull-ups

Tighten the pelvic floor muscles slowly, as in Stage 3, continue to tighten for **your** length of hold, relax, and feel the muscle let go. Rest for a count of 5 seconds. Repeat this 5 times. As it gets easier, gradually increase length of hold and number of repeats.

#### Exercise 2 - fast pull-ups

Tighten the pelvic floor muscles **quickly**, do not hold, and feel the muscle let go straight away. Repeat this 10 times – approximately 1 contraction per second.

### Pelvic floor exercise routine

Do exercise 1 and 2 at each session. That is 5 slow pull-ups and 5 fast pull-ups. Aim to repeat each session up to 5 times each day.

Do not expect immediate improvement – so do not give up. You need to continue this routine for at least 6 months. As the muscle gets stronger you will be able to increase your hold and number of repetitions at each session.

**Do not practice stopping midstream.**

### Exercise for life

Continue pelvic floor exercise several times per day for the rest of your life in order to keep these muscles fit and healthy. If symptoms return increase your daily input again.

## **Additional tips**

Being constipated or overweight can strain the pelvic floor muscles so eat a balanced diet including fruit and vegetables and between 6 and 8 cups of fluid a day. Avoid tea, coffee or fizzy drinks if you suffer from urgency or frequency.

Tightening the pelvic floor muscles when you lift heavy objects or when you are going to cough or sneeze will help your control.

If your problem is 'urgency', tighten your pelvic floor when you get the desire to empty your bladder, wait until the desire passes before moving.

## **Specialist referral**

If you have difficulty in identifying your pelvic floor muscles and have symptoms of incontinence discuss this with your consultant or GP who can refer you to a Physiotherapist, or a continence advisor, who specialises in Women's Health problems.

## **Injection treatments for Stress Incontinence**

This treatment is usually done under general anaesthetic as a day patient (not admitted to hospital). A substance is injected next to your bladder outlet to squeeze it together. This treatment is simple but unfortunately the cure rate is much lower than for other operations.

There are no restrictions on you after the injection treatment.

## **Procedures (operations) for Stress Incontinence**

Operations for stress incontinence depend on supporting the urethra. There are two main operations to cure this type of leakage:

### **a) Sling operations**

There are two types of sling operation.

Plastic tapes (synthetic) which are made out of materials that are accepted (not rejected) by the body. The best known is the TVT (Tension Free Vaginal Tape). This works by supporting the middle

part of the urethra and is usually carried out under, general anaesthesia. To place the tape in the correct position, a small cut is made in the vagina and the tape is passed under the middle part of the urethra. The tape is accurately positioned by two needles (one on either end of the tape), which emerge through the abdominal wall in the case of TVT. The operation takes up to 30 minutes and you can return home the same day or the following day. Sometimes a modification for this technique called a TOT (Trans Obturator Tape) is advised, particularly if you have had previous bladder surgery.

The second type of sling operation usually involves using a piece of your own tissue. This sling is obtained by a cut across the bottom of your tummy. The strip of tissue (one centimetre by 10-20cm long, 1/2 by 3-8 inches long) is passed around the urethra and supports it. This operation may be done if your leakage has returned after a previous operation. It is called an "autologous sling".

## **b) Colpo-suspension**

This operation is a somewhat bigger operation and involves a bikini cut in the lower part of your abdomen.

The surgeon uses stitches in the front of the vagina to support the urethra and the neck of the bladder. After the operation, you will probably have a catheter to drain the urine for about 48 hours.

You will probably be in hospital for between 2 to 5 days after the operation, and recovery will take longer than for a TVT.

## **Possible complications of surgery**

All surgical procedures carry risks. These may include; infection, bleeding, bruising/swelling and damage to other organs in the abdomen and associated risks of the anaesthetic.

You should discuss this in more detail with your Surgeon or his team.

With all operations for stress incontinence it may be more difficult

for you to pass urine. This is because of the swelling around the bladder neck and urethra. Occasionally a patient has to go home using a catheter for a week or two. Very occasionally, intermittent use of a catheter might be needed on a permanent basis - but this is very rare for TVT/TOT.

In this situation, a second operation to loosen the tape or stitches may be appropriate.

## When you are at home

There are few restrictions on you with the plastic sling operations. You can do what you feel is OK.

The colpo-suspension and the sling which uses your tissue involve placing very important stitches to support the neck of the bladder. You must look after these stitches. This means that you must be sensible about your level of activity. You must not do any heavy lifting for 3 months.

When you get home, you will be more tired than you imagine, therefore **take it easy**. After a few days, by all means try short walks. Gradually, increase your level of activity and, if you have little discomfort from the wound after four weeks at home, you can try to drive the car a short distance, when you are not in a hurry. Make sure you can do an emergency stop!

Continue to increase your level of activity and we would encourage you to walk - but, if you experience pain, perhaps you are doing too much. Light lifting is perfectly acceptable from early on.

You must also protect your stitches by supporting your lower abdomen if you cough or sneeze. Similarly, it is most important you do not put weight on, as this may stretch the important stitches.

If you are a sporty person, then you must do no strenuous exercise for 3 months. However, quieter sports such as bowls can be done after 6 weeks - although you might get a friend to carry your bowls for you. Walking is not a problem, even from early on, but

go easy and on the flat. Gentle swimming from a month is also okay, but stop if it hurts!

For any of the operations, with respect to sexual activity, if you have any stitches in the vagina, these are tucked well out of the way. You may start sexual activity from two weeks after the operation, providing you are comfortable. We would suggest the use of a lubricant such as KY jelly until your operation has fully settled.

Remember, if you have any queries, please consult your nurse or doctor.

## References and Sources of Additional Information

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