



FEMALE URINARY INCONTINENCE

A Patient Guide

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Let's talk about it.

Bladder control problems.
Leaking. Urinary incontinence.

Living with **urinary incontinence (UI)** can be challenging – it can interfere with your activities, intrude on your social life, and be just plain inconvenient and embarrassing.

Maybe you've heard other women talk about it — and now it's happening to you.

Millions of other women who have experienced UI² understand what you're going through and have found a solution that works¹ — and you can, too. This guide is designed to help you learn more about UI and how you can get back to your active lifestyle again. It's your life and you can take it back from urinary incontinence.

Review this guide to learn more and then talk with your doctor. You'll be glad you did.

Urinary Incontinence (UI): It's common and treatable

Urinary incontinence (UI) is the involuntary loss of urine from the body. It can be frequent or occasional, a few dribbles to a total loss of control. It can be triggered by certain activities, or the result of certain risk factors. Most importantly, *it can be treated!*

Approximately **18 million women** in the U.S. suffer from urinary incontinence²

1 in 4 women over age 18²



80% of those affected
**can be cured
or improved¹**

2x

more common
in women than men⁶

10%

of adult women
report weekly leakage³

25-45%

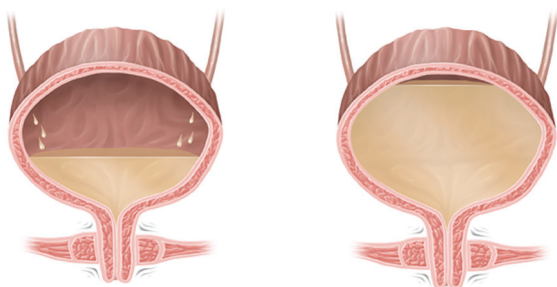
of adult women
report occasional
leakage³

~6.5 years

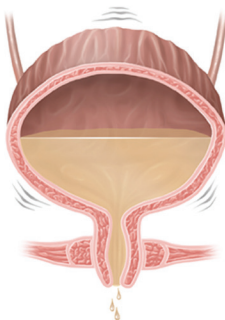
the average time
women will wait to talk
to their doctor about
their UI⁵



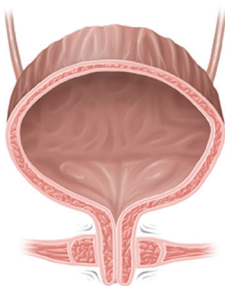
The Urinary System and How It Works¹



Bladder fills from the kidney.



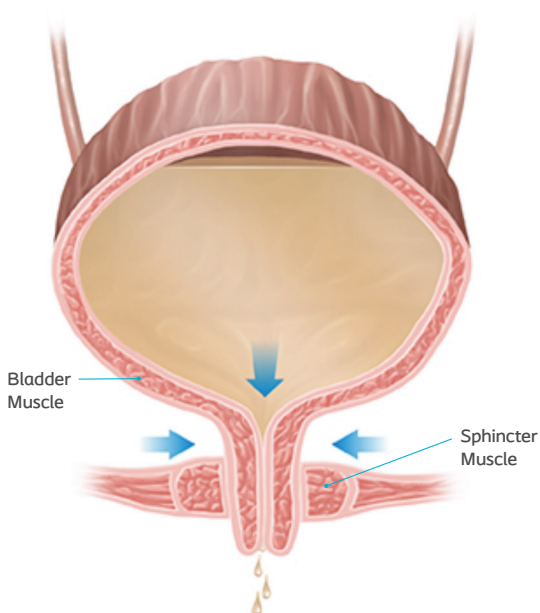
Full bladder contracts and squeezes the urinary sphincter.



Empty bladder relaxes, stops contracting, and urinary sphincter closes.

What goes wrong with UI?¹

Urinary incontinence may be triggered by activities that cause extra pressure on the bladder like lifting, running, coughing, or even laughing.



It may also occur if the bladder muscles suddenly contract and the sphincter muscles aren't strong enough to prevent urine from leaking.

