1. **Policy Summary**

1.1 Referral to secondary care for treatment of female urinary incontinence and symptomatic pelvic organ prolapse is considered a low priority procedure. Treatments in secondary care in line with NICE CG171 will only be funded when specific criteria are met. Clinicians are expected to follow the NICE CG171 for investigation and management.

1.2 This policy doesn’t apply to anyone <19 years of age.

NB: this policy does not apply to women with recurrence of symptoms or de novo symptoms following surgical treatment of urinary incontinence or pelvic organ prolapse. NHS England commissions specialist care for these women.

2. **Eligibility Criteria**

2.1 **Female Urinary Incontinence**

a) Eligibility Criteria: Referral to secondary care for investigation and treatment will only be considered when one of the following criteria is met:

- Stress urinary incontinence (SUI): Patient has undergone a minimum of 3 months supervised pelvic floor training, without satisfactory resolution of symptoms

- Urgency urinary incontinence (UI): Patient has undergone a minimum of 6 weeks bladder retraining plus 4 weeks treatment with an anticholinergic drug if appropriate, without satisfactory resolution of symptoms

**AND**

b) there is documented evidence that patient has received lifestyle advice where applicable regarding reducing caffeine intake, appropriate fluid intake, smoking cessation and weight loss if BMI >30
N.B. Patients with associated symptoms suspicious of malignancy (for example visible haematuria, microscopic haematuria in the over 50s, mass arising from urinary tract) should be urgently referred to secondary care.

2.2 Pelvic Organ Prolapse

a) Eligibility Criteria: Funding for surgical treatment will only be considered when one of the following criteria is met:

b) Presence of both pelvic organ prolapse AND urinary or faecal incontinence.

c) Trial of a pessary has either failed to satisfactorily relieve symptoms, OR is unacceptable to patient with a symptomatic pelvic organ prolapse.

2.3 Patients should be counselled on all the treatment options available, including the risks and benefits.

3. Rationale to the Decision

3.1 Urinary incontinence is a common medical problem more commonly found in females, with at least one quarter of adult women suffering from it and prevalence increasing with age. Urinary incontinence can be divided into stress incontinence (SUI), urge incontinence or mixed incontinence (MUI). Stress incontinence is where there is involuntary leakage of urine associated with increased intra-abdominal pressure. Urge incontinence is the involuntary leakage of urine accompanied by or immediately preceded by urgency. Urgency with or without urge incontinence can be described as overactive bladder syndrome (OAB).

3.2 Pelvic organ prolapse is common. According to the Royal College of Obstetrician and Gynaecologists half of women over 50 will have some symptoms of pelvic organ prolapse and by the age of 80 more than one in ten will have had surgery for prolapse. There are many risk factors associated with female pelvic organ prolapse including pregnancy, childbirth and ageing. Symptoms of pelvic organ prolapse include a feeling of pelvic heaviness, bulge or lump coming down from the vagina and backache; it can also be associated with bladder dysfunction.

3.3 In 2013 NICE published guidance on urinary incontinence in women. In order to offer the appropriate treatment, the clinician must first identify the type of incontinence; stress, urge (including overactive bladder) or mixed. Those with a mixed picture should be managed according to their dominant symptom (urge or stress). For women with SUI or MUI, first line treatment should be a trial of 3 months supervised pelvic floor muscle training. First line treatment for women with urgency (including OAB) or MUI should be bladder training for at least 6 weeks. Anticholinergic drugs for OAB can take 4 weeks to demonstrate their full benefit, and if the first drug does not adequately relieve symptoms or is poorly tolerated, a second drug should be offered. Where invasive treatment (surgery) is appropriate and desired by the patient, they should be referred for urodynamic investigations and discussed at an MDT first. NICE clinical knowledge summaries recommend lifestyle advice should be given where applicable regarding reducing caffeine intake, appropriate fluid intake, smoking cessation and weight loss if BMI >30.

3.4 Treatment options for women with symptomatic pelvic organ prolapse include pessary insertion or surgery. A quantitative pelvic exam is necessary to identify the anatomical origin and extent
of the prolapse, and several scales for measurement exist, including the Baden-Walker half way system and the pelvic organ prolapsed quantitative system (POP-Q)\textsuperscript{6}.

3.5 These measures do not relate to thresholds for referral, but are necessary for deciding which of the many surgical measures would be appropriate to the individual. It is beyond the scope of this policy to discuss the relative merits of the different surgical options.

3.6 In 2013 the Royal College of Obstetricians and Gynaecologists published an information leaflet\textsuperscript{3} for patients with pelvic organ prolapse. The emphasis is on providing information on all the treatment options and helping women choose their own preferred management. The recommendations include lifestyle changes such as weight loss, avoiding constipation and heavy lifting, smoking cessation and managing chronic cough. It also suggests pelvic floor exercises, post-menopausal vaginal oestrogen cream or pessaries may be beneficial in certain cases.

4. References

This policy is based on the literature discussed and referenced in the evidence brief.

1. NHS England Specialist services https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-e/e09/


3. Royal College of Obstetricians and Gynaecologists Pelvic Organ Prolapse 2013

4. NICE CG171 Urinary incontinence in women: Management
https://www.nice.org.uk/guidance/cg171?unlid=6421426320168245424

5. NICE clinical knowledge summaries http://cks.nice.org.uk/incontinence-urinary-in-women