

# Female Stress Urinary Incontinence: AUA/SUFU Evaluation and Treatment Algorithm

## EVALUATION (INDICATIONS)

**Initial evaluation**  
The initial evaluation of patients desiring to undergo surgical intervention should include the following components:

- History
- Physical exam
- Demonstration of SUI
- PVR assessment
- Urinalysis

**Cystoscopy**  
Should not be performed unless there is a concern for lower urinary tract abnormalities

**Urodynamics**  
May be omitted when SUI is clearly demonstrated

**Additional evaluation**  
Additional evaluation **should** be performed in the following scenarios:

- Lack of definitive diagnosis
- Inability to demonstrate SUI
- Known/suspected NLUTD
- Abnormal urinalysis
- Urgency-predominant MUI
- Elevated PVR
- High-grade POP (if SUI not demonstrated with POP reduction)
- Evidence of significant voiding dysfunction

Additional evaluation **may** be performed in the following scenarios:

- Concomitant OAB symptoms
- Failure of prior anti-incontinence surgery
- Prior POP surgery

In patients who wish to undergo treatment, physicians should counsel regarding the availability of observation, pelvic floor muscle training, other non-surgical options, and surgical interventions. Physicians should counsel patients on potential complications specific to the treatment options.

## TREATMENT

**Non-Surgical**

- Continence pessary
- Vaginal inserts
- Pelvic floor muscle exercises

**Surgical**

- Bulking agents
- Midurethral sling (synthetic)
- Autologous fascia pubovaginal sling
- Burch colposuspension

If a midurethral sling surgery is selected, either the retropubic or transobturator midurethral sling may be offered. A single-incision sling may be offered to index patients if they are informed as to the immaturity of evidence regarding their efficacy and safety. Physicians must discuss the specific risks and benefits of mesh as well as alternatives to a mesh sling.

## SPECIAL CASES

**1. Fixed immobile urethra**

- Pubovaginal sling
- Retropubic midurethral sling
- Urethral bulking agents

**2. Concomitant surgery for POP repair and SUI**  
Any incontinence procedure

**3. Concomitant NLUTD**  
Surgical treatment following appropriate evaluation and counseling

**4. Child-bearing, diabetes, obesity, geriatric**  
Surgical treatment following appropriate evaluation and counseling

MUI= mixed urinary incontinence; NLUTD= neurogenic lower urinary tract dysfunction; OAB= overactive bladder; POP= pelvic organ prolapse; PVR= post-void residual; SUI= stress urinary incontinence