



## **RETROPUBIC URETHRAL SUSPENSION**

Retropubic urethral suspension is a surgical procedure to improve stress urinary incontinence (urine leakage with cough or sneeze). Stress urinary incontinence is a condition that affects many women, especially those who have had many children. It is estimated that 10 to 20% of women under age 60 have urinary incontinence and 15 to 30% of women over age 60 have urinary incontinence. The incidence of this problem is noted to be significantly higher in people residing in nursing homes. Less than one half of patients with urinary incontinence seek medical care for their condition, and are often reluctant to speak with their physician about this problem.

### **Q. WHY DO PEOPLE HAVE URINARY INCONTINENCE?**

A. Each type of urinary incontinence has a different cause. A common type of urinary incontinence is known as urge incontinence and is due to overactivity of the muscle of the bladder (the detrusor muscle). Women with this type of incontinence often notice a sudden urge to urinate and inability to reach the bathroom in time. This type of incontinence often responds to medications. Another type of incontinence is known as overflow incontinence. This occurs when the bladder does not completely empty when a woman voids and is often due to underactivity of the muscle of the bladder. Patients often respond to scheduled voiding. The most common type of incontinence is known as stress urinary incontinence. This type of incontinence occurs when there is a weakening of the tissues that normally support the urethra and bladder. Women may notice this type of incontinence with laughing, coughing, and with physical activity. Surgery is often required for correction of this type of incontinence, such as the retropubic urethral suspension.

### **Q. WHAT IS A RETROPUBIC URETHRAL SUSPENSION?**

A. Retropubic urethral suspension is a surgical procedure performed to correct stress urinary incontinence. The purpose is to return the displaced urethra to its normal anatomic location behind the pubic symphysis (the pubic bone). The most common types of procedures are known as the Burch procedure and Marshall-Marshetti- Krantz (MMK) procedure.

### **Q. HOW IS A RETROPUBIC URETHRAL SUSPENSION PERFORMED?**

A. There are two routes from which a retropubic urethral suspension can be performed - either a laparotomy or a laparoscopy. The most common route is laparotomy. With a laparotomy, an incision is made just above the pubic bone. Dissection is then performed just in front of the bladder and sutures are placed beside the urethra. These sutures are either attached to the periosteum (outer layer) of the pubic symphysis (in a MMK procedure), or to a ligament lateral to this known as Cooper's ligament (in a Burch procedure).

In laparoscopy the same types of procedures can be performed with the laparoscope. An approximately 1-centimeter incision is made just below the umbilicus (navel). A small camera is then placed through this incision to allow examination of the abdomen. Several smaller incisions (approximately 0.5 centimeters) are placed as well, which are used to introduce other instruments to perform the surgery.

After surgery, your bladder may undergo spasms, or you may have difficulty initiating urination. Bladder spasms can be controlled with medication. Difficulty initiating urination may require the use of a urinary catheter for a period of time, or your physician may teach you how to intermittently catheterize yourself.

### **BENEFITS OF RETROPUBIC URETHRAL SUSPENSION**

Women who undergo surgery for stress urinary incontinence with a retropubic urethral suspension have been shown to have a cure rate ranging from approximately 85 to 95%. Burch urethropexy, a specific type of retropubic urethral suspension, has been shown to have the highest success rates.

### **RISKS OF RETROPUBIC URETHRAL SUSPENSION**

Risks of retropubic urethral suspension are generally those related to the risks of the surgical procedure itself. Complications can occur either at the time of surgery or postoperatively. Possible complications at the time of surgery include bleeding, injury to the bladder during placement of the sutures, and urethral injury during placement of the sutures. Possible complications postoperatively include formation of a hematoma (a blood clot that forms after bleeding), infection (including potential infection of the pubic symphysis if the sutures are attached here), difficulty voiding, obstruction (blockage) of the ureter (the organ that carries urine from the kidney to the bladder), or formation of an enterocele (displacement/herniation of the small bowel into the vagina).

### **ALTERNATIVES TO RETROPUBIC URETHRAL SUSPENSION**

There are several alternatives to surgery for a woman with stress urinary incontinence which include basic lifestyle changes such as changing your voiding habits, adjusting your diet, or reducing certain exacerbating drugs such as caffeine. Your physician may have you perform strengthening exercises for your pelvic floor muscles known as Kegel's exercises. If you are postmenopausal, your physician may have you start on an estrogen regimen in an attempt to increase the integrity of your pelvic tissues. Finally, your physician may have you try a pessary for a period of time. This is a rubber device that is inserted into the vagina that provides support for the vaginal walls as well as the urethra. Often this extra support will help alleviate symptoms of stress urinary incontinence.

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