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The failure to store urine secondary to urethral dysfunction may be due to lack of anatomic support of the urethra (urethral hypermobility) or to a dysfunction in the urethra's intrinsic closure mechanism (intrinsic sphincteric deficiency or ISD). Stress incontinence has been classified on the basis of this distinction and this classification has become the standard manner in which stress incontinence is described. Stress incontinence Type I is defined as a closed bladder neck at rest and during stress the vesical neck and proximal urethra open and descend less than 2 cm. Type II is defined as a closed bladder neck at rest and during stress the vesical neck and proximal urethra open and descend more than 2 cm, and there is an obvious cystocele associated. With these first two types, stress incontinence is related to urethral hypermobility. A bladder neck and proximal urethra which are opened at rest in the absence of a detrusor contraction characterize type III. The proximal urethra no longer functions as a sphincter and stress incontinence is related to this so-called intrinsic sphincter deficiency. This type of stress incontinence is generally more severe.

The history should elicit a detailed account of the nature of the patient's incontinence and precise information regarding inciting events. It should be noted how often she urinates during the day and whether she has to awaken at night. What makes her go to the bathroom; and urge to void or the fear that if she waits too long to void she will have an incontinent episode? Determining what induces incontinence is one way in which to grade its severity. Does it occur with coughing, sneezing or laughing? Does it occur with only minimal effort, such as simply rising from a chair, or only during vigorous exercise? If the incontinence is associated with stress, is urine lost only for an instant or is there uncontrollable voiding? Is there a sense of urgency before incontinence? In addition, we ask patients whether they wear pads in their clothes for protection. If so, how often are the pads changed and are they dry, damp, wet or soaked each time.

The purpose of this lecture is to review the:

- Evaluation of women with stress incontinence and the role of urodynamics
- Medical and surgical management
  - Collagen
  - Sling procedures
  - Type of allograft
  - Bone anchors
  - TVT
- Association of depression/sexual dysfunction and stress urinary incontinence