

# Transurethral Radiofrequency Energy Treatment for Stress Urinary Incontinence (SUI)

■ *60 year old woman with significant comorbidities and SUI*

## ■ Patient Profile

A 60 year old woman was referred to a urologist for treatment of her stress urinary incontinence. For the previous four years, she had been experiencing leakage associated with coughing, sneezing, positional changes, and recreational activities. She denied symptoms of urgency, frequency, and nocturia. She had no history of urinary tract infections or of incontinence surgery.

## ■ Medical History, Physical Examination, and Urodynamics

The patient suffered from diabetes, hypertension, hypercholesterolemia, and depression. Her medications included glipizide, Zocor, Norvasc, enalapril, and Zoloft. Her childbirth history included three uncomplicated spontaneous vaginal deliveries. Her Incontinence Quality of Life (I-QOL)<sup>1</sup> score was 42 points on the 100-point quality of life scale. Baseline 3-day daily urinary diary demonstrated that she experienced an average of six incontinence episodes daily.

The patient stood 5'4" tall and weighed 187 pounds (BMI = 32.1). The diagnosis of stress incontinence was made. A pelvic exam revealed minimal pelvic organ prolapse (Stage I POP-Q<sup>2</sup>). Cystometrogram demonstrated a normal bladder capacity and normal detrusor function.

## ■ Non-Surgical, Transurethral Radiofrequency Energy Treatment

The patient underwent non-surgical, transurethral radiofrequency energy collagen denaturation of microscopic sites within her bladder neck and proximal urethral submucosa. The patient received intravenous conscious sedation (the treatment can also be performed under local plus oral anesthesia). The treatment was uncomplicated and required approximately 25 minutes (including perineal preparation and draping). After a brief recovery period, the patient was discharged home, at which time she categorized her post-treatment level of pain as "2" on a visual analog scale (the scale ranges from "0 – no pain" to "10 – terrible pain"). She was instructed to avoid strenuous activities and sexual intercourse for one week, and she was allowed to return to her regular home or employment activities.

## ■ Patient Recovery and Follow-Up

The patient was followed periodically for 12 months, during which time she experienced no adverse events. At one month following treatment, her daily episode frequency was reduced by 50% (to 3 daily episodes), and by month three, she was completely continent. At 12 months following treatment she remained completely continent, and her I-QOL score had increased to 92 points on the 100-point quality of life scale.

	Pre-Treatment	12 Months Post-Treatment
Incontinence Episodes	6/day	0/day
I-QOL Score	42	92

## References

- 1 Wagner TH, Patrick DL, Bavendam TG, et al. Quality of life in persons with urinary incontinence: development of a new measure. *Urol* 47:67-72, 1996.
- 2 Bump RC, Mattiasson A, Bo K, et al. The standardization of terminology of female pelvic organ prolapse and pelvic floor dysfunction. *Am J Obstet Gynecol* 175(1):10-17, 1996.