

Urinary incontinence and pelvic organ prolapse in women overview

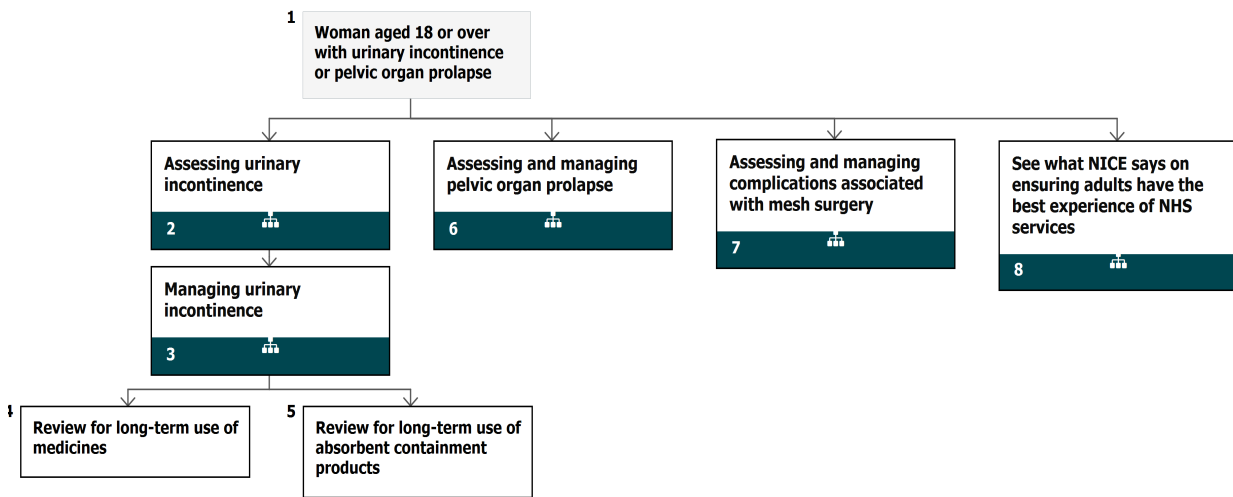
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/urinary-incontinence-and-pelvic-organ-prolapse-in-women>

NICE Pathway last updated: April 2019

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Woman aged 18 or over with urinary incontinence or pelvic organ prolapse

No additional information

2 Assessing urinary incontinence

[See Urinary incontinence and pelvic organ prolapse in women / Assessing urinary incontinence in women](#)

3 Managing urinary incontinence

[See Urinary incontinence and pelvic organ prolapse in women / Managing urinary incontinence in women](#)

4 Review for long-term use of medicines

Offer a review in primary care to women who remain on long-term medicine for OAB or UI every 12 months, or every 6 months if they are aged over 75.

5 Review for long-term use of absorbent containment products

Offer a review at least once a year to women who are using absorbent containment products for long-term management of UI. The review should cover:

- routine assessment of continence
- assessment of skin integrity
- changes to symptoms, comorbidities, lifestyle, mobility, medication, BMI, and social and environmental factors
- the suitability of alternative treatment options
- the efficacy of the absorbent containment product the woman is currently using and the quantities used.

Reviews for women who are using absorbent containment products for long-term management of UI should be carried out by either:

- a registered healthcare professional who is trained in assessing continence and making

- referrals to specialist services **or**
- a non-registered healthcare worker, under the supervision of a registered healthcare professional who is trained in assessing continence and making referrals to specialist services.

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

See also [when to refer to specialist services](#).

