

Surgery for Stress Urinary Incontinence

Frequently Asked Questions

What is stress urinary incontinence (SUI)?

Stress urinary incontinence (SUI) is the leakage of urine with physical activity, such as exercise, or when coughing, laughing, or sneezing. It is a common problem in women. SUI can be treated with both nonsurgical and surgical treatment methods.

What causes SUI?

SUI is a [pelvic floor disorder](#). These disorders occur when tissues and muscles that support the [urethra](#), [bladder](#), [uterus](#), or [rectum](#) are damaged.

In SUI, the [sphincter muscle](#) that controls the flow of urine from the bladder to the urethra may weaken. Or the muscles that support the position of the bladder and the urethra may weaken. Weakness in these muscles may occur from pregnancy, childbirth, or aging.

What nonsurgical treatments may help with SUI?

If you have SUI and your symptoms bother you, your health care professional may suggest nonsurgical treatments first. Lifestyle changes, such as drinking less fluid, limiting caffeine, stopping smoking, and losing weight, can help decrease the number of times you leak urine.

Other nonsurgical options include pelvic muscle exercises ([Kegel exercises](#)), physical therapy and biofeedback, or use of a [pessary](#) . Another option is an over-the-counter product that is inserted into the [vagina](#) like a tampon. If these treatments do not improve the problem, surgery may help.

What are the surgical treatments for SUI?

Surgery improves SUI symptoms in most women. There are different types of surgery for SUI:

- Injections
- Urethral sling
- Colposuspension

Urethral slings and colposuspension can be done through an incision (cut) in the abdomen, through the vagina, or with [laparoscopy](#) .

Injections into the tissues around the urethra do not need an incision. This may be an option for women who do not want a more invasive procedure. It is a minor procedure that can be done in an office.

If necessary, surgical procedures can be combined to give the best results. For example, an SUI procedure may be done along with a pelvic support procedure in order to decrease the risk of developing SUI after the surgery.

How do I decide what type of surgery is right for me?

The type of surgery you have depends on many factors. You and your health care professional should discuss these factors before choosing which type of surgery is right for you:

- Age
- Future childbearing plans
- Lifestyle
- Need for [hysterectomy](#) or treatment of other pelvic problems
- Medical history (if you have had [radiation therapy](#) for pelvic cancer or have already had surgery for incontinence)

- General health
- Cause of the problem

Before you have surgery, you should weigh all of the risks and benefits of your surgical options. You and your health care professional can discuss these risks and benefits together.

How are injections for SUI done?

Synthetic materials are injected into the tissue around the urethra to provide support and to tighten the opening of the bladder neck. The procedure usually is performed in your health care professional's office with local **anesthesia**. A lighted scope is inserted into the urethra and the material is injected through a thin needle. The procedure takes less than 20 minutes. It may take two to three or more injections to get the desired result. The injections may improve symptoms but usually do not result in a complete cure of incontinence.

What types of urethral slings are available to treat SUI?

There are two types of urethral slings that are used to treat SUI:

1. **Midurethral sling**—The midurethral sling is the most common type of surgery used to correct SUI. The sling is a narrow strap made of synthetic mesh that is placed under the urethra. It acts as a hammock to lift or support the urethra and the neck of the bladder.
2. **Traditional sling**—In this type of surgery, the sling is a strip of your own tissue taken from the lower abdomen or thigh. Two tunnels are made on either side of the vagina, and the sling is threaded behind the pubic bone and under the urethra, lifting it up. The ends of the sling are stitched in place through an incision in the abdomen.

What are the benefits and risks of midurethral sling surgery?

Midurethral sling surgery usually takes less than 30 minutes to perform. It is an outpatient procedure, meaning that you usually can go home the same day. Recovery time generally is quicker than with other procedures for SUI.

If synthetic mesh is used, there is a small risk (less than 5 percent) that the mesh will erode through the vaginal tissue. Mesh erosion can cause long-lasting pain, infections, and pain during [sexual intercourse](#) . Additional surgery may be needed to correct the problem.

Another risk is possible injury to the bladder or other pelvic organs by the instruments used to place the midurethral sling. This happens more often during retropubic sling procedures, when the sling passes behind the pubic bone. This injury usually does not lead to long-term problems.

Use of the mesh midurethral sling is supported by the American Urogynecologic Society and the Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction.

Synthetic midurethral slings are not recommended if you want to get pregnant in the future. Nonsurgical treatments may be the best choices for you.

What are the benefits and risks of traditional sling surgery?

