



Bard: Continenace Therapy

Stress Urinary Incontinence

Regaining Control.
Restoring Your Lifestyle.

BARID

Becoming knowledgeable about urinary incontinence

How common is incontinence?

Urinary incontinence is a condition that affects more than **13 million Americans, the majority of whom are women**. It is defined most simply as the body's inability to control muscles that prevent accidental leakage of urine out of the body. Incontinence may have a serious impact on a person's quality of life, restricting social activity and creating a general sense of discomfort. However, the good news is that with the appropriate treatment, the condition is usually treatable.

What type of urinary incontinence do I have?

There are 4 types of urinary incontinence that are most common in women:

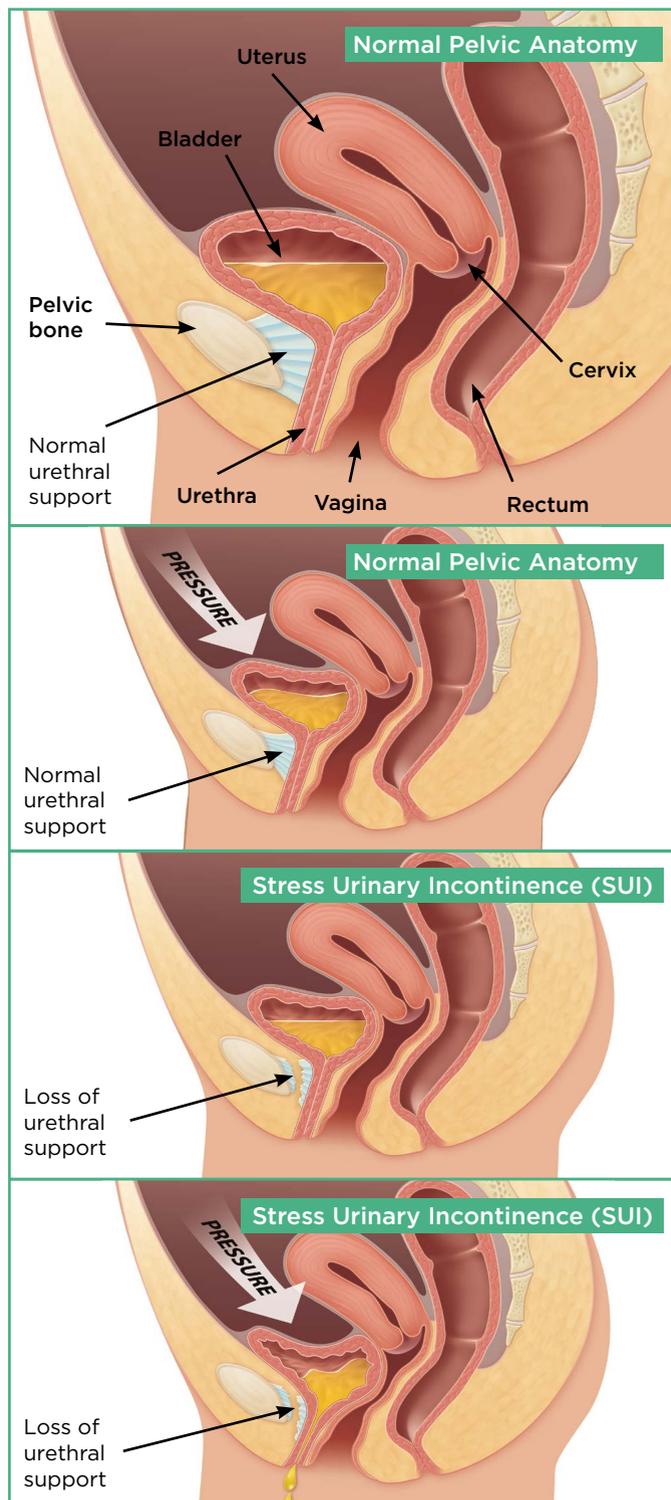
1. **Stress urinary incontinence:** leakage of urine during physical activity such as coughing, sneezing, laughing and exercise
2. **Urge incontinence:** experiencing a strong, intense urge to urinate, followed by leakage of urine. This can occur even after just going to the bathroom.
3. **Mixed incontinence:** when women have symptoms of both stress and urge incontinence.
4. **Overflow incontinence:** leakage occurs because the bladder never completely empties.

