PIPADOR REVISION

MRCOG Part 1 Revision Notes

Stress Urinary Incontinence

CLINICAL MANAGEMENT • LECTURE 495

VISUAL EXAMINATION REVISION NOTES

2026 Edition

495

MRCOG PART 1 REVISION NOTES | CLINICAL MANAGEMENT

Stress Urinary Incontinence

Definitions, assessment, conservative and surgical management of SUI (NICE NG123)

≈ 50%	PFMT	NICE NG123	Mesh
Of female UI is stress UI	≥ 3 months first line	2019	Paused in England (2018)

■ KEY FACTS: Learning objectives

- Define stress urinary incontinence (SUI), urodynamic stress incontinence and mixed incontinence.
- Describe assessment and conservative management (NICE NG123).
- Describe surgical options, the current position on vaginal mesh, and when urodynamics are needed.

495.1 Key definitions

Term	Definition
Stress urinary incontinence (SUI)	Involuntary leakage of urine on effort or exertion, sneezing or coughing
Urodynamic stress incontinence (USI)	Leakage observed during cystometry with ↑ abdominal pressure in the absence of a detrusor contraction
Mixed urinary incontinence	Both stress and urgency incontinence — treat the predominant symptom first
Pelvic floor muscle training (PFMT)	Supervised programme of pelvic floor contractions (≥ 8 contractions, 3 times a day, for ≥ 3 months)
Mid-urethral sling (MUS)	Synthetic mesh tape (retropubic TVT or transobturator TOT) supporting the mid-urethra

■ IN PLAIN ENGLISH: Stress incontinence

SUI happens when the urethra is not supported or closed tightly enough when abdominal pressure rises. Most women improve with **supervised pelvic floor exercises**; surgery is for those who do not, after an informed, shared decision.

495.2 Assessment

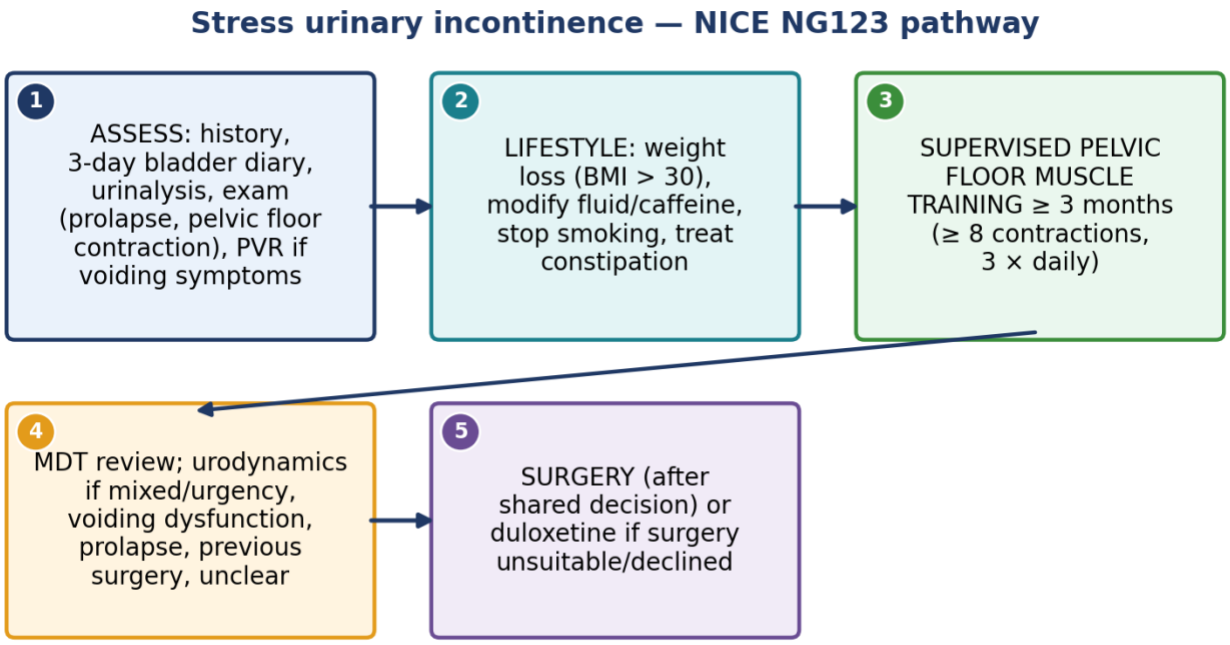


Figure 495.1 — SUI pathway (NICE NG123)

Element	Details
History	Type of leakage (stress/urge/mixed), severity, pad use, impact (validated questionnaire, e.g. ICIQ), fluid intake, obstetric history, previous surgery, medications, bowel symptoms
Bladder diary	At least 3 days — frequency, volumes, leakage episodes
Examination	Abdominal, vaginal (atrophy, prolapse, demonstrate stress leak with cough), assess pelvic floor contraction (modified Oxford scale), BMI
Tests	• Urine dipstick (UTI, haematuria, glucose) • Post-void residual if voiding symptoms or recurrent UTI
Urodynamics	• Not required before primary surgery for pure SUI/stress-predominant mixed UI if clearly defined, no voiding dysfunction, no anterior/apical prolapse and no previous surgery • Indicated otherwise (NICE)

495.3 Conservative management

- Lifestyle: weight loss if BMI > 30, reduce caffeine, normalise fluid intake (≈ 1.5–2 L), stop smoking, treat constipation and chronic cough.
- **Supervised PFMT for at least 3 months** — first-line (pregnancy: offer PFMT to all women in first pregnancy for prevention).
- Vaginal oestrogen for vaginal atrophy; pessaries/continence devices for activity-related leakage.
- **Duloxetine** (SNRI) is not first line — consider only if surgery not wanted/unsuitable (nausea common).

