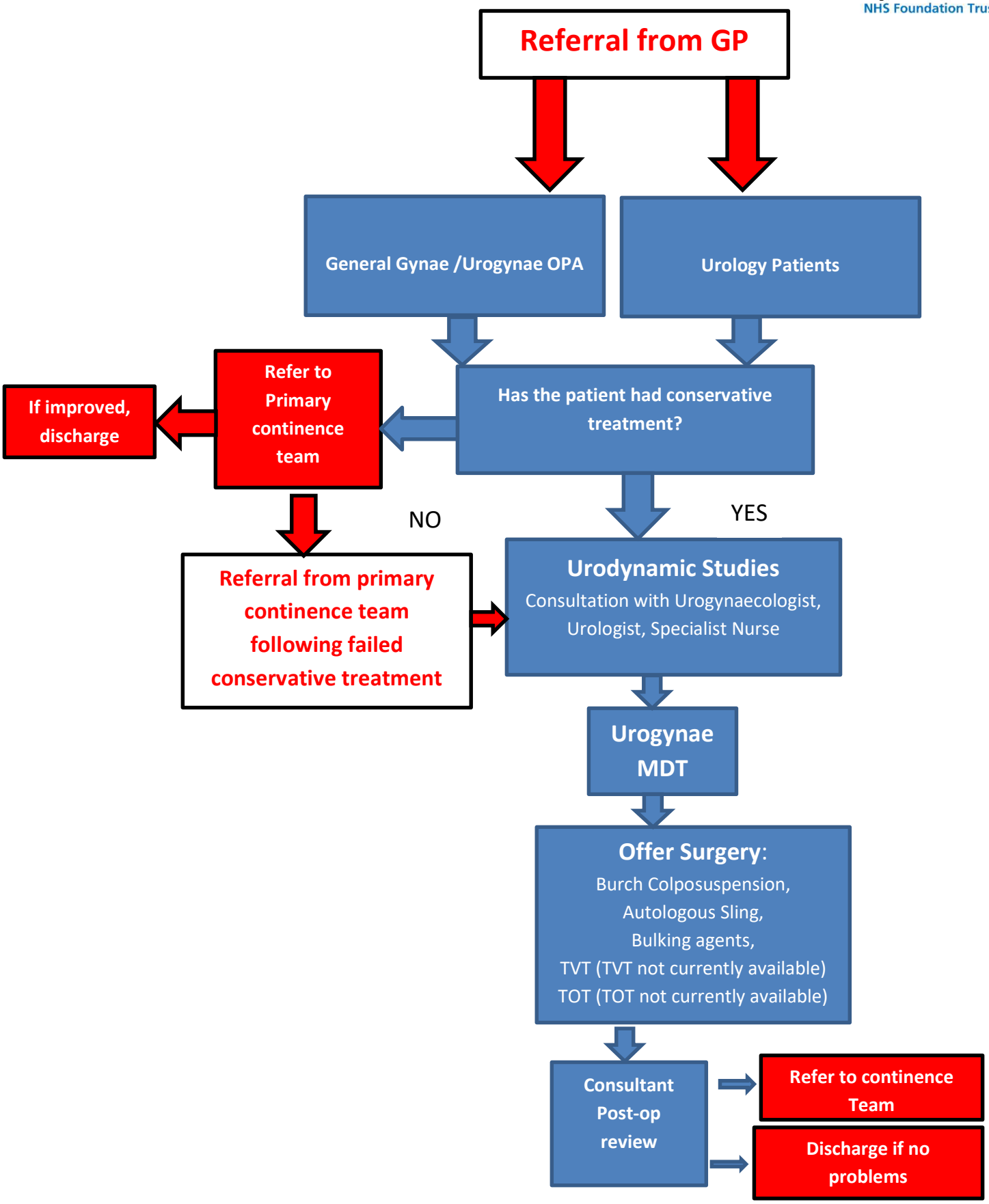
Stress Incontinence Care Pathway

University Hospitals of Derby and Burton NHS Foundation Trust



National Institute for Health and Care Excellence, 2013,
The Management of urinary incontinence in women. Clinical Guideline CG171

Stress Incontinence Pathway

When a female presents with symptoms of Stress Incontinence (SI) or mixed urinary Incontinence (MUI) the Urogynaecologist/Urologist should take a initial assessment of urinary symptoms. If the patient has not had conservative management a referral is made before any other treatment is offered.

Conservative Management

This consists of a referral to a continence advisor, specialist physiotherapist or nurse specialist. This first line treatment should be offered first to all types of urinary incontinence and consists of a continence assessment with a 3 day bladder diary along with a trial of supervised pelvic floor muscle training of at least 3 month duration. If the woman is unable to contract her pelvic floor, electrical stimulation can be offered.

Failure of Conservative Treatment

- Continence team refer to/back to the Urologist/Urogynaecologist
- Assess/reassess urinary symptoms
- Organise urodynamics to confirm diagnosis
- If stress incontinence is the most bothersome symptom then discuss the option of surgery
- Discuss at the next multidisciplinary team (MDT) meeting

Surgical Management

Patients opting for surgical management will be offered a Burch Colposuspension, Bulking agents (procedure performed at Royal Derby Hospital) or Autologous Sling (operation performed at Queens Hospital Burton by a Urogynaecologist).

Relevant patient information should be given explaining the procedure.

At present the TVT/TOT are not currently available.

Follow up

Post-operative review is conducted 6 weeks after the operation by the consultant where the patient can be referred onto the continence team for further pelvic floor exercises input or discharge them back to the care of the GP if the patient is happy with the outcome.