











LEVEL AND EXTENT OF LESION, HISTORY	Peripheral nerve lesion (e.g. radical palvic surgery) conus cauda equina lesion (e.g. lumbar disc prolapse)		Suprasacral infrapontine and pontine lesion (e.g. trauma, multiple sclerosis)		Suprapontine cerebral lesion (e.g. Parkinson's disease, stroke, multiple sclerosis)			
ASSESSMENT								
SPECIALISED	Urodynamic testing (preferably videourodynamics). Urinary tract imaging							
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DIAGNOSIS	Urodynamic Stress Incontine to sphincter incompeter	tinence due Incontinence associated with poor etence bladder emptying due to detrusor		Ula	due to detru:	sor overactivity		
			underactivity / spr	ancter overactivity	With	DSD	No DSD	
CONSERVATIVE TREATMENT	Timed volding (C) External appliance (B) C		+ IC + AM (A) + IDC + AM (C) + IDC + AM (C)		Behavioural (C) IC + AM (A) Triggered voiding (C)		oural (C) I (A) ed volding (C)	
MINIMALLY INVASIVE/SURGICAL TREATMENT	Artificial sphincler (A) Bladder neck (ustologous) siting (D) Buikling agents (D) Bladder neck closure (D) (Synthetic midurethral tapes D) ^(r)	Stents TUI spi BTX-A IVES (0)	intraurethral (D) incter (D) is sphincter ** (C)	BTX-A to detrusor + SDAF + IC (B) SDAF +/- SaRS (B)	IC (A)	Indwell Contin BTX-A PTNS/T Enteror	Ing cath. + AM (C) ance products + AM (R) to detrusor + IC TNS/ISNM cystoplasty	
SOAF sacral deafferentiation SAES sacral attention root stimulation IC intermittent cathetenisation PVR postwolf residual THE transuethral incluion BSD Detrusor-ophincter dysuprepia IDC indeeling catheter BTX-A Routhum toxin A IVVES intravesical electrical attentiation	STOMADIVERSION MAY BE AN OPTION IN SELECTED CASES STOMADIVE STOMADIVE STATUS S							

SPE LEVEL AND EXTENT OF LESION, HISTORY AND CLINICAL ASSESSMENT	CIALISED MANAGEMENT OF Peripheral nerve lesion (e.g. radical pelvic surgery) conus cauda equina lesion (e.g. lumbar disc prolapse)	NEUROGENIC URINARY INCO Suprasacral infrapontine and pontine lesion (e.g. trauma, multiple sclerosis)	NTINENCE Suprapontine cerebral lesion (e.g. Parkinson's disease, stroke, multipl sclerosis)	
	Urodynamic testing (preferably videour	odynamics).		
ASSESSMENT	Urinary tract imaging		Ļ	
DIAGNOSIS	Urodynamic Stress Incontinence due to sphincter incompetence	Incontinence associated with poor bladder emptying due to detrusor underactivity / sphincter overactivity	With DSD No DSD	
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SPECIA	LISED MANAGEME	NT OF NEUROGE		NTINENCE			
CONSERVATIVE TREATMENT MINIMALLY INVASIVE/SURGICAL TREATMENT More interpret	Timed voiding (C) External appliance (B) Artificial sphincter (A) Bladder neck (autologous) sling (B) Bladder neck (autologous) Bladder neck (autologous) Bladder neck (dosure (D) (Synthetic midurethral tapes))***	IC (A)	IC + AM (A) IDC + AM (C) IDC + AM (C) IDC + AM (C) IDC + AM (C) SDAF + IC (B) SDAF + IC (B) SDAF + IC (B) SDAF + IC SARS (B)	Behavioural (C) IC + AM (A) Ingle (C) Triggered south + AM (C) Continence products - AM (C) Continence products - AM (B) BTX-A to detruser ± IC PTNSTTNSSMM Enterceystoplasty			
IC simulation advantation PVP potential desidual TVI transuethral incision DSD betwo-sphinoter DSD betwo-sphinoter DSTA between between BTXA between between ISTAA between both A IVES intravesical electrical stimulation	STOMADUVERSION MAY BE AN OPTION IN SELECTED CASES " -" Annot hypothylia to the nade of the Da hop-ten rade of see in the nervenine optications are understand						