

Start	End	Topic	Speakers
		Introduction	Rizwan Hamid
		Mixed SUI - CBD	Rizwan Hamid
		SUI and prolapse - CBD	Dudley Robinson
		SUI after failed primary procedure - CBD	Roger Dmochowski
		Eroded tape and SUI - CBD	Christopher Chapple
		Q&A	All

Aims of Workshop

The debate to find the most optimal surgical option for cure of female stress urinary incontinence (SUI) continues. The recent controversy surrounding the synthetic slings has further complicated the issue. The surgical treatment of SUI continues to evolve.

This will be a problem based workshop with an aim to provide the attendees with a clear understanding of the thought process required to determine the most appropriate option for treatment of SUI. A variety of cases will be used to present the various scenarios encountered in daily clinical practice. The faculty will discuss how to choose a particular option in a given situation leaving the participants with a clear thought process to help the patients in the decision making process.

Learning Objectives

Understand the thought process to manage a female patient with stress urinary incontinence

Target Audience

Urology, Urogynaecology and Female & Functional Urology, Conservative Management

Advanced/Basic

Intermediate

Suggested Learning before Workshop Attendance

Surgical interventions for women with stress urinary incontinence: systematic review and network meta-analysis of randomised controlled trials. Mari Imamura, Jemma Hudson, Sheila A Wallace, et al. BMJ. 2019; 365: l1842

Rizwan Hamid

Mixed SUI

Urinary incontinence is not an uncommon problem in females. Though the end result is urinary leakage there are many reasons for this issue. For incontinence to occur there has to be some weakness of the sphincter but at the same time there can be associated bladder overactivity leading to urgency related incontinence.

Mixed urinary incontinence can be a challenging problem. This is particularly true if both components are bothersome.

It is important to make an accurate diagnosis with detailed history, clinical examination and urodynamics studies.

Once the diagnosis of mixed urinary incontinence is established a detailed discussion with patient is required to manage expectations and decide which component will be treated first.

This case will highlight the treatment guidelines for managing this condition.

Dudley Robinson

SUI and prolapse - CBD

Stress urinary incontinence and urogenital prolapse are common conditions that are known to increase with age. Both conditions commonly co-exist and therefore management needs to be individually tailored to each case depending on patient bother, symptom severity and patient goals.

Whilst all patients will initially benefit from conservative measures, including lifestyle advice and supervised PFMT, surgical intervention is often required.

When surgery is planned urodynamic investigations are mandatory to determine the urodynamic diagnosis and whether the patient has overt or occult urodynamic stress incontinence as this will determine counselling for surgical intervention as well as the long term outcome.

In this workshop we shall explore the options that we currently have for the concomitant treatment of stress incontinence and symptomatic urogenital prolapse. We shall focus particularly on patients presenting with both symptomatic prolapse and 'Occult' Stress Incontinence and symptomatic prolapse and 'Overt' Stress Incontinence in addition to discussing the role of 'prophylactic' continence procedures in women having prolapse surgery.

Roger Dmochwski

SUI after failed primary procedure – CBD

SUI is not an uncommon condition in females though the bother depends on individual patient's perspective. This is a condition that affects quality of life.

Over the last decade or so midurethral slings have become the standard of care for treatment of SUI. There have been more than 300000 tapes put in over this period. As one would expect a proportion of these end up in failure.

These patients need further intervention. There are no large scale studies to evaluate the next best procedure in these cases.

Most of the guidelines make recommendations based on retrospective studies.

This case will focus on how to investigate and counsel the patient on the various options available after failure of the primary procedure and also help in the decision making process with benefits and limitations of different procedures.

Christopher Chapple

Eroded tape and SUI - CBD

This patient presented following a synthetic mesh procedure with ongoing pain. The centre where the patient was treated reported that the mesh was then removed, but the pain continued. Subsequent routine investigations did not demonstrate any erosion of the mesh vaginally or within the urinary tract. The expert panel are requested to comment on how the patient would have been evaluated further if referred to their centre. Subsequent investigation proved helpful. After appropriate treatment, the patient developed ongoing problems with incontinence. The expert panel are requested to comment on how they would best treat recurrent incontinence in a patient having synthetic sling surgery.