Anatomical Pearls are intended to facilitate Physician to Patient education. The information included within is provided for informational purposes only and is not intended or recommended as a substitute for professional medical advice. Always seek the advice of your physician or other qualified healthcare provider regarding any medical condition or treatment.

**Anatomical Pearls: Urethra and Stress Urinary Incontinence Treatment**

Your physician or healthcare provider has diagnosed you with stress urinary incontinence, which is one of the most common types of urine leakage.

![Normal Anatomy and Stress Urinary Incontinence](image)

**Symptoms:**
Women with stress urinary incontinence experience leakage of urine associated with activities such as coughing, sneezing, laughing or exercising. Most of the time, stress incontinence is associated with small spurts of urine.

**Treatment Options:**

a. Stress urinary incontinence may be treated with non-surgical options, such as pelvic floor muscle exercises, biofeedback and vaginal devices.
   i. Pelvic muscle, or “Kegel,” exercises have been shown to improve symptoms of stress incontinence, if they are done correctly and are done on a regular basis. Your physician can tell if you are doing them correctly during a pelvic examination.
   ii. Biofeedback is a technique that uses visual or auditory signals to assist a woman with stress incontinence. This may be done at your physician’s office or at a physical therapist’s office, and is often done on a weekly basis. Biofeedback is especially helpful for women who have difficulty identifying their pelvic floor muscles.
   iii. Vaginal devices, such as a continence pessary, can be used to prevent stress urinary incontinence. You can learn how to place and remove the device by your physician or nurse. These devices usually work by placing slight pressure on the urethra, thereby blocking the leakage of urine during strenuous activities (like exercising), or when you have a cold and are coughing or sneezing. When these devices are correctly fitted, they should not prevent you from being able to urinate normally.
b. Surgery may also correct stress urinary incontinence. The most common procedure used today to treat stress incontinence is called a sling. There are several different types of slings that your physician can choose from, but they all involve surgical placement of a natural or synthetic material under the urethra.

i. The Solyx® Single Incision Sling System is an example of a minimally-invasive sling that involves placement of a synthetic, permanent mesh under the urethra. Your physician performs the procedure by making a single small incision in the vagina, just under the opening to the urethra. No other incisions are required to place this sling, and the procedure usually takes just a few minutes to perform.

ii. The Advantage Fit® Sling System is an example of a minimally-invasive sling that involves placement of a synthetic, permanent mesh under the urethra. Your physician performs the procedure by making a single small incision in the vagina, just under the opening to the urethra, and two tiny incisions just above your pubic bone in the lower abdomen.

iii. The Obtryx® Transobturator Sling System is an example of a minimally-invasive sling that involves placement of a synthetic, permanent mesh under the urethra. Your physician performs the procedure by making a single small incision in the vagina, just under the opening to the urethra, and two tiny incisions in the groin, just to the side of the vagina.
Surgical Post-Operative Care that may be recommended by your Healthcare Provider:

a. After your surgery, your physician may ask you to refrain from lifting and straining for several weeks after surgery.
b. Stool softeners may be needed to prevent constipation.
c. Your physician may ask you to avoid sexual intercourse or placing anything else in the vagina for several weeks, until the incision in the vagina is healed.
d. Keep all appointments after surgery that your physician requests, so that proper healing can be evaluated by your physician.

Please consult with your physician or healthcare provider for a complete understanding of the risks and benefits associated with these procedures to determine if these procedures are right for you.
INTENDED USE/INDICATIONS FOR USE

The mesh implant is intended for use as a suburethral sling for the treatment of stress urinary incontinence resulting from urethral hypermobility and/or intrinsic sphincter deficiency.

CONTRAINDICATIONS

A mesh implant is contraindicated in the following patients:

- Pregnant patients, patients with the potential for future growth or patients who are considering future pregnancies.
- Any patients with soft tissue pathology into which the implant is to be placed.
- Patients with any pathology which would compromise implant placement.
- Patients with any pathology that would limit blood supply or infections that would compromise healing.

GENERAL WARNINGS

The risks and benefits of performing a suburethral sling procedure in the following patients should be carefully considered:

- Women planning future pregnancies.
- Overweight women (weight parameters to be determined by the physician).
- Patients with blood coagulation disorder.
- Patients with a compromised immune system or any other condition that would compromise healing. Patients with renal insufficiency or upper urinary tract obstruction.
- Take special care in cases of bladder prolapse because of anatomical distortion. If the patient requires a cystocele repair, it should be done prior to the suburethral sling procedure.
- Vaginal and urinary tract infection should be treated prior to a suburethral sling implantation procedure.
- User should be familiar with surgical procedures and techniques involving nonabsorbable meshes.
- This product is intended for use only by physicians with adequate training and experience in treatment of female stress urinary incontinence (SUI). The physician is advised to consult the medical literature regarding techniques, complications and hazards associated with the intended procedures.

PROCEDURAL WARNINGS

- Cystoscopy can be done at the physician’s discretion.
- User should note the importance of placing the mesh tension free under the mid-urethra.

POST PROCEDURAL WARNINGS

- If subsequent infection occurs, follow appropriate medical intervention practices.
- The patient should be advised that future pregnancies may negate the effects of this procedure and the patient may again become incontinent.

ADVERSE EVENTS
The following adverse events have been reported due to suburethral sling placement, but are not limited to:

- Abscess
- Allergic reaction
- Bleeding
- Bruising/Hematoma
- Dehiscence of vaginal incision
- Detrusor Instability
- Dyspareunia
- Edema/Erythema
- Erosion/Exposure
- Extrusion
- Fistula
- Hemorrhage
- Incontinence
- Infection
- Inflammation
- Irritation
- Migration of device from desired location
- Organ perforation
- Overactive bladder
- Pain
- Urinary Retention
- Urinary Tract Obstruction
- Vessel/Nerve Injury
- Vaginal Discharge
- Sexual Dysfunction

PRECAUTIONS

- Standard surgical practices should be followed for the suburethral sling procedure as well as for the management of contaminated or infected wounds.
- The procedure should be performed with very careful attention to avoid laceration of any vessels, nerves, bladder and bowel.
- Ensure the mesh is placed tension free under the mid-urethra.
- Use of this device should be done with the understanding that subsequent infection may require removal of the mesh.
- Physician should determine when it is suitable for each patient to return to normal activities. Patients should be counseled to refrain from heavy lifting, exercise, and intercourse after the procedure.
- Should dysuria, bleeding or other problems occur, the patient should be instructed to contact their physician immediately.
- Do not use any mechanical means of contact with the mesh (such as clips, staples, etc.) within the urethral support region of the mesh as mechanical damage to the mesh may occur.
- Avoid excessive tension on the mesh during handling.