6 Assessing and managing pelvic organ prolapse

[See Urinary incontinence and pelvic organ prolapse in women / Assessing and managing pelvic organ prolapse](#)

7 Assessing and managing complications associated with mesh surgery

[See Urinary incontinence and pelvic organ prolapse in women / Assessing and managing complications associated with mesh surgery](#)

8 See what NICE says on ensuring adults have the best experience of NHS services

[See Patient experience in adult NHS services](#)

Glossary

Anticholinergic medicine

(a type of medicine used to treat overactive bladder; it reduces the activity of the bladder muscle by blocking chemical messengers to the nerves that control muscle movements)

Anticholinergic medicines

(a type of medicine used to treat overactive bladder; it reduces the activity of the bladder muscle by blocking chemical messengers to the nerves that control muscle movements)

Augmentation cystoplasty

(a procedure to treat overactive bladder; the bladder is made larger by adding a piece of tissue from the intestines to the bladder wall)

Autologous rectus fascial sling

(a type of sling used to treat stress urinary incontinence: it is made out of tissue from the woman's abdomen; the sling supports the tube that carries urine out of the body (the urethra))

BAUS-SFRU

British Association of Urological Surgeons Section of Female and Reconstructive Urology

BSUG

British Society of Urogynaecology

Botulinum toxin type A

(a treatment used for overactive bladder; it is injected into the wall of the bladder)

Colpocleisis

(an operation to treat pelvic organ prolapse by closing the vagina)

Colposuspension

(a type of surgery used to treat stress urinary incontinence; the neck of the bladder is lifted up and stitched in this position)

Detrusor overactivity

(involuntary bladder contractions seen during a cystometry test; they can be the cause of overactive bladder symptoms)

GMC's

General Medical Council's

HRT

hormone replacement therapy

Intramural bulking agents

(materials used to treat stress urinary incontinence: they are injected into the sides of the tube that carries urine out of the body (the urethra); this helps it remain closed so that urine is less likely to leak out)

Manchester repair

(an operation used to treat uterine prolapse: the neck of the womb (the cervix) is shortened; it involves shortening the cervix (neck of the womb) and supporting the womb in its natural position)

Mesh procedures

(an operation to insert plastic mesh to support tissues: mesh procedures are used to treat stress urinary incontinence and pelvic organ prolapse in women)

MDTs

multidisciplinary teams

MDT

multidisciplinary team

OAB

overactive bladder

Percutaneous posterior tibial nerve stimulation

(a procedure used to treat overactive bladder: a mild electric current is passed through a fine needle to stimulate a nerve in the leg; this nerve controls bladder function)

Percutaneous sacral nerve stimulation

(a procedure used to treat overactive bladder: a device is implanted in the back to stimulate the nerves at the base of the spine; these nerves affect the bladder and surrounding muscles)

POP

pelvic organ prolapse

POP-Q

Pelvic Organ Prolapse Quantification

Retropubic mid-urethral mesh sling

(a type of sling used to treat stress urinary incontinence: a strip of plastic is placed behind the tube that carries urine out of the body (the urethra) to support it in a sling)

Sacrocolpopexy

(a type of surgery used to treat vaginal vault prolapse; plastic mesh is used to attach the vagina to a bone at the bottom of the spine)

Sacro-hysteropexy

(an operation to treat uterine prolapse; plastic mesh is used to attach the womb (the uterus) to a bone at the bottom of the spine)

SUI

stress urinary incontinence

TENS

transcutaneous electrical nerve stimulation

UI

urinary incontinence

Urinary diversion

(a type of surgery used to treat stress urinary incontinence; it causes urine to flow through an opening in the abdomen into an external bag, instead of into the bladder)

UTI

urinary tract infection

Vaginal sacrospinous fixation

(a type of surgery used to treat vaginal vault or uterine prolapse: the top of the vagina is stitched to a ligament in the pelvis; it is done through a cut on the inside of the vagina)

Vaginal sacrospinous hysteropexy

(an operation used to treat uterine prolapse: the cervix is stitched to a ligament in the pelvis; it is done through a cut on the inside of the vagina)

Sources

[Urinary incontinence and pelvic organ prolapse in women: management](#) (2019) NICE guideline NG123

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to

have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, 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 interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.