

## SHORT COMMUNICATION

## Current problems of diagnostics and treatment of urinary incontinence in females

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### Abstract

**The incidence and prevalence of urinary incontinence in females is high, in women older than 60 yr of age it affects 30–60 per cent of them. The etiology of urinary incontinence is multifactorial. Urinary incontinence can be classified as stress, urgent, reflex, combined urinary incontinence and paradox ischuria.**

**Key words: urinary incontinence in females, International Continence Society, hygienic and social problem.**

International Continence Society defines urinary incontinence as the condition of spontaneous leak of urine which can be objectively detected and is considered as a hygienic and social problem.

The incidence and prevalence of urinary incontinence in females is high, in women older than 60 years of age it affects 30–60 per cent of them. The etiology of urinary incontinence is multifactorial. Urinary incontinence can be classified as stress, urgent, reflex, combined urinary incontinence and paradox ischuria.

Stress urinary incontinence is defined as passive extravoluntary leak of urine following an increase of intraabdominal pressure without simultaneous contraction of the detrussor muscle. To establish precise diagnosis of urinary incontinence, one has to consider detailed medical history including the diary of urination, physical evaluation, examination of urine, urodynamic evaluation (cystometry, profilometry, flowmetry, leak point pressure). Based on these evaluations, precise type of urinary incontinence can be diagnosed and subsequently appropriate treatment should be initiated. Therapy depends on the type and degree of incontinence and could be conservative or surgical. Conservative treatment of mild stress urinary incontinence starts by pelvic floor rehabilitation, when urgent urinary incontinence is diagnosed, the first choice therapeutic method is pharmacotherapy.

The most common type of stress urinary incontinence treatment is surgery. In the past, the patients used to be treated mainly by vaginoplasties, later by suspension vaginal and suprapubic operations (for example after Burch). Since the nineties, TV plasty

(Tensionfree Vaginal Tape) has been used as the least invasive surgical method.

Between 2000 and 2001, 35 patients underwent the TVT operation at the Department of Urology, Derer's University Hospital in Bratislava. 32 out of them regained full urinary continence after operation, 2 patients reported partial improvement and in 1 patient the condition did not improve at all. A minimal number of complications accompany the TVT plasty, the most frequent are acute urinary retention, urgent urination and urinary bladder perforation.

At present, the Burch operation is still considered the gold standard of stress urinary incontinence treatment. However, after long term follow-up evaluations are available, TVT plasty may very likely be considered the best method in stress UI treatment.

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