

# Urinary incontinence in women

Quality standard

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This standard is based on NG123 and NG210.

This standard should be read in conjunction with QS15.

## Quality statements

Statement 1 Women first presenting with urinary incontinence have a physical examination, recording of the type and duration of symptoms, and categorisation of the urinary incontinence.

Statement 2 Women first presenting with urinary incontinence are asked to complete a bladder diary for a minimum of 3 days and given advice about the impact that lifestyle changes can have.

Statement 3 Women with urinary incontinence are only offered containment products as a temporary coping strategy, or as long-term management if treatment is unsuccessful.

Statement 4 Women with stress or mixed urinary incontinence are offered a supervised pelvic floor muscle training programme of at least 3 months' duration as first-line treatment.

Statement 5 Women with symptoms of urgency or mixed urinary incontinence are offered bladder training for a minimum of 6 weeks as first-line treatment.

Statement 6 Women with urinary incontinence have indwelling urethral catheters for long-term treatment only if they have an assessment and discussion of the practicalities and potential urological complications.

Statement 7 Women with overactive bladder or stress urinary incontinence symptoms have a local multidisciplinary team review before surgery or other invasive treatment.

# Quality statement 1: Initial assessment

## Quality statement

Women first presenting with urinary incontinence have a physical examination, recording of the type and duration of symptoms, and categorisation of the urinary incontinence.

## Rationale

Physical assessment and recording of the type and duration of symptoms help to categorise the urinary incontinence and enable referral for the correct treatment. Categorising urinary incontinence is important because different types of incontinence need different treatments.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

Evidence of local arrangements to ensure that women first presenting with urinary incontinence have a physical examination, recording of the type and duration of symptoms, and categorisation of urinary incontinence.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service protocols.

## Process

Proportion of women first presenting with urinary incontinence who receive a physical examination, recording of the type and duration of symptoms, and categorisation of urinary incontinence.

**Numerator** – the number in the denominator who receive a physical examination, recording of type and duration of symptoms, and categorisation of urinary incontinence.

**Denominator** – the number of women first presenting with urinary incontinence.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

## What the quality statement means for different audiences

**Service providers** (such as GP practices, community continence services and hospitals) ensure that women first presenting with urinary incontinence receive a physical examination, recording of the type and duration of symptoms, and categorisation of urinary incontinence.

**Healthcare professionals** ensure that when women first present with urinary incontinence they carry out a physical examination, record the type and duration of symptoms, and categorise the incontinence.

**Commissioners** (such as integrated care systems, clinical commissioning groups and NHS England local area teams) ensure that they commission services that offer women first presenting with urinary incontinence a physical examination, recording of the type and duration of symptoms, and categorisation of urinary incontinence.

**Women first going to their doctor with leakage of urine** have an examination, with recording of the types of symptom and how long they have had them. This helps the healthcare professional to identify the type of problem and decide whether referral to a specialist is needed.

## Source guidance

- [Urinary incontinence and pelvic organ prolapse in women: management. NICE guideline NG123](#) (2019), recommendation 1.3.1
- [Pelvic floor dysfunction: prevention and non-surgical management. NICE guideline NG210](#) (2021), recommendations 1.5.1 and 1.5.2

## Definitions of terms used in this quality statement

### Categorisation of urinary incontinence

Urinary incontinence can be categorised into stress urinary incontinence, urgency urinary incontinence/overactive bladder, or mixed urinary incontinence. [[NICE's guideline on urinary incontinence and pelvic organ prolapse in women](#), recommendation 1.3.1]

### Physical examination

Physical examination is carried out as part of the initial assessment to guide the diagnosis and management of incontinence and the identification of any underlying, modifying or serious conditions that require treatment.

As a minimum, physical examination should include palpation of the abdomen to look for gross abnormalities.

Depending on the symptoms and the woman's preferences and circumstances, consider other physical examinations, such as:

- inspecting the woman's vulva and vagina for atrophy
- asking them to bear down, to check for visible vaginal or rectal prolapse.