If you suffer from any of the symptoms above please consult your doctor to find out how you can restore your lifestyle.

The best treatment option depends on what type of Urinary incontinence that you have. This brochure focuses on stress urinary incontinence, the most common type in women. Your doctor can help you become more knowledgeable about your specific type of incontinence, its causes, and the best course of treatment for your particular condition.

What is Stress Urinary Incontinence (SUI)?

SUI, the most common type of urinary incontinence, is the body's inability to prevent accidental leakage when pressure (stress) is exerted on the abdomen—usually when there is coughing, sneezing, laughing, or strenuous lifting. Unlike what its name implies, this type of incontinence is not related in any way to emotional or psychological stress.



What causes SUI?

SUI affects women of all ages — young mothers, women in menopause, and senior citizens. It is important for you to know that SUI is not an inevitable part of aging. It can be related to a number of factors:

Pregnancy and natural childbirth

Pregnancy and natural childbirth put some degree of stress on a woman's pelvic muscles and ligaments, and the impact of this stress may become more evident with aging, sometimes resulting in the condition of SUI.

Strenuous activity or exercise

Vigorous exercise or any form of physical straining can put additional stress on the pelvic area, resulting in SUI if the pelvic and urethral muscles are already somewhat weakened.

Menopause hormone changes

As your hormone balance changes through the various stages of menopause, this can lead to a weakening of the muscles that control urine leakage.

Prior gynecologic surgeries

Certain types of gynecologic surgery may have an effect on the overall strength of pelvic and urethral muscles, leading to a woman having difficulty holding urine when pelvic muscles are strained or stressed.

What Treatment Options are Available?

Treatment for SUI is determined by a number of factors, including the severity of the incontinence you suffer from and your general state of health. Your doctor's goal is to determine which treatment approach is best suited to your specific condition.

Non-Surgical Treatments

Muscle Retraining/Behavioral Therapy - A series of exercises is sometimes used to help strengthen and learn to control the muscles involved in urination.

Medication - In most cases, SUI is not effectively treated with medication. This option is usually reserved for other types of incontinence.

Surgical Treatments

Bulking Agents - This involves the injection of a "bulking" agent into urethral tissues to maintain closure of the urethra (the tube leading from the bladder to discharge urine outside the body) and, thereby preventing accidental leakage. This can be effective for those who are not good candidates for surgery.

Urethral Sling - This involves the implantation of a urethral sling to help restore the body's natural functioning of the urinary tract.

Urethral Support Systems

When the tissues of the urethra become weakened and are not functioning properly, urine can sometimes leak out through the urethral opening because those muscles are unable to close tightly. Without the needed support for those weakened urethral tissues, urinary incontinence is inevitable.

A surgical approach widely used today to restore continence involves the implanting of a **urethral sling**. A sling is a narrow strip of material that the surgeon positions under the urethra to support its natural tissues, allowing it to function as intended. The implanted sling acts much like a hammock, providing extra support of the urethra to prevent accidental leakage.

