

Choice of Surgery for Stress Incontinence

This guideline has been reviewed by the Urogynaecology Committee and approved by the Executive and Council of the Society of Obstetricians and Gynaecologists of Canada.

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Recommendations:

1. When considering a primary surgical correction of stress urinary incontinence women should be informed that, according to current available evidence, a retropubic procedure provides the best assurance of a durable cure (I-A).
2. Some surgeons offer laparoscopic Burch as an alternative to the open Burch. Currently available short-term evidence does not clearly demonstrate an advantage or disadvantage over the open Burch (I-A).
3. The tension-free vaginal tape procedure (TVT) has demonstrated short-term equivalency to retropubic procedures and may be offered as a primary surgery with the proviso that it has not been rigorously tested for long-term equivalency. There is insufficient evidence to permit informed recommendations concerning other sling procedures (I-A).
4. Anterior colporrhaphy should generally not be offered to women as a treatment for isolated primary stress urinary incontinence because of higher failure rates (I-A).
5. Needle suspensions should generally not be offered to women as a treatment for isolated primary stress urinary incontinence because of higher failure rates (I-A).
6. Periurethral injection of bulking agents should generally not be offered to women for the treatment of primary stress urinary incontinence because of anticipated high failure rates (III-C).

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Abstract

Objective: To outline the evidence for the efficacy of surgical procedures used for the primary treatment of urinary incontinence.

Options: The range of surgical options available for the primary treatment of urinary incontinence in women.

Outcomes: The best possible outcomes for women undergoing primary surgery for urinary incontinence. To provide a current understanding of the evidence available as the basis of an informed discussion of the anticipated outcome of surgery.

Evidence: A systematic review of clinical trials of the outcomes of primary surgical treatment of urinary incontinence.

Values: The quality of the evidence is rated using the criteria described by the Canadian Task Force on periodic health examination (Table).

Benefits, Harms, and Costs: Careful consideration of the surgical options available will result in informed choice, which is essential to the process of determining the most appropriate surgery for a woman. Use of a range of surgeries that have the highest proven efficacy is most likely to result in long-term patient satisfaction.

Key Words: Urinary stress incontinence, urgency incontinence, cyfpopexy

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