[[NICE's full guideline on urinary incontinence and pelvic organ prolapse in women](#) (September 2013) and [NICE's guideline on pelvic floor dysfunction](#), recommendations 1.5.2 and 1.5.5 and expert opinion]

## Equality and diversity considerations

Women with physical disabilities may have difficulty accessing the service so provision needs to be made for a home visit if necessary.

Women with learning disabilities may need to be accompanied by a support worker or family member and may need to receive information about the condition in a way that is easy for them to understand.

Some women, including those from certain ethnic groups, religious or cultural



backgrounds, may prefer to be examined by a female healthcare professional. Provision for this should be made, if possible.

# Quality statement 2: Bladder diaries and lifestyle changes

## Quality statement

Women first presenting with urinary incontinence are asked to complete a bladder diary for a minimum of 3 days and given advice about the impact that lifestyle changes can have.

## Rationale

Bladder diaries can provide a variety of information about urinary incontinence and may also be used for monitoring the effects of treatment. A bladder diary can help healthcare professionals and the woman to understand when urgency or leakage occurs, which is important when considering the management options.

Lifestyle changes can improve symptoms in women with urinary incontinence or overactive bladder. Giving lifestyle advice to women when they first present means they can benefit from these improvements as soon as possible.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

a) Evidence of local arrangements to ensure that women first presenting with symptoms of urinary incontinence are asked to complete a bladder diary for a minimum of 3 days.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service protocols.

b) Evidence of local arrangements to ensure that women first presenting with urinary incontinence are given lifestyle advice.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service protocols.

## Process

a) Proportion of women first presenting with urinary incontinence who are asked to complete a bladder diary for a minimum of 3 days.

Numerator – the number in the denominator who are asked to complete a bladder diary for a minimum of 3 days.

Denominator – the number of women first presenting with urinary incontinence.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

b) Proportion of women first presenting with urinary incontinence who are given advice about lifestyle changes.

Numerator – the number in the denominator who are given advice about lifestyle changes.

Denominator – the number of women first presenting with urinary incontinence.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

## What the quality statement means for different audiences

**Service providers** (such as GP practices and community continence services) ensure that staff are trained to ask women first presenting with urinary incontinence to complete a bladder diary for a minimum of 3 days and give advice about the impact that lifestyle changes can have.

**Healthcare professionals** ensure that they ask women first presenting with urinary incontinence to complete a bladder diary for a minimum of 3 days and give them advice about the impact that lifestyle changes can have.

**Commissioners** (such as integrated care systems, clinical commissioning groups and NHS England local area teams) ensure that they commission services in which staff are trained to ask women first presenting with urinary incontinence to complete a bladder diary for a minimum of 3 days and give them advice about the impact that lifestyle changes can have.

**Women first going to their doctor with leakage of urine** are asked to fill in a bladder diary for at least 3 days and given advice about how lifestyle changes can help. A bladder diary is used to record how much liquid they drink, how often they need to urinate and how much urine they pass. This diary is important to help understand patterns when considering options for management. Making lifestyle changes can improve symptoms.

## Source guidance

- [Urinary incontinence and pelvic organ prolapse in women: management. NICE guideline NG123](#) (2019), recommendations 1.3.13 and 1.4.1 to 1.4.3
- [Pelvic floor dysfunction: prevention and non-surgical management. NICE guideline NG210](#) (2021), recommendations 1.6.4, 1.6.5 and 1.6.10

## Definitions of terms used in this quality statement

### Bladder diary

A diary that records times and amounts of urine passed, leakage episodes, pad usage and other information such as fluid intake, degree of urgency and degree of incontinence. A bladder diary should cover variations in the usual activities, such as both working and leisure days. [Adapted from [NICE's full guideline on urinary incontinence and pelvic organ prolapse in women](#) (September 2013)]

### Advice about the impact that lifestyle changes can have

Lifestyle changes are part of conservative management and include weight loss (for women with a body mass index [BMI] over 30 kg/m<sup>2</sup>), fluid management (increasing fluid

intake if it is too low or decreasing it if it is too high) and caffeine reduction.

