

Stress Urinary Incontinence — Female

WARWIKI

Patient Information · Leaking with coughing, laughing, lifting, or exercise

Stress urinary incontinence (SUI) is leaking urine when something puts sudden pressure on the bladder — coughing, sneezing, laughing, lifting, or exercise. In women it happens when the support under the urethra weakens, often after childbirth or menopause. It is very common and very treatable, from simple exercises to a quick, highly effective surgery.

About This Condition

The **urethra** (the tube urine flows through) normally stays closed when you cough or strain, thanks to the pelvic-floor support and the surrounding tissues. When that support weakens, a sudden rise in belly pressure pushes urine out. The hallmark is **leaking with activity** — not with a sudden urge (that is overactive bladder; having both is called **mixed** incontinence).

What Causes It

- **Pregnancy and childbirth** (a leading cause)
- **Menopause** and aging
- Chronic coughing, constipation, or heavy lifting
- Extra body weight, and prior pelvic surgery

LEARN THE TERMS

Stress incontinence

Leaking urine with pressure — coughing, lifting, exercise.

Urethra

The tube that carries urine out of the body.

Pelvic floor

The muscles that support the bladder and urethra.

Kegels

Pelvic-floor squeezing exercises that build support.

Mixed incontinence

Having both stress leaks and urge leaks.

Pessary / insert

A small support placed in the vagina to reduce leaks.

Urethral bulking

An office injection that helps the urethra seal.

Mid-urethral sling

A small mesh support placed under the urethra in surgery.

DO I NEED SURGERY? Not necessarily. Many women improve with pelvic-floor exercises and simple changes, and some use a support device. Surgery (such as a sling) is very effective when you want a longer-lasting fix — but it is your choice, and you can start with the simpler steps.

How It's Diagnosed

- A talk about when you leak, and an exam (sometimes a cough test)
- A **urine test** to rule out infection, and a check of how well you empty
- Sometimes bladder-function testing (urodynamics) before surgery

How It's Treated (Step by Step)

- 1 Pelvic-floor exercises** (Kegels) and physical therapy, weight loss, and treating cough or constipation.
- 2 Support devices** — a vaginal pessary or over-the-counter insert.
- 3 Urethral bulking** — a quick office injection that helps the urethra seal.
- 4 Surgery** — a **mid-urethral sling** (or an autologous fascial sling) for a lasting repair. Each option has its own handout.

Living With SUI

- Learn to **squeeze before you cough, sneeze, or lift** ("the knack").
- Do pelvic-floor exercises daily — it can take 6–12 weeks to see gains.
- Treat constipation and chronic cough, which add pressure.

Call your team if you have:

- Burning, urgency, or **blood in the urine** (possible infection)
- Leaking with a **strong urge** too — treatment may differ
- A sense the bladder isn't emptying

THREE THINGS TO REMEMBER

- 1.** Female SUI is leaking with pressure from weakened support under the urethra — common and very treatable.
- 2.** Options run from pelvic-floor exercises and a support device, to an office bulking injection, to a sling for a lasting fix.
- 3.** Exercises take weeks to work; squeeze before you cough or lift. Surgery is a choice, not a must.