Care Pathway for the Management of Stress Urinary Incontinence (SUI)

SPECIALIST MANAGEMENT

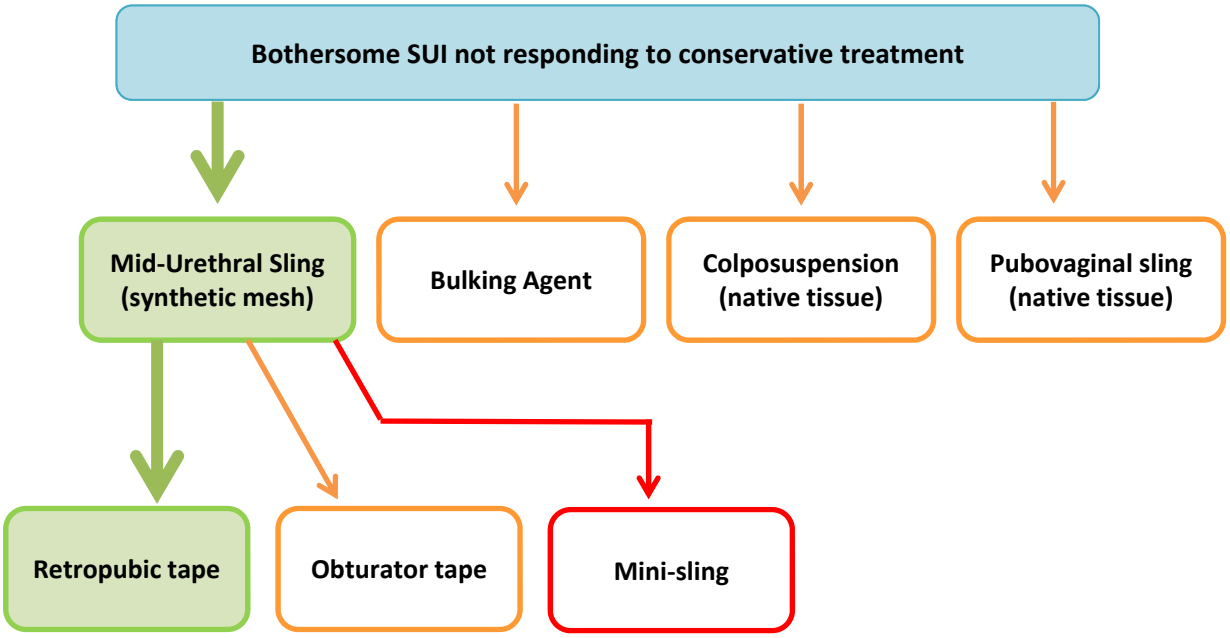
This may include care by gynaecologists, urogynaecologists, urologists and geriatricians with an interest in pelvic floor disorders

No treatment

Non-surgical treatments

Patient assessed as requiring operative management

SUI Surgical Pathway – routine cases



Patients should be offered the opportunity for a minimum period of six months follow-up after surgery.

→ Preferred options for treatment – use of mesh for these procedures is supported by evidence.

→ Possible pathways – use of native tissue and mesh for these procedures is supported by evidence

→ Not recommended

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Stress Urinary Incontinence (SUI) Surgical Care Pathway

Mid-urethral sling (MUS) (synthetic mesh)	GoR*
• The most extensively researched option for SUI establishing efficacy and safety profile	A
• As effective or more effective than colposuspension or pubovaginal sling with less perioperative and post-operative morbidity	B
• Recommended surgical treatment female SUI	C

Retropubic versus transobturator mid-urethral sling	GoR*
• In the short-term there are similar success rates for retropubic and transobturator mid urethral slings	A
• Obturator tapes are slightly quicker, with less blood loss, bladder perforation and voiding dysfunction difficulties. Most of these differences were small and the complications are readily able to be managed.	A
• However in the medium term (>5 years) the reoperation for recurrent SUI is greater in obturator group and a small number developed groin pain (3-4%) that is difficult to treat.	B
• Retropubic is considered as the preferred procedure with transobturator reserved for those patients with a hostile abdomen	C

Pubovaginal (fascial) sling	GoR*
• Similar success rates compared to MUS with longer operating time and possibly higher voiding dysfunction; fascial sling has lower rates of chronic pelvic pain, no risk of erosion or extrusion, and higher rates of post-operative morbidity	B
• Lower rate of bladder perforation during surgery compared to MUS.	B
• Fascial sling has higher patient satisfaction and treatment success compared to colposuspension	B
• Involves a longer operation, post-operative hospital stay (2–3 days) and recovery period than MUS	B
• Consider in women wishing to avoid mesh-related complications	-

Colposuspension	GoR*
• Inferior outcomes to pubovaginal slings for primary repair, possibly with less voiding dysfunction	B
• Outcomes similar or slightly less than synthetic MUS however longer operating time and recovery, slower return to activities of daily living and more prolapse in medium term	B
• Laparoscopic approach when performed same technique as open has similar success rate with less morbidity than open approach	B
• Lower rates of success, with higher retreatment rates, when compared to pubovaginal slings for primary repair	B
• Consider in women wishing to avoid mesh-related complications	-

Bulking Agent	GoR*
• May be a useful option for recurrent SUI with a well supported urethra	B
• Greater symptomatic improvement was observed with surgical treatments, although the advantage needs to be balanced against risk of intervention	C
• Consider in women wishing to avoid mesh-related complications	-

Mini-slings

The Therapeutic Goods Administration (TGA) considers there is a lack of adequate scientific evidence for it to be satisfied that the risks to patients associated with the use of single incision mini-slings for the treatment of SUI outweigh their benefits. These products have been removed from the Australian Register of Therapeutic Goods (ARTG)

- Grades of Recommendation

This pathway is adapted from UroGynaecological Society of Australasia (UGSA) Surgical treatment of SUI pathway (2016)

The Grade of Recommendation has been derived from the 5th International Consultation on Incontinence (see Int Urogynecol J. 2013 Nov;24(11):1781 *https://link.springer.com/article/10.1007/s00192-013-2168-x*) and expert opinion during the Commission's development of the guidance.