When discussing lifestyle changes, motivate women to make changes by focusing discussions on how this will improve their symptoms. Give women regular encouragement to keep up the changes, because it may take weeks or months before they notice a benefit. [[NICE's guideline on urinary incontinence and pelvic organ prolapse in women](#), recommendations 1.4.1 to 1.4.3 and [NICE's guideline on pelvic floor dysfunction](#), recommendations 1.6.4, 1.6.5 and 1.6.10]

## Equality and diversity considerations

Women with physical disabilities may have difficulty accessing the service so provision needs to be made for a home visit if necessary.

Women with learning disabilities may need to be accompanied by a support worker or family member and may need to receive information about the condition in a way that is easy for them to understand. They may also need support to complete the bladder diary.

Some women, including those from certain ethnic groups, religious or cultural backgrounds, may prefer to discuss urinary incontinence with a female healthcare professional. Provision for this should be made, if possible.

Different versions of bladder diaries should be available for women who do not speak or read English. These women may also need support to complete the diary.

# Quality statement 3: Containment products

## Quality statement

Women with urinary incontinence are only offered containment products as a temporary coping strategy, or as long-term management if treatment is unsuccessful.

## Rationale

Containment products such as absorbent products, hand-held urinals and toileting aids can offer security and comfort for women with urinary incontinence. The products can help women to continue their normal daily activities and therefore improve quality of life. However, they are costly, can affect the woman's dignity and do not offer a long-term solution. Therefore, they should not be offered in the long term unless other treatments have failed.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

Evidence of local arrangements to ensure that containment products are offered only as a temporary coping strategy for urinary incontinence in women or as long-term management if treatment is unsuccessful.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service protocols.

## Process

Proportion of women with urinary incontinence who are offered containment products as a temporary coping strategy or as long-term management if treatment is unsuccessful.

Numerator – the number in the denominator offered containment products as a temporary coping strategy or as long-term management if treatment is unsuccessful.

Denominator – the number of women with urinary incontinence who are offered containment products.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

## What the quality statement means for different audiences

**Service providers** (such as GP practices, community continence services and hospitals) ensure that services offer containment products (absorbent products, hand-held urinals and toileting aids) to women with urinary incontinence only as a temporary coping strategy or as long-term management if treatment is unsuccessful.

**Health and social care professionals** ensure that they offer containment products (absorbent products, hand-held urinals and toileting aids) to women with urinary incontinence only as a temporary coping strategy or as long-term management if treatment is unsuccessful.

**Commissioners** (such as integrated care systems and clinical commissioning groups) ensure that they commission services that offer women with urinary incontinence containment products (absorbent products, hand-held urinals and toileting aids) only as a temporary coping strategy or as long-term management if treatment is unsuccessful.

**Women with leakage of urine** may be offered products such as pads, hand-held urinals and toileting aids, but only as a temporary measure or in the longer term if treatment is unsuccessful. These products will help women to carry on with their normal daily activities.

## Source guidance

Urinary incontinence and pelvic organ prolapse in women: management. NICE guideline NG123 (2019), recommendation 1.4.16



# Quality statement 4: Supervised pelvic floor muscle training

## Quality statement

Women with stress or mixed urinary incontinence are offered a supervised pelvic floor muscle training programme of at least 3 months' duration as first-line treatment.

## Rationale

Women with stress or mixed urinary incontinence are often given a leaflet on pelvic floor muscle training but are not given additional support. As a result, many women who attend for specialist treatment have been incorrectly performing pelvic floor muscle exercises for many years with no improvement in their symptoms. Supervised pelvic floor muscle training programmes with trained healthcare professionals can improve symptoms significantly, avoiding surgery or other invasive treatment.

For women with mixed urinary incontinence, a supervised pelvic floor muscle training programme is a first-line treatment alongside bladder training.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

Evidence of local arrangements to ensure that a supervised pelvic floor muscle training programme of at least 3 months' duration is available as first-line treatment for women with stress or mixed urinary incontinence.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service protocols.

## Process

Proportion of women with stress or mixed urinary incontinence who have a supervised pelvic floor muscle training programme of at least 3 months' duration as first-line treatment.

Numerator – the number in the denominator who have a supervised pelvic floor muscle training programme of at least 3 months' duration as first-line treatment.

