

EDITORIAL

Stress Urinary Incontinence (SUI): Conservative and Surgical Approach

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Stress urinary incontinence (SUI) is defined as the involuntary leakage of urine at exertion or increased abdominal pressure. It affects approximately 4-35% of women and impacts the quality of women's life.^{1,2} The treatment for SUI can be divided into conservative and surgical approaches. Conservative treatment includes pelvic muscle exercise (PME) or incontinence pessaries. A pelvic muscle exercise known as Kegel is used for urge, stress, and mixed continence for strengthening the muscular components of urethral closure mechanism.³ Meanwhile, duloxetine is believed to be effective in treating SUI.⁴ Expert opinion stated that trial of anticholinergic drug in patients with mixed urinary incontinence can be reasonable at the availability of urge symptoms.⁵

For surgical procedure, there are several approaches including vaginal through mid-urethral sling, bladder neck sling, injection of urethral bulking agents, abdominal through Burch retropubic colpo-suspension. A meta-analysis revealed that mid-urethral slings were comparable with other procedures. Shorter operative duration, similar rate of perioperative complication, similar frequency of adverse effects on bladder, and shorter hospital stay were shown in patients choosing mid-urethral sling.⁶ Therefore, mid-urethral sling has become one of the best choice for women with SUI desiring surgical treatment. However, only apical prolapse that should be treated with open abdominal sacrocolpopexy (Burch colposuspension).⁷ In conclusion, conservative approach is still an option for SUI women refusing surgery and mid-urethral sling becomes a preferable technique for SUI due to the exception in SUI with apical prolapse.

References

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