

Bone-anchored cystourethropexy

**Understanding NICE guidance –
information for women considering
the procedure, and for the public**

November 2003

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Copies of this booklet can be ordered from the NHS Response Line; telephone 0870 1555 455 and quote reference number N0346. A version in Welsh and English is also available, reference number N0347. Mae fersiwn yn Gymraeg ac yn Saesneg ar gael hefyd, rhif cyfeirnod N0347. The NICE interventional procedures guidance on which this information is based is available from the NICE website (www.nice.org.uk). Copies can also be obtained from the NHS Response Line, reference number N0345.

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About this information

This information describes the guidance that the National Institute for Clinical Excellence (NICE) has issued to the NHS on a procedure called bone-anchored cystourethropexy. It is not a complete description of what is involved in the procedure – the patient’s healthcare team should describe it in detail.

NICE has looked at whether bone-anchored cystourethropexy is safe enough and works well enough for it to be used routinely to treat women with a type of incontinence called stress incontinence.

To produce this guidance, NICE has:

- looked at the results of studies on the safety of bone-anchored cystourethropexy and how well it works
- asked experts for their opinion
- asked the views of the organisations that speak for the healthcare professionals and the patients and carers who will be affected by this guidance.

This guidance is part of NICE’s work on ‘interventional procedures’ (see ‘Further information’ on page 10).

About bone-anchored cystourethropexy

Stress incontinence is the medical term for small leaks of urine that happen when a person is doing something – such as laughing, coughing or heavy lifting – that puts pressure on the abdomen. It is fairly common in women and can be caused by damage to the muscles in the pelvis during childbirth. It may also develop after the menopause.

People with stress incontinence do not usually need an operation. They may see a continence nurse who teaches them exercises to help strengthen the muscles in the pelvis. If this does not solve the problem, an operation may be considered.

One type of operation for women with stress incontinence is called bone-anchored cystourethropexy. The operation can be done through small cuts in the lower part of the abdomen, or through the vagina. First, metal 'anchors' are screwed into the pubic bone (the bone at the front of the pelvis). Then stitches are put behind the vagina, and the ends attached to the anchors in the bone. Finally, the stitches are tightened, lifting the vagina a short way. The bladder neck (where the urine leaves the bladder) is in front of the vagina, so the stitches lift this as well. This extra support to the bladder helps stop the urine leaks.

How well it works

What the studies said

The studies NICE looked at concerned two devices that are used for bone-anchored cystourethropexy (Vesica® and In-tac®).

The studies looking at the In-tac® device showed that the operation improved stress incontinence in at least 8 of every 10 women for a year after the operation. One study looked at the longer-term effects of the operation using the Vesica® device in 41 women. It found that 39 of the women didn't have stress incontinence 6 months after the operation, but that 5 years after the operation the problem had came back in 35 of them.

What the experts said

The experts agreed that there was little evidence that bone-anchored cystourethropexy worked in the long term.

Risks and possible problems

What the studies said

Most women in the studies did not have any problems after bone-anchored cystourethropexy. But a few of them developed infections in the bone or bladder, some experienced problems passing urine and some reported that sexual intercourse was painful.

What the experts said

The experts said that bone infections could be an important problem after the operation.

What has NICE decided?

NICE has decided that, if a doctor wants to carry out bone-anchored cystourethropexy, he or she should make sure that the patient understands what is involved and that there are still uncertainties over the safety of the procedure and how well it works.

NICE has said that the procedure doesn't seem to work very well in the long term. For this reason, there should be special arrangements in place so that a woman only agrees (consents) to the procedure after discussing it fully with her doctor.

There should also be special arrangements for monitoring what happens when a woman has bone-anchored cystourethropexy.

What the decision means for you

Your doctor may have offered you bone-anchored cystourethropexy. NICE has considered this procedure because it is relatively new. NICE has decided that there are uncertainties about the benefits and risks of bone-anchored cystourethropexy that you need to understand before you agree to it. Your doctor should discuss the benefits and risks with you. Some of these benefits and risks may be described in this booklet.

Further information

You have the right to be fully informed and to share in decision-making about the treatment you receive. You may want to discuss this guidance with the doctors and nurses looking after you.

You can visit the NICE website (www.nice.org.uk) for further information about the National Institute for Clinical Excellence and the Interventional Procedures Programme. A copy of the full guidance on bone-anchored cystourethropexy is on the NICE website (www.nice.org.uk/IPG018guidance), or you can order a copy from the website or by telephoning the NHS Response Line on 0870 1555 455 and quoting reference number N0345. The evidence that NICE considered in developing this guidance is also available from the NICE website.

If you want more information on stress incontinence, a good starting point is NHS Direct (telephone 0845 46 47) or NHS Direct Online (www.nhsdirect.nhs.uk).

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