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

**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

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

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

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

**TREATMENT**

**Non-Surgical**
- Continence pessary
- Vaginal inserts
- Pelvic floor muscle exercises +/- biofeedback

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

If midurethral sling surgery is selected, clinicians may offer retropubic, transobturator, or single-incision sling to index patients. Clinicians 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
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