

Commissioning Statement:

Condition or Treatment:	Urinary Incontinence Surgery (Female)
Commissioning position:	<p>Patients should be seen and assessed in a Local Continence Service prior to a secondary care referral</p> <p>Threshold for referral for surgery:</p> <p>1. The following assessment should be undertaken in primary care prior to referral (refer to local Continence Services):</p> <ul style="list-style-type: none"> • UTI excluded or treated • Initial assessment and categorisation of incontinence • Voiding dysfunction excluded (refer to secondary care if this is confirmed/suspected) <p>In addition patients should have been given advice on:</p> <ul style="list-style-type: none"> • Advice on weight loss if BMI over 30 • Advice on fluid intake including effect of caffeine/alcohol <p>2. First-line conservative management to be undertaken in primary care as follows:</p> <ul style="list-style-type: none"> • A trial of supervised pelvic floor muscle training for at least 3 months (stress/mixed incontinence) <p>AND/OR</p> <ul style="list-style-type: none"> • Bladder retraining lasting for a minimum of 6 weeks +/- antimuscarinic (urge/mixed incontinence) <p>In addition, if appropriate: topical vaginal oestrogens in post-menopausal women with urogenital atrophy</p>
Effective From:	1 July 2021
Summary of evidence/rationale:	NICE guidance advocates the use of conservative measures before surgical treatments. NICE CG123: Urinary incontinence and pelvic organ prolapse in women, June 2019
Date:	February 2021
Review Date:	July 2023
Contact:	Dr C Ives, Governing Body GP

Additional Information/References:

NICE CG123: Urinary incontinence and pelvic organ prolapse in women, June 2019
<https://www.nice.org.uk/guidance/ng123>