

# Guideline Amendment Summary

## SURGICAL TREATMENT OF FEMALE STRESS URINARY INCONTINENCE

Published 2017; Amended 2023

The changes below constitute updates made in the 2023 Amendment:

Section	Document Update
Methodology	The methodology section was updated to note updated search dates and amendment peer review details.
Statement 10	Statement text remains unchanged. Supporting text was updated to include pre-operative counseling regarding MUS mesh complications and a link to the SUFU/AUGS position statement regarding mesh.
Statement 11	The statement was updated to include PFME ± biofeedback. Supporting text was amended to include discussion of PFME ± biofeedback.
Statements 12-14	<p>Statements 12 and 13 were reworded as follows:</p> <p>12. Clinicians should counsel index patients considering surgery for SUI regarding the efficacy and safety of each of their options, which may include the following: (Strong Recommendation; Evidence Level: Grade A)</p> <ul style="list-style-type: none"> <li>• Midurethral sling (retropubic, transobturator, or single-incision sling)</li> <li>• Autologous fascia pubovaginal sling</li> <li>• Burch colposuspension</li> <li>• Bulking agents</li> </ul> <p>13. In index patients who select midurethral sling surgery, clinicians may offer a retropubic, transobturator, or single-incision sling. (Conditional Recommendation; Evidence Level: Grade A [retropubic/transobturator midurethral sling]/Grade B [single-incision sling])</p> <p>Statement 14 was deleted.</p> <p>Supporting text previously under statements 12-14 is now under statements 12 and 13 and includes updated information on MUS, TMUS, RMUS v. TMUS, efficacy, adverse events, SIS, and bulking agents.</p>

Section	Document Update
Statement 15	This was formerly statement 16; statement text remains unchanged, but additional information on stem cell therapy was added to supporting text.
Statement 16	This was formerly statement 17; the statement was updated:  In patients with SUI and a fixed, immobile urethra who wish to undergo treatment, clinicians may offer pubovaginal slings, retropubic midurethral slings, urethral bulking agents, or adjustable retropubic midurethral slings. (Expert Opinion)  Supporting text was updated with newly published information.
Statement 19	This was formerly statement 20; the statement text remains unchanged, but supporting text was updated with newly published information.
Statement 22	This is a new statement:  In women with severe outlet dysfunction or recurrent or persistent SUI after surgical intervention (e.g., surgical failure), clinicians may offer placement of an obstructing pubovaginal sling (PVS) or bladder neck closure with urinary drainage after counseling regarding the risks, benefits, and alternatives. (Expert Opinion)  All supporting text is new to the guideline.
Statement 23	This statement remains unchanged, but supporting text was updated to further discuss telemedicine.
Future Directions	Future Directions were updated to further discuss educational opportunities, therapeutic opportunities, and standardization of outcomes
References	The reference list was updated to reflect document additions and deletions.
Algorithm	The SUI algorithm was updated to reflect all statement changes referenced herein.

Note: Additional editorial changes were made throughout the guideline to align with current AUA guideline criteria and for consistency purposes. These additional changes were not substantial and were not content-related.