Potential Causes of UI³

Risk of UI gradually increases each decade of life. However, age itself may not be the cause but rather other factors that are more likely present with increasing age:

- Obesity
- Childbirth
- Pelvic surgery
- Menopausal replacement therapy

Other Causes of UI³

- Co-morbidities such as diabetes, urinary tract infections, depression and heart disease
- Socioeconomic status
- High impact-exercise
- Medications such as estrogen replacement therapy
- Caffeine or alcohol consumption



Types of Urinary Incontinence¹ and Their Symptoms

Stress

Bladder leaks during exercise, coughing, sneezing, laughing, or any body movement that puts pressure (stress) on the bladder.

Urge

Involves the sudden and unstoppable loss of urine – the sudden urge to go.

Mixed

Combination of stress incontinence (including muscle and sphincter related issues), and urge incontinence.

Overactive Bladder (OAB)

The urgent need to pass urine. Can result in urinating more than eight times a day, or more than once at night (urinary frequency) as well as a strong and sudden desire to urinate (urinary urgency).



Are You Showing Signs of Incontinence?

Below are some simple questions to help start a dialogue with your doctor:

Do you leak urine unexpectedly?

- ☐ Yes ☐ No

What is the severity of leakage?

- ☐ Mild (a few drops)
☐ Moderate (wet undergarments)
☐ Severe (wet clothing)

Do you leak urine when you:

- ☐ Cough? ☐ Sneeze? ☐ Laugh?
☐ Bend? ☐ Lift?
☐ Change positions? (i.e. sitting or laying to standing)
☐ Engage in sexual intercourse?

Do you leak urine continuously during the day?

- ☐ Yes ☐ No

Do you leak urine while sleeping?

- ☐ Yes ☐ No

Has urine leakage caused you to change your lifestyle?

- ☐ Yes ☐ No

If yes, how has your lifestyle changed?

- ☐ Limiting fluids ☐ Staying home
☐ Limiting clothing to dark clothes
☐ Stop exercising ☐ Other

If you answered yes to any of these questions incontinence may be preventing you from enjoying your life. Speak to your doctor to find the most effective treatment option for you.

Treatment Options:

Urge Incontinence

Non-Surgical

- Protective undergarments (pads)⁷
- Medications⁸
- Botox bladder injection⁸

Surgical

- Implantable neuro-stimulation⁸

Stress Incontinence⁴

Non-Surgical

- Drinking less fluid
- Limiting caffeine
- Stopping smoking
- Losing weight
- Kegel exercises
- Physical therapy and Biofeedback
- Pessary

Surgical¹

- **Sling** – A piece of strong material (mesh) is placed beneath the urethra as a supporting “hammock” that corrects the poor anatomic support of the urethra and may additionally provide a degree of compression to the urethra.

Coloplast Slings

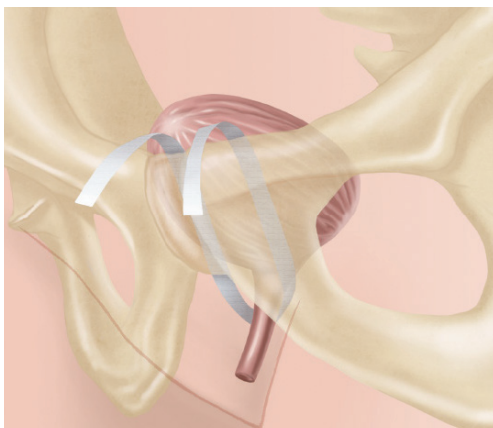
Coloplast offers three slings:

Aris[®], Supris[®], and Altis[®]. The slings are made from polypropylene mesh. The combination of sling and tissue ingrowth under the urethra becomes the new substructure for urethral support.