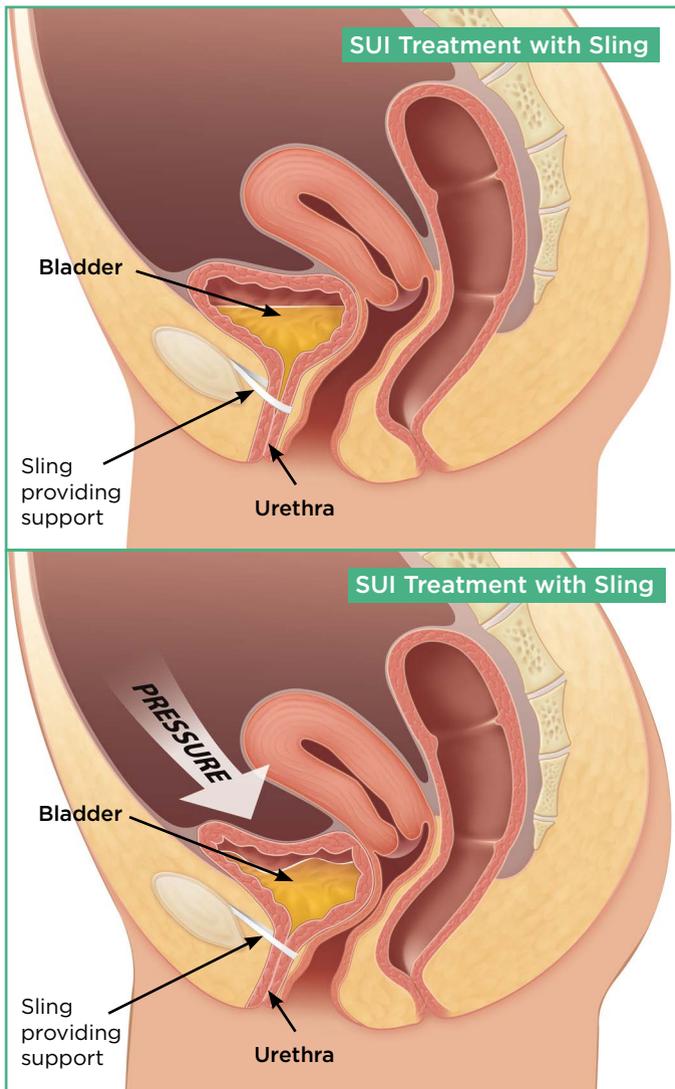
There are two basic types of urethral slings used today; man-made and natural tissue. Both types work well in restoring continence, so your doctor's choice of sling is generally based upon what he or she believes is the right material for your anatomy.

Overview of the urethral sling procedure

In most cases, a urethral sling can be implanted within about 30 minutes. Placement of the sling is a minimally invasive surgical procedure, often requiring only a single vaginal incision. With some devices, tiny incisions in the abdomen or inner thigh may also be required. Your physician will choose the anesthesia best suited to your condition and general health: either local, regional, or general anesthesia. The sling is inserted under the urethra to provide the necessary support to prevent involuntary leakage of urine, and it then self-anchors securely in place.

After the procedure

You may be able to return home in just a few hours after the procedure is performed. All incisions will be small and should heal quickly. Your physician will most likely advise you that for approximately four to six weeks, you should avoid sexual intercourse, heavy lifting and strenuous exercise. Your physician will provide you with specific information on how to care for yourself after the procedure.



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Developed in consultation with Patrick Culligan, MD.

Are there risks with a procedure using a urethral sling?

As with any surgical procedure, the sling procedure itself has the risk of pertaining to the use of anesthesia, the surgical approach used, and how pre-existing conditions may affect the outcome. Your physician can further explain your specific risks and can provide a list of warnings associated with the procedure.

Like any surgical procedure, there are risks associated with the use of a permanent mesh, man-made or natural tissue implant. Complications can include localized fluid collection (blood, pus, clear serous fluid), erosion of the graft into surrounding tissues, infection, inflammation, pain (including pain with intercourse), perforation of neighboring tissues or organs, difficulty urinating, and failure of the procedure resulting in recurrence of incontinence. Given the permanency of a mesh implant, post-procedure removal of the implant may be difficult. Additionally, repair of stress urinary incontinence using a mesh implant should not be undertaken if you are pregnant or may become pregnant.

If you experience any complications, please notify your physician immediately. Speak with your physician regarding his/her experience with this procedure, and the anticipated probability of any of these complications.

Are there benefits to a procedure using a urethral sling?

Urethral slings have been used safely in medical procedures for decades and despite the risk of complications, the use of a urethral sling for stress urinary incontinence has been shown to be an effective, long-term method of repair. The sling incorporates easily and permanently into your own tissues and acts to strengthen and restore continence function, helping reduce the risk of a recurrence.

What results can be expected?

Urethral slings have had an impressive performance record over the years. They have been used successfully in hundreds of thousands of patients in the U.S. Each patient is unique, however, and your physician can give you a more specific view of what your expectations should be.

Regaining Control. Restoring Quality of Life.

To learn more about SUI, contact one of the following resources:

**National
Association
for Continence**
800.252.3337

**The Simon Foundation
for Continence**
800.237.4666

This brochure is not intended as a substitute for professional medical care. Only your physician can diagnose and appropriately treat your symptoms.

Be sure to speak with your doctor about today's treatment options and choosing the one that is right for you.



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