

Variation in availability and use of surgical care for female urinary incontinence: a mixed-methods study

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Plain English summary

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Plain English summary

Urinary incontinence is the involuntary loss of urine. It affects between 25% and 45% of adult women, and for many has a negative impact on their quality of life. Stress urinary incontinence is leaking of urine when coughing, laughing or sneezing, and urgency urinary incontinence is a sudden strong urge to urinate that is hard to stop. Despite major national initiatives in the last decade, the quality and availability of urinary incontinence services remain variable.

Using existing NHS databases, interviews with women who have urinary incontinence, and a survey of gynaecologists, we investigated which factors determine whether or not urinary incontinence services are used.

We found that women assess the severity of their urinary incontinence based on more factors than just those considered by doctors. Women's understanding of urinary incontinence and their decisions about surgery are influenced by their daily lives and their own and other women's experiences.

The results of the study suggest that women were less likely to be referred to a urinary incontinence specialist or to receive surgery if they were older, obese or from a minority ethnic background.

We found considerable differences between particular areas of England in how likely women were to be referred to a specialist or receive surgery. This mirrors findings from our survey that there were large differences between gynaecologists in how likely they were to recommend surgery to women.

During the final year of the study, in response to safety concerns about the most common surgical treatment for stress urinary incontinence in women ('mesh surgery'), NHS England suspended the use of these treatments. We conducted supplementary analyses using existing NHS data to provide evidence on the longer-term risks of these 'mesh' treatments. We found that about 1 in 30 women who received mesh had it removed within 9 years.

Future research could focus on how better assessment of a woman's history of urinary incontinence and quality of life, as well as early provision of lifestyle interventions and pelvic floor muscle training in primary care, could reduce the number of women referred to secondary care and improve their urinary incontinence symptoms. Another research priority is to identify the types of problems that women experience after surgery, ideally using information reported by women themselves.

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