### Comparing Treatment Options for Stress Incontinence

<table>
<thead>
<tr>
<th></th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Care</td>
<td>Improves leaking in about 50% of women</td>
<td>Does not improve leaking in about 50% of women</td>
</tr>
<tr>
<td></td>
<td>Learning &quot;the knack&quot; of contracting muscles before a cough or sneeze may show improvement quickly</td>
<td>Involves changes in lifestyle and behavior which can be difficult for some people</td>
</tr>
<tr>
<td></td>
<td>Changes may show improvement quickly</td>
<td>Changes must be maintained or improvements will be lost</td>
</tr>
<tr>
<td></td>
<td>Requires motivation to get the best effect</td>
<td>Requires motivation to get the best effect</td>
</tr>
<tr>
<td></td>
<td>Changes to exercise and diet have other health benefits</td>
<td>Removes possible improvements will be lost</td>
</tr>
<tr>
<td></td>
<td>No cost involved</td>
<td>No risk involved</td>
</tr>
<tr>
<td></td>
<td>No risk involved</td>
<td>Pelvic Floor Physical Therapy</td>
</tr>
<tr>
<td></td>
<td>60-70% of clients are satisfied with results</td>
<td>30-40% of clients are not satisfied with results</td>
</tr>
<tr>
<td></td>
<td>May show improvement quickly, when used with behavior management</td>
<td>Must be continued or improvements will be lost</td>
</tr>
<tr>
<td></td>
<td>Possible improvement in sexual sensation</td>
<td>Exercise must be continued or improvements will be lost</td>
</tr>
<tr>
<td></td>
<td>Public programs are offered at no cost in Pelvic Floor Pathway clinics and in some health regions</td>
<td>Wait times may apply for public programs</td>
</tr>
<tr>
<td></td>
<td>Insert and remove by yourself (e.g. for sports, travel or special events)</td>
<td>Cost of private physiotherapy services is paid by the patient, unless covered by private insurer</td>
</tr>
<tr>
<td></td>
<td>May be used &quot;as needed&quot;</td>
<td>Cost of private physiotherapy services is paid by the patient, unless covered by private insurer</td>
</tr>
<tr>
<td>Pessary</td>
<td>Effective for stress incontinence in 66% of women</td>
<td>Not effective for stress incontinence in 34% of women</td>
</tr>
<tr>
<td></td>
<td>Immediately effective</td>
<td>Not all women can be successfully fitted with a pessary</td>
</tr>
<tr>
<td></td>
<td>Minimal risk if used correctly</td>
<td>May need to switch size to obtain best effect</td>
</tr>
<tr>
<td></td>
<td>May be used in pregnancy and childbirth years.</td>
<td>May need extra visits to answer questions and check fit</td>
</tr>
<tr>
<td></td>
<td>Public programs are offered at no cost in Pelvic Floor Pathway clinics and in some health regions</td>
<td>May require extra visits to answer questions and check fit</td>
</tr>
<tr>
<td></td>
<td>May be used &quot;as needed&quot;</td>
<td>Must be removed twice a week and for intercourse</td>
</tr>
<tr>
<td></td>
<td>May be used &quot;as needed&quot;</td>
<td>Cost of pessary, topical estrogens is paid by the patient, unless covered by private insurer</td>
</tr>
<tr>
<td>Surgery</td>
<td>80-90% symptoms of stress incontinence cured (slightly lower in those who have had previous surgery)</td>
<td>10-20% of women not cured (slightly higher in those who have had previous surgery)</td>
</tr>
<tr>
<td></td>
<td>Immediately effective</td>
<td>Small risk (&lt;5%) of long-term difficulty emptying bladder</td>
</tr>
<tr>
<td></td>
<td>Results are permanent in most cases</td>
<td>Small risk of pain with intercourse, requiring removal of mesh</td>
</tr>
<tr>
<td></td>
<td>May be combined with prolapse surgery</td>
<td>Small surgical risk related to anesthesia, infection, other damage</td>
</tr>
<tr>
<td></td>
<td>May be combined with prolapse surgery</td>
<td>Not recommended to have children following surgery</td>
</tr>
<tr>
<td></td>
<td>Cost of surgery covered by public health plan</td>
<td>Wait times may apply</td>
</tr>
<tr>
<td></td>
<td>Postoperative pain (a few days to a few weeks)</td>
<td>Possible hospital stay</td>
</tr>
<tr>
<td></td>
<td>No lifting or intercourse for 30 days</td>
<td>May need to be off work for a time</td>
</tr>
</tbody>
</table>