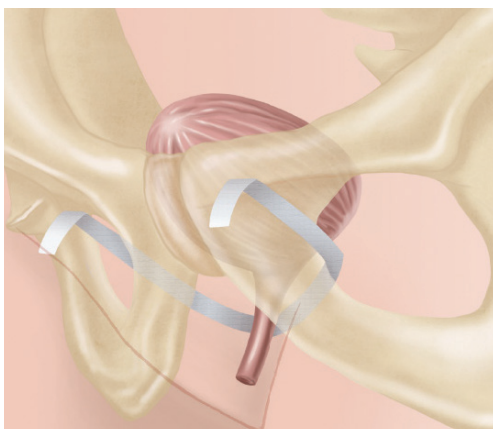
Types of Sling Procedures for Stress Incontinence¹

There are several different surgical approaches to placing the sling. Your doctor will discuss with you the differences and why one type of procedure might be more appropriate for you.

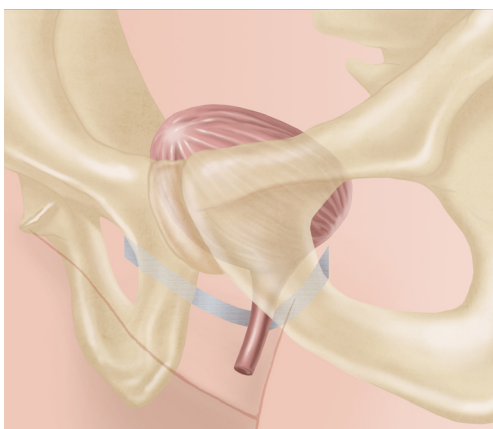




Supris® – Retropubic



Aris® – Transobturator



Altis® – Single Incision

FDA Information

The FDA has made a commitment to inform the public about urogynecologic surgical mesh for stress urinary incontinence (SUI) and maintains information for patients about SUI and use of surgical mesh for repair of SUI on its website. This information can be accessed electronically by visiting the following webpage:⁹

<https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/UroGynSurgicalMesh/default.htm>

The FDA also provides Considerations about Surgical Mesh for SUI which can be found at the following webpage:¹⁰

<https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/UroGynSurgicalMesh/ucm345219.htm>



Additionally, the FDA provides recommendations regarding SUI surgery which are printed below and can be found at the following webpage:¹¹

<https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/UroGynSurgicalMesh/ucm345230.htm>

Recommendations Before Surgery:

Ask your surgeon about all SUI treatment options, including non-surgical options and surgical options that do and do not use mesh slings. It is important for you to understand why your surgeon may be recommending a particular treatment option to treat your SUI.

Any surgery for SUI may put you at risk for complications, including additional surgery. One complication that may occur when mesh slings are used is vaginal mesh erosion, which could require additional surgery to resolve.

If mesh erosion occurs through the vaginal tissue, it is possible that men may experience penile irritation and/or pain during sexual intercourse.

Ask your surgeon the following questions before you decide to have SUI surgery:

- What surgical or non-surgical treatment options are available and what do you recommend to treat my SUI?
- Have you had specialized training in the surgical treatment of SUI, and if so, what type of training have you had with this particular product and/or procedure?
- What can I expect after surgery and what is the recovery time?

- If I also have pelvic organ prolapse, will that change how you treat my SUI?
- What if the surgery doesn't correct my problem?
- Which side effects should I report to you after the surgery?
- Are you planning to use a mesh sling in my surgery? If so:
 - How often have you performed this surgery using this particular product? What results have your other patients had with this product?
 - What are the pros and cons of using a mesh sling in my particular case? How likely is it that my repair could be successfully performed without using a mesh sling?
 - Are recovery times different for mesh sling surgery compared to non-mesh surgery?
 - Will my partner be able to feel the mesh sling during sexual intercourse?
 - If I have a complication related to the mesh sling, how likely is it that the complication can be resolved? Will you treat it or will I be referred to a specialist experienced with mesh sling complications?
 - Is there patient information that comes with the product, and can I have a copy?

Recommendations After Surgery:

- Continue with annual check-ups and follow-up care, notifying your health care provider if complications develop, such as persistent vaginal bleeding or discharge, pelvic or groin pain, or pain during sexual intercourse. There is no need to take additional action if you are satisfied with your surgery and are not having complications or symptoms.