Denominator – the number of women with stress or mixed urinary incontinence.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

## What the quality statement means for different audiences

**Service providers** (such as GP practices, community continence services and hospitals) ensure that a supervised pelvic floor muscle training programme of at least 3 months' duration is available as first-line treatment for women with stress or mixed urinary incontinence. Those delivering the training should be suitably trained to do so.

**Healthcare professionals** ensure that they offer a supervised pelvic floor muscle training programme of at least 3 months' duration as first-line treatment for women with stress or mixed urinary incontinence.

**Commissioners** (such as integrated care systems and clinical commissioning groups) ensure that they commission services that offer women with stress or mixed urinary incontinence a supervised pelvic floor muscle training programme of at least 3 months' duration as first-line treatment.

**Women with leakage of urine caused by conditions called stress or mixed urinary incontinence** are offered at least 3 months of training in pelvic floor exercises with a healthcare professional as a first treatment. This can lead to big improvements in symptoms and can mean that surgery or other invasive treatment is avoided.

## Source guidance

- [Urinary incontinence and pelvic organ prolapse in women: management. NICE guideline NG123 \(2019\), recommendation 1.4.4](#)
- [Pelvic floor dysfunction: prevention and non-surgical management. NICE guideline NG210 \(2021\), recommendation 1.6.14](#)

## Definitions of terms used in this quality statement

### Pelvic floor muscle training programme

Pelvic floor muscle training is exercise to improve pelvic floor muscle strength, endurance, power, relaxation, or a combination of these. Women should be offered the choice of group or individual sessions.

Pelvic floor muscle training programmes should be supervised by a physiotherapist or other healthcare professional with the appropriate expertise in pelvic floor muscle training. Supervision should involve:

- assessing the woman's ability to perform a pelvic floor contraction and relaxation
- tailoring the pelvic floor muscle training programme to the woman's ability to perform a pelvic floor contraction and relaxation, any discomfort felt, and her individual needs and training goals
- encouraging the woman to complete the course, because this will help to prevent and manage symptoms.

[[NICE's guideline on pelvic floor dysfunction](#), recommendations 1.3.15, 1.3.16, 1.6.16 and terms used in this guideline]

## Equality and diversity considerations

Pregnant women with stress urinary incontinence or mixed urinary incontinence should be offered a programme of supervised pelvic floor muscle training for at least 3 months.

Women with physical disabilities may have difficulty accessing the service so provision

needs to be made for a home visit if necessary.

Women with learning disabilities may need to be accompanied by a support worker or family member and may need to receive information about the condition in a way that is easy for them to understand.

Some women, including those from certain ethnic groups, religious or cultural backgrounds, may prefer a female healthcare professional to supervise their pelvic floor muscle training. Provision for this should be made, if possible.

# Quality statement 5: Bladder training

## Quality statement

Women with symptoms of urgency or mixed urinary incontinence are offered bladder training for a minimum of 6 weeks as first-line treatment.

## Rationale

Bladder training teaches a woman how to hold more urine in her bladder and so reduce the number of times she needs to pass urine. It also includes lifestyle advice on the amount and types of fluids to drink, and coping strategies to reduce urgency.

For women with mixed urinary incontinence, bladder training is a first-line treatment alongside supervised pelvic floor training.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

Evidence of local arrangements to ensure that women with symptoms of urgency or mixed urinary incontinence are offered bladder training for a minimum of 6 weeks as first-line treatment.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service protocols.

## Process

Proportion of women with symptoms of urgency or mixed urinary incontinence who have

bladder training for a minimum of 6 weeks as first-line treatment.

**Numerator** – the number in the denominator who have bladder training for a minimum of 6 weeks as first-line treatment.

**Denominator** – the number of women having first-line treatment for urgency or mixed urinary incontinence.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

## What the quality statement means for different audiences

**Service providers** (such as GP practices, community continence services and hospitals) ensure that systems are in place for women with symptoms of urgency or mixed urinary incontinence to have bladder training for at least 6 weeks as first-line treatment.

**Healthcare professionals** offer bladder training for at least 6 weeks as first-line treatment to women with symptoms of urgency or mixed urinary incontinence.

