

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, 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