- If you have complications or other symptoms:
 - Discuss complications and treatment options with your health care provider. Only your health care provider can give you personalized medical advice.
 - Consider getting a second opinion from a surgeon who specializes in female pelvic reconstruction if you are not satisfied with your discussion with your health care provider.
- Let your health care provider know you have a mesh sling, especially if you plan to have another surgery, plan to become pregnant or have other medical procedures.
- If you have had SUI surgery but do not know whether your surgeon used a mesh sling, ask your health care provider.
- Talk to your health care provider about any additional questions you may have.



General Risks Associated with Surgery for Stress Urinary Incontinence (SUI)⁴

- Injury to the bladder, bowel, blood vessels, or nerves
- Bleeding
- Infection of the urinary tract or wound infections
- Urinary problems after the procedure (difficulty urinating or urgency symptoms)
- Problems related to the anesthesia used

Benefits and Risks of Sling Surgery⁴

Benefits

- Short surgery time
- Outpatient procedure
- Recovery time generally is quicker than with other procedures for SUI

Risks

- Mesh erosion
- Infection
- Long-term pain
- Injury to the bladder or other pelvic organs by the instruments used to place the midurethral sling



Insurance Information

Most insurance plans, including Medicare, cover these procedures. Consult your insurance carrier to find out the specific criteria for coverage. The reimbursement specialist at your physician's office may also be able to help you with this.

Take the Next Step

Visit PelvicHealthID.com to review treatment options and find a physician who specializes in treating female urinary incontinence.



Bring this brochure and the completed diary when meeting with your physician.


Voiding Diary


The voiding diary on the following pages is an important tool to help you and your physician better identify your condition and choose the best treatment for you. Please complete it as accurately as possible for four days (*day and night*).

How to complete:

- Each day, begin recording upon rising in the morning and continue for a full 24 hours.
- List all fluid intake.
- List each time you go to the bathroom to urinate, and record the amount of urine in ounces (any container can be used to measure output—but be consistent each time). If unable to measure, list as small, medium or large amount.
- In the “Leakage amount” column, write a 1, 2 or 3 to record the volume of leakage.
- If you changed a pad or any protective garments, mark that column with an “X”.
- In the “Activity” column, write down what you were doing when the leakage occurred. For example: coughing, sneezing, laughing, walking, sleeping, etc.

Voiding Diary – Day 1


 Time (A.M.)	Fluid intake (amount of liquid in ounces)	Voided amount in ounces or S/M/L


 Time (P.M.)	Fluid intake (amount of liquid in ounces)	Voided amount in ounces or S/M/L

Leakage amount 1 = damp 2 = wet 3 = soaked	Changed pads or protective garments (mark with an "X")	Activity during leakage

Leakage amount 1 = damp 2 = wet 3 = soaked	Changed pads or protective garments (mark with an "X")	Activity during leakage

Voiding Diary – Day 2


 Time (A.M.)	Fluid intake (amount of liquid in ounces)	Voided amount in ounces or S/M/L


 Time (P.M.)	Fluid intake (amount of liquid in ounces)	Voided amount in ounces or S/M/L

Leakage amount 1 = damp 2 = wet 3 = soaked	Changed pads or protective garments (mark with an "X")	Activity during leakage

Leakage amount 1 = damp 2 = wet 3 = soaked	Changed pads or protective garments (mark with an "X")	Activity during leakage

Voiding Diary – Day 3

 Time (A.M.)	Fluid intake (amount of liquid in ounces)	Voided amount in ounces or S/M/L

 Time (P.M.)	Fluid intake (amount of liquid in ounces)	Voided amount in ounces or S/M/L

Leakage amount 1 = damp 2 = wet 3 = soaked	Changed pads or protective garments (mark with an "X")	Activity during leakage

Leakage amount 1 = damp 2 = wet 3 = soaked	Changed pads or protective garments (mark with an "X")	Activity during leakage

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings on the page.

**Feel confident again.
You have options and you
can take back control.**

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