

13. Stress urinary incontinence

Dear [Dr ____],

Advice and guidance response pertaining to [Patient name].

You may wish to try the following:

3-day bladder diary to assess incontinence

vaginal examination to assess for pelvic organ prolapse if symptomatic and referral to uro-gynaecology if needed

assessment of pelvic floor muscle tone

bladder ultrasound scan to measure post void residual (<150ml is not significant)

advice on lifestyle measures such as losing weight (ideally BMI <30)

pelvic floor exercises and referral to a physiotherapist or specialist nurse

pad assessment by community bladder and bowel team, if needed

advice for device/pessary use such as Contrelle

manage constipation if present

self-help using apps such as the Squeezy app where appropriate

If the patient continues to be troubled and wishes to consider, and is suitable for surgical intervention, please re-refer after pelvic health physiotherapy.

Relevant guidance:

Pelvic floor exercises would help with stress urinary incontinence, a helpful leaflet is available from BAUS: [Pelvic floor exercises in women - BAUS](#); [Pelvic Floor Muscle Exercises \(for women\) | POGP](#); [Pelvic floor muscle exercises and advice - A guide for trans men, trans masculine and non-binary people \(who were assigned female at birth\). | POGP](#).

Referral to a local pelvic health physiotherapist for a 3-month course of guided pelvic floor exercise would also help.

If the patient is having significant leakage, the Community Bladder and Bowel team may be able to perform a pad assessment and provide continence pads to the patient while they are waiting for investigation and treatment.

A frequency volume chart/bladder diary should be completed. An example used in our department is attached. A BAUS Input Output chart is available here: [Urinary input and output chart \(bladder diary\) - BAUS](#)

Further information can be found in the NICE Guideline [NG123] on Urinary incontinence and pelvic Organ Prolapse in women (2019): [Overview | Urinary incontinence and pelvic organ prolapse in women: management | Guidance | NICE](#)

Patient resources: [The British Society of Urogynaecology \(BSUG\)](#)

If referring back, please state that the referral has already been through Advice and Guidance and include previous correspondence so we don't duplicate advice.

Kind regards,

[Responding clinician name and role]