**Commissioners** (such as integrated care systems and clinical commissioning groups) ensure that they commission services that offer women with symptoms of urgency or mixed urinary incontinence bladder training for at least 6 weeks as first-line treatment.

**Women with urine leakage caused by conditions called urgency or mixed urinary incontinence** are offered bladder training (advice on reducing urine leakage) for at least 6 weeks as a first treatment. This can help reduce the number of times a woman needs to pass urine.

## Source guidance

- [Urinary incontinence and pelvic organ prolapse in women: management. NICE guideline NG123](#) (2019), recommendation 1.4.11
- [Pelvic floor dysfunction: prevention and non-surgical management. NICE guideline NG210](#) (2021), recommendation 1.6.30

## Definitions of terms used in this quality statement

### Bladder training

Bladder training (also described as bladder retraining, bladder re-education, bladder drill, bladder discipline) actively involves the woman in trying to increase the interval between the desire to pass urine and actually doing so. [[NICE's full guideline on urinary incontinence and pelvic organ prolapse in women](#) (September 2013)]

## Equality and diversity considerations

Women with physical disabilities may have difficulty accessing the service so provision needs to be made for a home visit if necessary.

Women with learning disabilities may need to be accompanied by a support worker or family member and may need to receive information about the condition in a way that is easy for them to understand.

Some women, including those from certain ethnic groups, religious or cultural backgrounds, may prefer a female healthcare professional to offer them bladder training. Provision for this should be made, if possible.

# Quality statement 6: Indwelling catheters

## Quality statement

Women with urinary incontinence have indwelling urethral catheters for long-term treatment only if they have an assessment and discussion of the practicalities and potential urological complications.

## Rationale

Long-term use of indwelling urethral catheters can be associated with increased risk of urinary tract infections and urethral complications, and can affect daily life. Therefore, healthcare professionals should discuss with the woman (and her family or carer if appropriate) the practicalities, benefits and risks of this treatment.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

Evidence of local arrangements to ensure that healthcare professionals offer women with urinary incontinence long-term treatment with indwelling urethral catheters only if they have had assessment and discussion about the practicalities and potential urological complications.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service protocols.

## Process

Proportion of women with urinary incontinence who had assessment and discussion of the



practicalities and potential urological complications of the long-term use of indwelling urethral catheters.

**Numerator** – the number in the denominator who had assessment and discussion of the practicalities and potential urological complications of long-term use of indwelling urethral catheters before the fitting of the indwelling urethral catheter.

**Denominator** – the number of women with urinary incontinence who have indwelling urethral catheters for long-term use.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

## What the quality statement means for different audiences

**Service providers** (such as GP practices, community continence services and hospitals) ensure that systems are in place to assess and discuss the practicalities and potential urological complications of indwelling urethral catheters with women with urinary incontinence before these are fitted for long-term use.

**Healthcare professionals** ensure that they assess women with urinary incontinence and discuss the practicalities and potential urological complications before they offer indwelling urethral catheters for long-term use.

**Commissioners** (such as integrated care systems and clinical commissioning groups) ensure that they commission services that assess and discuss the practicalities and potential urological complications of indwelling urethral catheters with women with urinary incontinence before these are fitted for long-term use.

**Women with leakage of urine** are offered an assessment and a discussion with their healthcare professional about the day-to-day use and possible complications of having a catheter before they are offered this for long-term treatment. This will help the woman to decide whether a catheter is right for her.

## Source guidance

Urinary incontinence and pelvic organ prolapse in women: management. NICE guideline NG123 (2019), recommendation 1.4.21

## Equality and diversity considerations

Women with physical disabilities may have difficulty accessing the service so provision needs to be made for a home visit if necessary.

Women with learning disabilities may need to be accompanied by a support worker or family member and may need to receive information about the condition in a way that is easy for them to understand.

Some women, including those from certain ethnic groups, religious or cultural backgrounds, may prefer to have an assessment and discussion with a female healthcare professional. Provision for this should be made, if possible.

# Quality statement 7: Multidisciplinary team review before surgery or invasive treatment

## Quality statement

Women with overactive bladder or stress urinary incontinence symptoms have a local multidisciplinary team review before surgery or other invasive treatment.

