

Woman with urinary incontinence or overactive bladder

Initial assessment

Lifestyle interventions
• Modify high or low fluid intake (NICE 1.2.1.2)
• Lose weight if obese (NICE 1.2.1.3)
• Stop smoking (NICE 1.2.1.4)

• Categorise women into stress, urge or mixed UI. Commence treatment on this basis. (NICE 1.1.1.1)
• Identify relevant predisposing and precipitating factors and other diagnoses which may require referral. (NICE 1.1.1.2)
• Use bladder diaries, covering a minimum of three days, both working and leisure days. (NICE 1.1.8.1)
• Urine dipstick test. (NICE 1.1.4.1)
• Measure post-void residual urine in women with symptoms of voiding dysfunction or recurrent UTI. Bladder scan is preferred. (NICE 1.1.5.1 and 1.1.5.2)

Indications for urgent referral: (NICE 1.1.6.1)
• Microscopic haematuria in women aged over 50 years
• Visible haematuria
• Recurrent or persisting UTI associated with haematuria in women aged 40 years or over
• Suspected malignant pelvic mass

Conservative management

Stress UI
• Supervised PFMT at least 3 months for stress or mixed UI as first-line treatment. (NICE 1.2.2.1)
• PFMT should comprise at least eight contractions performed three times a day. (NICE 1.2.2.3)
• Where PFMT is beneficial exercises should be continued. (NICE 1.2.2.2)
• Routine digital assessment of PFM contraction is not required but consider where no initial benefit from PFMT. (NICE 1.1.2.1)
• Consider electrical stimulation and/or biofeedback for those who cannot actively contract PFM. (NICE 1.2.2.6)

Mixed UI
Treatment determined by which symptom predominates (stress UI or urge UI)

OAB ± Urge UI
• Supervised bladder training for urge or mixed UI as first-line treatment. (NICE 1.2.3.1)
• Caffeine reduction alongside bladder training. (NICE 1.2.1.1)
• If partial benefit from bladder training consider adding antimuscarinic drug for frequency. (NICE 1.2.3.2)
• Use non-proprietary oxybutynin as first-line antimuscarinic drug. If not tolerated, alternatives are solifenacin, tolterodine, or trospium. (NICE 1.2.4.4)

Indications for consideration for referral: (NICE 1.1.6.2. and 1.1.3.1 and 1.1.5.3)
• persisting bladder or urethral pain
• clinically benign pelvic masses
• associated faecal incontinence
• suspected neurological disease
• symptoms of voiding difficulty
• suspected urogenital fistulae
• previous continence surgery
• previous pelvic cancer surgery
• previous pelvic radiation therapy
• symptomatic prolapse visible at or below the vaginal introitus
• palpable bladder on bimanual or physical examination after voiding

Surgical management

Stress UI – Primary surgery options
• Retropubic mid-urethral tape procedures using a 'bottom-up' approach. Open colposuspension and autologous rectus fascial sling are alternatives. (NICE 1.3.2.2)
• Intramural bulking agents (glutaraldehyde cross-linked collagen, silicone, carbon-coated zirconium beads, hyaluronic acid/dextran co-polymer). Women should be aware of repeat injections and efficacy issues. (NICE 1.3.2.5)

Multi-channel filling and voiding cystometry prior to secondary stress UI surgery and OAB procedures. Ambulatory urodynamics or videourodynamics may also be considered. (NICE 1.1.10.2)

Stress UI – Secondary surgery options
As primary surgery (NICE 1.3.2.2. and 1.3.2.5), and
• Artificial urinary sphincter when other surgical options exhausted. (NICE 1.3.2.6)

OAB ± Urge UI
• Sacral nerve stimulation for UI due to detrusor overactivity in women who have not responded to conservative treatments. Select women on basis of response to preliminary peripheral nerve evaluation. (NICE 1.3.1.1)
• Restrict augmentation cystoplasty to women who have not responded to conservative treatments and who are willing and able to self-catheterise. (NICE 1.3.1.2)
• Consider urinary diversion in women where all conservative treatments have failed, and where sacral nerve stimulation and augmentation cystoplasty are not appropriate or unacceptable. (NICE 1.3.1.3)
• Use botulinum toxin A only in the research environment or when women have not responded to conservative treatments.* (NICE 1.3.1.4)

This algorithm should, when necessary, be interpreted with reference to the full NICE guideline <<DATE>>

*The use of botulinum toxin A for this indication is outside the UK marketing authorisation for the product. Informed consent to treatment should be obtained and documented.