STRESS URINARY INCONTINENCE

IMPOSING A SIGNIFICANT BURDEN ON WOMEN WHO HAVE THEM

Editorial
Stress Urinary Incontinence (SUI): Conservative and Surgical Approach

Research Articles
Effectiveness of Oral Probiotics (Lactobacillus Rhamnosus Gr-1 and Lactobacillus Reuteri RC-14) as Adjuvant Therapy in Reproductive Aged Women with Vaginal Discharge
The Association between Menstrual Disorder and Work Disturbance among Employees
The Association of C-Reactive Protein Levels in Second Trimester of Pregnancy with Preeclampsia
Relationship between Vaginal Sialidase Levels with Threatened of Preterm Labour
Internet Based Infertility Information in Bahasa Indonesia Quality Survey
Pregnancy Outcome in Infertility Patient with Endometriosis Cyst after Laparoscopic Cystectomy
Relationship between Knowledge, Attitude and Behavior of Postnatal Woman Toward Participation in Permanent Contraception
A Comparative Study of Nomegestrol Acetate and a Combination of Ethinylestradiol and Levonorgestrel for Delaying Menstruation among Umrah Pilgrims
L-selectin Levels in Patients with Endometriosis
Obstetric Risk Factors and Anal Incontinence among Women with Previous History of Vaginal Delivery
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Indonesian Society of Obstetrics and Gynecology

### Correspondence Address

PKMI Building, Ground Floor  
Kramat Sentiong 49 A, Central Jakarta 10450, Indonesia  
Telephone: 021-3916670, Fax: 021-3916671  
E-mail: inajog.indonesia@gmail.com; majalah_mogi@yahoo.com  
Website: www.indonesia.digitaljournals.org/index.php.ijog  
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Stress Urinary Incontinence (SUI): Conservative and Surgical Approach

Budi I Santoso

Stress urinary incontinence (SUI) is defined as the involuntary leakage of urine at exertion or increased abdominal pressure. It affects approximately 4-35% of women and impacts the quality of women’s life.\(^1,2\) The treatment for SUI can be divided into conservative and surgical approaches. Conservative treatment includes pelvic muscle exercise (PME) or incontinence pessaries. A pelvic muscle exercise known as Kegel is used for urge, stress, and mixed continence for strengthening the muscular components of urethral closure mechanism.\(^3\) Meanwhile, duloxetine is believed to be effective in treating SUI.\(^4\) Expert opinion stated that trial of anticholinergic drug in patients with mixed urinary incontinence can be reasonable at the availability of urge symptoms.\(^5\)

For surgical procedure, there are several approaches including vaginal through mid-urethral sling, bladder neck sling, injection of urethral bulking agents, abdominal through Burch retropubic colpo-suspension. A meta-analysis revealed that mid-urethral slings were comparable with other procedures. Shorter operative duration, similar rate of perioperative complication, similar frequency of adverse effects on bladder, and shorter hospital stay were shown in patients choosing mid-urethral sling.\(^6\) Therefore, mid-urethral sling has become one of the best choice for women with SUI desiring surgical treatment. However, only apical prolapse that should be treated with open abdominal sacrocolpopexy (Burch colposuspension).\(^7\) In conclusion, conservative approach is still an option for SUI women refusing surgery and mid-urethral sling becomes a preferable technique for SUI due to the exception in SUI with apical prolapse.

References