Traditional sling surgery often is used if you have had complications related to a prior synthetic midurethral sling, have known reactions to synthetic mesh, or are undergoing surgery for repair of the urethra at the same time.

This type of surgery requires more recovery time than midurethral sling surgery. You usually will need to stay in the hospital for a few days when having traditional sling surgery.

Risks of this type of surgery include urinary problems after the surgery, such as [urinary tract infections \(UTIs\)](#) , difficulty urinating, and new or continued incontinence. If these problems occur, the sling may need to be adjusted.

What is colposuspension?

In colposuspension, the part of the urethra nearest to the bladder is restored to its normal position. The most common type of colposuspension performed is called the Burch procedure. The bladder neck is supported with a few stitches placed on either side of the urethra. These stitches keep the bladder neck in place and help support the urethra.

What are the benefits and risks of colposuspension?

Colposuspension can be performed with an abdominal incision or with laparoscopy. When done through an abdominal incision, the recovery time is similar to that of a traditional sling procedure. When done with laparoscopy, you may be able to go home the same day.

There may be problems with emptying the bladder after surgery. The stitches may need to be loosened or removed if this happens.

What are some of the general risks of surgery for SUI?

All surgery involves some risk. The following risks are associated with any type of surgery for SUI:

- Injury to the bladder, bowel, blood vessels, or nerves
- Bleeding
- UTIs or wound infections
- Urinary problems after the procedure (difficulty urinating, continued incontinence, or new incontinence symptoms)
- Problems related to the anesthesia used

What should I expect during recovery from an SUI procedure?

The time needed to recover varies. It is longer for abdominal surgery and shorter for laparoscopic or vaginal surgery. The hospital stay may be longer if other procedures are done at the same time.

After surgery, discomfort may last for a few days or weeks. The degree of discomfort may be different for each woman. If more than one procedure is done, there may be more pain than if only an SUI procedure is done.

Some women may find it hard to urinate for a while or notice that they urinate more slowly than they did before surgery. They may need to use a [catheter](#) to empty their bladders a few times each day. Women may go home from the hospital with a catheter in place, or they may be shown how to put in a catheter at home. In rare cases, if a

woman is not able to urinate on her own, the stitches or the sling may need to be adjusted or removed.

While you recover, you may be told to avoid anything that puts stress on the surgical area, such as these activities:

- Excessive straining
- Strenuous exercise
- Heavy lifting

Talk with your health care professional about when you can resume intercourse, using tampons, driving, exercise, and daily activities.

What are the signs of a problem after surgery?

Make sure you know the signs of a problem related to surgery. Contact your health care professional if you experience any of the following symptoms:

- Vomiting
- Fainting
- Redness or discharge from incisions
- Abnormal vaginal discharge
- Inability to urinate or feeling that you cannot empty your bladder completely
- Burning during urination or blood in the urine (which may signal a UTI)

The following symptoms may indicate a serious problem. Contact your health care professional right away if you have any of these symptoms:

- Severe abdominal pain or cramping
- Heavy bleeding
- Fever or chills
- Shortness of breath or chest pain

Glossary

Anesthesia: Relief of pain by loss of sensation.

Bladder: A hollow, muscular organ in which urine is stored.

Catheter: A tube used to drain fluid from or give fluid to the body.

Hysterectomy: Surgery to remove the uterus.

Kegel Exercises: Pelvic muscle exercises. Doing these exercises helps with bladder and bowel control as well as sexual function.

Laparoscopy: A surgical procedure in which a thin, lighted telescope called a laparoscope is inserted through a small incision (cut) in the abdomen. The laparoscope is used to view the pelvic organs. Other instruments can be used with it to perform surgery.

Pelvic Floor Disorder: Any disorder that affects the muscles and tissues that support the pelvic organs.

Pessary: A device that can be inserted into the vagina to support the organs that have dropped down or to help control urine leakage.

Radiation Therapy: Treatment with radiation.

Rectum: The last part of the digestive tract.

Sexual Intercourse: The act of the penis of the male entering the vagina of the female. Also called "having sex" or "making love."

Sphincter Muscle: A muscle that can close a bodily opening, such as the sphincter muscle of the anus.

Synthetic: Made by a chemical process, usually to imitate a natural material.

Urethra: A tube-like structure. Urine flows through this tube when it leaves the body.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus. Also called the womb.

Urinary Tract Infection (UTI): An infection in any part of the urinary system, including the kidneys, bladder, or urethra.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

If you have further questions, contact your ob-gyn.

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FAQ166

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