495.4 Surgery

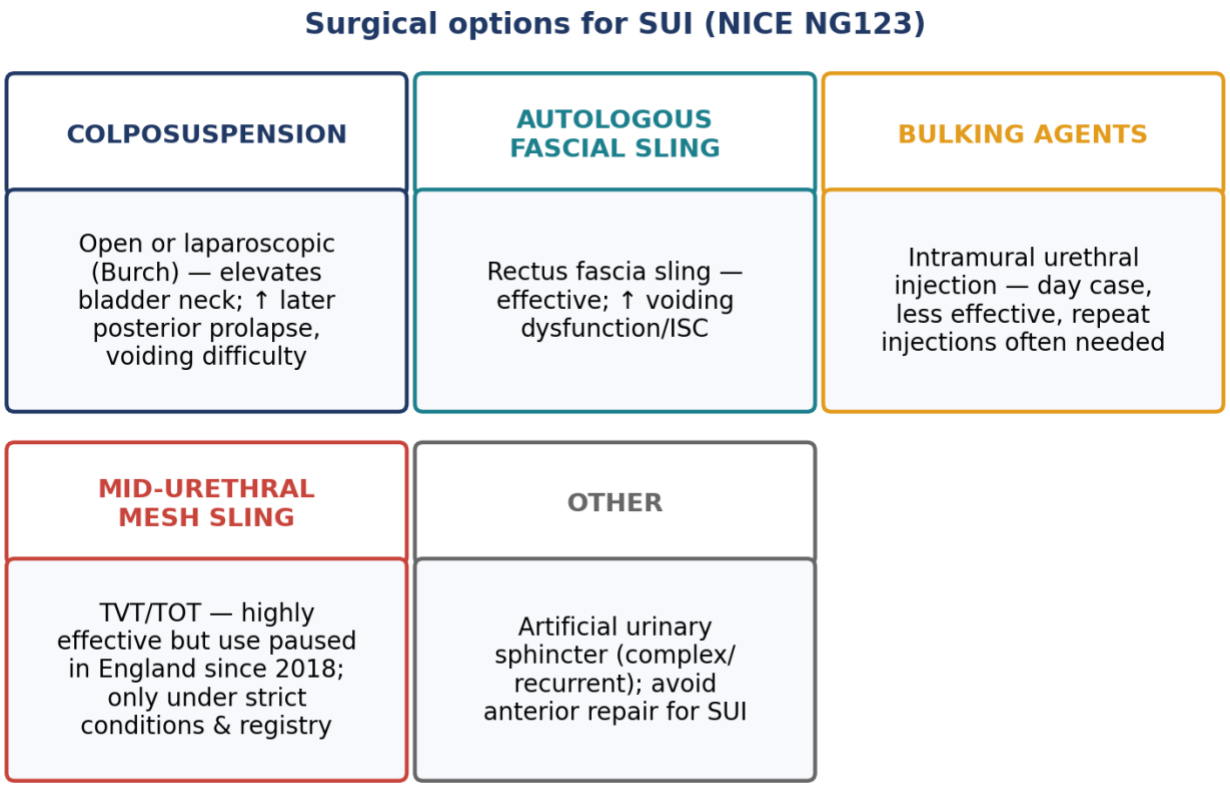


Figure 495.2 — Surgical options for SUI

- Decisions made after an MDT review, with women given NICE decision aids comparing colposuspension, autologous sling, bulking agents and (where available under restrictions) mid-urethral mesh slings.
- **Vaginal mesh**: following the 2018 'high vigilance restriction' pause and the Cumberlege review (2020), mesh slings in England may only be used when strict conditions are met (specialist centre, MDT, national registry, full informed consent)
  - Women with mesh complications should be referred to specialist mesh centres.
- Complications of surgery: voiding dysfunction/retention, de novo urgency/DO, bladder injury, infection, pain, recurrence
  - Mesh-specific: erosion/exposure, chronic pain.

■ COMMON PITFALLS

Offering surgery before a supervised PFMT trial.

Skipping urodynamics when urge symptoms, voiding dysfunction or prolapse coexist.

Inadequate consent regarding mesh risks.

495.5 Must-know summary

■ EXAM TIP

- SUI = leakage on effort/cough; USI = urodynamic leak without detrusor contraction.
- Assess: history, 3-day bladder diary, urinalysis, exam (prolapse, pelvic floor); urodynamics if complex.
- Lifestyle + supervised PFMT ≥ 3 months first; duloxetine only if surgery unsuitable.
- Surgery: colposuspension, autologous fascial sling, bulking; mesh slings restricted (England).

■ MNEMONIC / MEMORY AID

SUI ladder — 'Lose weight, Lift the floor (PFMT), then Lift the urethra (surgery)'.