

# Laser Treatment of Stress Urinary Incontinence (SUI)

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## SUMMARY

Stress urinary incontinence (SUI), caused by weak support of the urethra, is usually a consequence of damage to pelvic floor structures. It is characterized by urine leaking during physical activities that increase abdominal pressure, like coughing, sneezing laughing, or exercise. Weakness could be a consequence of pregnancy, childbirth, aging, or prior pelvic surgery. Other risk factors for SUI also include obesity and smoking [1].

The objective of this study was to confirm the use of laser treatment for stress urinary incontinence. Up to two sessions of IncontiLase™ treatment with an interval of 4 to 6 weeks between them were performed on 107 patients with SUI. Follow-ups were conducted 2 and 6 months after the treatment. For 41 patients (38.3%), 1 treatment was enough to improve the symptoms of SUI, while in 66 patients (61.7%) two treatments were needed. Among 107 patients treated, 102 (96.3%) decreased their SUI severity classification.

The severity and improvement of SUI with Er:YAG laser therapy were measured clinically with ICIQ-UI [2] (Fig. 1) as well as by the patients' subjective evaluation of improvement (Fig. 2).

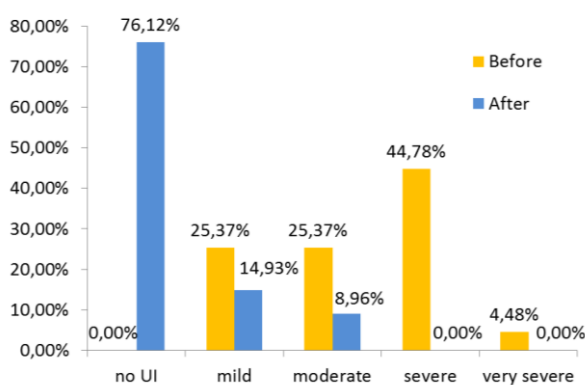


Fig. 1: SUI severity before and after IncontiLase™ as measured with ICIQ-UI.

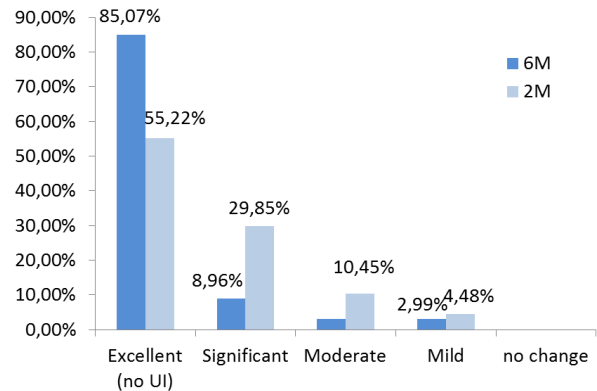


Fig. 2: SUI improvement at 2-month (2M) and 6-month (6M) follow-ups as evaluated by patients.

76% of patients were cured and all patients (100%) reported improvement of their SUI. There were no adverse effects reported.

The results of this study suggest that IncontiLase™ provides an excellent minimally invasive solution for treatment of early stages of SUI.

## REFERENCES:

1. MacLennan AH, Taylor AW, Wilson DH, Wilson D (2000) The prevalence of pelvic floor disorders and their relationship to gender, age, parity and mode of delivery. BJOG: an international journal of obstetrics and gynaecology 107: 1460–1470.
2. Klovning A, Avery K, Sandvik H, Hunskaar S (2009) Comparison of two questionnaires for assessing the severity of urinary incontinence: The ICIQ-UI SF versus the incontinence severity index. Neurourology and urodynamics 28: 411–415.

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