

# Stress Urinary Incontinence



There are two kinds of urinary incontinence common in women: stress urinary incontinence and urge urinary incontinence. The causes and treatments for the two are very different. It's possible to have both types.

Stress incontinence is a common, distressing and costly condition. It's the involuntary leakage of urine that's immediately preceded by increased abdominal pressure such as coughing, sneezing or lifting. Many women experience this leakage while exercising and some leak enough during exercise that they avoid certain exercises or all exercise completely. The leakage is usually small amounts but it can be enough for women to require thick pads.

There are several factors involved in stress incontinence. It's usually associated with a dropped bladder but sometimes there is no sign of this. Risk factors include being female, vaginal deliveries, family history, smoking, obesity and age over 40 years. In women with stress incontinence, the sphincter muscle and the pelvic muscle, which support the bladder and urethra, are weakened. The weak sphincter is unable to prevent urine flow when there's an increase in abdominal pressure.

The evaluation of stress incontinence includes reviewing your history with your provider. A pelvic exam should be performed to look for any abnormalities such as pelvic organ prolapse or urethral diverticulum. Urine is also checked for an infection. An important part of the evaluation is keeping a bladder diary that records the timing and type of fluid intake, timing and volume of voids, and the timing of incontinence episodes and associated urge or activity.

The treatment of stress urinary incontinence includes both surgical and nonsurgical options. Symptoms in many patients will significantly improve with pelvic floor or Kegel exercises and pelvic floor physical therapy with a trained physical therapist. Some women respond very well to a pessary, a simple device placed in the vagina to support the urethra and bladder. Many patients have used pessaries for years.

Those who fail or decline these conservative treatments often choose to undergo surgery with a midurethral sling. This is a minimally invasive procedure that's performed in an outpatient setting. Patients go home the same day and most go home without a catheter. The sling begins working immediately and most patients resume work within a few days. There are some short-term lifting and activity restrictions but patients are encouraged to resume all activities without restrictions after six weeks.

There are other treatments and factors that may be involved in a patient's decision to undergo treatment for her incontinence. We encourage evaluation by a provider trained in urogynecology to be sure the proper evaluation is performed and proper treatments offered.

**Urogynecologists at UMass Memorial Medical Center are fellowship trained in the treatment of pelvic floor disorders. Call for an appointment: 508-334-9840 (Worcester) or 508-870-7281 (Westborough).**



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