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Purpose and Scope

This document sets out the Urological Society of Australia and New Zealand's (USANZ) recommended approach for clinicians considering surgical treatment options for stress urinary incontinence.

Policy Statement

Stress urinary incontinence (SUI) is urinary leakage associated with physical exertion, coughing, or laughing. It is associated with negative impacts on quality of life across many areas including medical, relationships and financial.

Non-surgical measures such as pelvic floor muscle training (PFMT) should be trialled as an initial treatment. Surgery can be a more effective treatment than PFMT and women may proceed with surgery if non-surgical measures do not resolve their symptoms.

USANZ supports offering several evidence-based surgical treatment options for SUI. Clinical assessment should accurately distinguish SUI from other common types of urinary incontinence such as urgency urinary incontinence, which has a different surgical treatment pathway.

Current Australian and New Zealand guidance supports offering non-mesh and mesh options for surgical treatment of stress urinary incontinence. It is important that women are offered a range of treatments that are personalised according to their medical circumstances and their preferences with regards to risks and benefits, in a shared decision-making process.

USANZ supports that all patients with stress incontinence should be offered the following current standard options:

1. Autologous fascial slings, colposuspension, mid-urethral synthetic (mesh) slings and urethral bulking agents. Where one or more of these is not appropriate for a specific patient, this should be documented with patient discussion and recorded in their medical records. Where an individual practitioner does not offer more than one option, they should document the reasons why other options are not appropriate, as well as the pathway for the recommended treatment.
2. The artificial urinary sphincter may be indicated in selected cases of stress incontinence where the patient continues to have bothersome SUI refractory to the above standard surgical options. It should be noted this is a complex surgical procedure that should be undertaken by a practitioner with adequate training.
3. It should be noted that in several jurisdictions there may be restriction of the use of mesh slings, notably in the United Kingdom, Ireland and New Zealand. The use of mid-urethral synthetic slings remains unrestricted in Australia. Each type of stress incontinence procedure

has unique risks and benefits. These should be discussed with the patient, in relation to their circumstances and in relation to that surgeon's own complication rates and results.

USANZ supports the safe provision of surgical treatment of stress incontinence including procedural credentialing, monitoring of patient outcome data including pelvic floor registries, and continuing professional education.

USANZ also supports appropriate follow-up of patients including recognition and management of surgery related complications in a timely manner by the index surgeon.

Roles and responsibilities

- The USANZ Board of Directors is the approval authority for Position Statements and other Policies that relate to patient care.
- The Female Urology Specialty Advisory Group (FUSAG) is responsible for the development and review of position statements and policies that relate to female urology and for making recommendations to the Board of Directors. The SAG may initiate the development of a position statement or policy where they identify a need.

Superseded documents

- Position Statement on Mesh Mid-Urethral Slings, published August 2015

Revision history

Version	Date	Notes	By
1.0	August 2015	Statement - Mesh Mid-Urethral Slings	Board of Directors
2.0	9 May 2025	Review by FUSAG. Approved.	Board of Directors

Review date

These guidelines will be reviewed every 3 years by the Speciality Advisory Group and the Board of Directors. The next review date is May 2029.

Contact

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