## Rationale

Surgery or other invasive treatment should only be considered if conservative management and pharmacological treatment have been unsuccessful. Multidisciplinary team review can ensure that all other possible treatments have been considered before surgery and other invasive treatments. The whole team approach can also help the decision of whether invasive treatment is suitable for the woman.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

Evidence of local arrangements to ensure that a local multidisciplinary team reviews the treatment options before surgery or other invasive treatment for women with overactive bladder or stress urinary incontinence.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service protocols.

## Process

Proportion of women with overactive bladder or stress urinary incontinence who have a local multidisciplinary team review before surgery or other invasive treatment.

Numerator – the number in the denominator who had a local multidisciplinary team review before surgery or other invasive treatment.

Denominator – the number of women with overactive bladder or stress urinary incontinence who have surgery or other invasive treatment.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

## What the quality statement means for different audiences

**Service providers** (such as community continence services and hospitals) ensure that local multidisciplinary teams are in place to discuss management strategies before surgery or other invasive treatment for women with overactive bladder or stress urinary incontinence.

**Healthcare professionals** ensure that women with overactive bladder or stress urinary incontinence have a local multidisciplinary team review before surgery or other invasive treatment.

**Commissioners** (such as integrated care systems and clinical commissioning groups) ensure that they commission services that carry out a local multidisciplinary team review before surgery or other invasive treatment for women with overactive bladder or urinary incontinence.

**Women with leakage of urine caused by conditions called overactive bladder or stress urinary incontinence** have a review of their condition by a team of healthcare professionals before surgery or other invasive treatment. This review will make sure that all other treatments have been considered and help with the decision of whether invasive treatment is right for the woman.

## Source guidance

Urinary incontinence and pelvic organ prolapse in women: management. NICE guideline NG123 (2019), recommendation 1.1.1

## Definitions of terms used in this quality statement

### Invasive treatments

These include:

- botulinum toxin type A injection
- percutaneous sacral nerve stimulation
- augmentation cystoplasty
- urinary diversion.

[Adapted from NICE's full guideline on urinary incontinence and pelvic organ prolapse in women (September 2013)]

### Local multidisciplinary team

A multidisciplinary team for urinary incontinence that should include:

- 2 consultants with expertise in managing urinary incontinence in women and/or pelvic organ prolapse
- a urogynaecology, urology or continence specialist nurse
- a pelvic floor specialist physiotherapist

and may also include:

- a member of the care of the elderly team
- an occupational therapist
- a colorectal surgeon.

[[NICE's guideline on urinary incontinence and pelvic organ prolapse in women](#), recommendation 1.1.2]

## Update information

**December 2021:** Changes have been made to align this quality standard with the new [NICE guideline on pelvic floor dysfunction](#). The wording of statement 4 has been amended to reflect the new recommendations on pelvic floor muscle training. The guideline has been added as source guidance for statements 1, 2, 4 and 5, and definitions, measures and references have been updated to reflect the new guideline recommendations.

### Minor changes since publication

**April 2019:** Changes have been made to align this quality standard with the updated [NICE guideline on urinary incontinence and pelvic organ prolapse in women](#). Links and source guidance references have been updated throughout. The wording of statement 7 has been amended in line with the recommendations on local multidisciplinary teams in the updated guidance.

# About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standards advisory committees](#) for details of standing committee 2 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

This quality standard has been included in the [NICE Pathway on urinary incontinence and pelvic organ prolapse in women](#), which brings together everything we have said on a topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.



## Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the resource impact products for the source guidance to help estimate local costs:

- [resource impact report and template for NICE's guideline on urinary incontinence and pelvic organ prolapse in women](#)
- [resource impact statement for NICE's guideline on pelvic floor dysfunction](#).

## Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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## Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

## Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or

providing services are made aware of and encouraged to use the quality standard.

- Bladder and Bowel Community
- British Society of Urogynaecology
- Pelvic Obstetric and Gynaecological Physiotherapy
- Royal College of General Practitioners (RCGP)
- Royal College of Nursing (RCN)
- Royal College of Obstetricians and Gynaecologists
- Primary Care Women's Health Forum
- United Kingdom Continence Society