Excerpt from: Information for Women about Incontinence & Vaginal Prolapse, March 2014, Saskatchewan Pelvic Floor Pathway.
<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
<th>Pros</th>
<th>Cons</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Care</td>
<td></td>
<td>Pelvic Floor Physical Therapy</td>
<td></td>
<td>Medications</td>
<td></td>
</tr>
<tr>
<td>Improves leaking in about 50% of women</td>
<td>Does not improve leaking in about 50% of women</td>
<td>60-70% of clients are satisfied with results</td>
<td>Does not improve leaking in 40-50% of women</td>
<td>Improves leaking in 50-60% of women</td>
<td></td>
</tr>
<tr>
<td>Eliminating caffeine shows effects after 1-2 weeks</td>
<td>Involves changes in lifestyle and behavior, which can be difficult for some people</td>
<td>May show improvement quickly when used with freeze and squeeze</td>
<td>Side effects include dry mouth, dry eyes, stomach upset, constipation and blurred vision</td>
<td>Oxybutinin takes 1-2 weeks to see full effect</td>
<td></td>
</tr>
<tr>
<td>Fluid management and toileting management may have immediate effect</td>
<td>Requires commitment to attending sessions and doing daily exercises</td>
<td>Possible improvement in sexual sensation</td>
<td>Cost of medications is paid by the patient, unless covered by private insurer</td>
<td>Other medications take about 1 month</td>
<td></td>
</tr>
<tr>
<td>No cost involved</td>
<td>No risk involved</td>
<td>Possible improvement in sexual sensation</td>
<td>Cost of pelvic floor therapy services is paid by the patient, unless covered by private insurer</td>
<td>Oxybutinin is fast acting and can be used on an occasional basis</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cost of private physiotherapy services is paid by the patient, unless covered by private insurer</td>
<td></td>
<td>Side effects go away when medication is stopped</td>
<td></td>
</tr>
</tbody>
</table>
Comparing Treatment Options for Vaginal Prolapse

<table>
<thead>
<tr>
<th>Pelvic Floor Physical Therapy</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Some improvement when mild prolapse is present</td>
<td>Significant improvement of prolapse symptoms is not expected</td>
</tr>
<tr>
<td></td>
<td>Improvement in bladder and bowel emptying with toileting techniques</td>
<td>Takes 3-6 months to see the full effect</td>
</tr>
<tr>
<td></td>
<td>Possible improvement in sexual sensation</td>
<td>Requires commitment to attending sessions and doing daily exercises</td>
</tr>
<tr>
<td></td>
<td>No risk involved</td>
<td>Exercises must be continuous or improvements may be lost</td>
</tr>
<tr>
<td></td>
<td>Public programs are offered at no cost in Pelvic Floor Pathway clinics and in some health regions.</td>
<td>Wait times may apply for public programs</td>
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<table>
<thead>
<tr>
<th>Pessary</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Immediate, comfortable relief of vaginal pressure for most women</td>
<td>Not all women can be successfully fitted with a pessary</td>
</tr>
<tr>
<td></td>
<td>Minimal risk if used correctly</td>
<td>Wait time may apply for pessary fitting and follow up visit.</td>
</tr>
<tr>
<td></td>
<td>May be used in pregnancy and childbearing years</td>
<td>May require 1 or 2 extra visits to answer questions and check fit</td>
</tr>
<tr>
<td></td>
<td>Insert and remove by yourself</td>
<td>May need to switch size to obtain best effect.</td>
</tr>
<tr>
<td></td>
<td>May be used &quot;as needed&quot; (e.g. sports, travel, special events)</td>
<td>Leaving the pessary in longer than suggested may lead to vaginal ulcers, bleeding and discharge</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Surgery</th>
<th>Pros</th>
<th>Cons</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>70-75% chance of long term improvement</td>
<td>25-30% chance of not having long term success</td>
</tr>
<tr>
<td></td>
<td>Immediately effective</td>
<td>Small risk (less than 5%) related to anesthetic and surgery</td>
</tr>
<tr>
<td></td>
<td>May be combined with stress incontinence surgery</td>
<td>Small risk of pain with intercourse from narrowing of vagina or tenderness in incisions</td>
</tr>
<tr>
<td></td>
<td>Cost of surgery covered by public health plan</td>
<td>Not recommended to have children following surgery</td>
</tr>
</tbody>
</table>

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