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Continence

Current Awareness Bulletin

February 2025

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  45 minutes. Learn how to transform a question into a search strategy, and how to find the best evidence in a database.
  Next sessions: 18th March @ 11am, 10th April @ 12 noon & 9th May @ 2pm

- **Simple and painless evidence into practice (BMJ Best Practice and the LKS Hub)**
  30 minutes. Learn about quick and hassle-free ways to seamlessly incorporate evidence into your daily work.
  Next sessions: 13th March @ 10am, 11th April @ 11am & 12th May @ 12 noon

- **Quickfire health literacy – getting your message across**
  30 minutes. Learn about the communication barriers patients may encounter, and ways to ensure they get the most from their care.
  Next sessions: 4th March @ 12 noon, 2nd April @ 1pm & 15th May @ 2pm

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1. **Home and outpatient electrostimulation in the treatment of urinary incontinence in women: a systematic review**

Authors: Caetano, Suele Moura Oliveira Coelho;Pereira, Elma Gomes;Ribeiro, Aline Moreira;Brito, Júlia Barros and dos Santos, Clarcson Plácido Conceição

Publication Date: 2025

Journal: BMC Women's Health 25(1), pp. 1–12

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2. **Two-Year Efficacy and Safety Outcomes of the Pivotal OASIS Study Using the Revi System for Treatment of Urgency Urinary Incontinence**

Authors: Heesakkers, John P. F. A.;Toozs-Hobson, Philip;Sutherland, Suzette E.;Digesu, Alex;Amundsen, Cindy L.;McCrery, Rebecca J.;De Wachter, Stefan;Kean, Emily R.;Martens, Frank;Benson, Kevin;Ferrante, Kimberly L.;Cline, Kevin J.;Padron, Osvaldo F.;Giusto, Laura;Lane, Felicia L.;Witte, Lambertus P. W. and Dmochowski, Roger R.

Publication Date: 2025

Journal: The Journal of Urology 213(3), pp. 323–332

Abstract: Purpose: The BlueWind Medical Device, Revi, is a novel implantable tibial neuromodulation system powered by an external, battery-operated wearable that facilitates individually tailored stimulation to provide treatment for urgency urinary incontinence (ie, overactive bladder wet). The Revi System is the first Food and Drug Administration-cleared implantable neuromodulation device which can be used without prior failure with more conservative treatment options. Two-year follow-up results of the OASIS (Overactive Bladder Stimulation System) study are presented.; Materials and Methods: The Revi System was implanted in 151 female participants. The primary efficacy and safety end points were assessed at 6 and 12 months, after which participants either consented to extend follow-up for long-term assessment of treatment durability and safety or they chose to exit the study.; Results: Ninety-seven participants completed the 24-month assessment, and of these, 79% were therapy responders (≥50% reduction in urgency urinary incontinence episodes, demonstrated on a 3-day voiding diary). Importantly, therapeutic response was durable, with comparable effectiveness at 6, 12, and 24 months (response rates of 78%, 82%, and 79%, respectively). Participants who completed both the 6- and 24-month assessment had similar demographics and treatment results at the 6-month visit, indicating that these results at 24 months are representative of the overall study population. In addition,

high satisfaction and patient impression of improvement were reported, with 97% (88/91) of the participants satisfied with the therapy and 80% (78/97) feeling "much better" or "very much better." There were no serious adverse events related to the device or the procedure through 24 months.; Conclusions: Two-year results demonstrate durable efficacy, high patient satisfaction, and a very favorable safety profile.; Trial Registration: ClinicalTrials.gov Identifier: NCT03596671.

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3. **Prevalence of urinary incontinence in postpartum women and physiotherapy interventions applied: An integrative review**

Authors: Koomson, Gifty;Mgolozeli, Siyabulela Eric and Mshunqane, Nombeko

Publication Date: 2025

Journal: International Journal of Gynaecology and Obstetrics: The Official Organ of the International Federation of Gynaecology and Obstetrics 168(3), pp. 965–977

Abstract: Objective: This integrative review identified studies that reported the prevalence of physiotherapeutic interventions for urinary incontinence among postpartum women.; Methods: This is an integrative literature review study. We used the integrative literature review framework proposed by Whittemore and Knafl to search for relevant literature.; Search Strategy: The search strategy for electronic databases was developed from the research question and definitions of key concepts, assisted by the librarian. Databases that were searched include Google Scholar, Medline (PubMed), CINAHL, and the Joanna Briggs Institute databases. Both qualitative and quantitative studies that met the inclusion criteria were included. We used the CASP tool to assess the quality of selected papers.; Data Collection and Analysis: The included articles were thematically analyzed. Thirty-six papers met the inclusion criteria for the review. Six themes emerged from the analysis: prevalence of postpartum UI; risk factors for postpartum UI; antenatal pelvic floor muscle training; conservative treatment and quality of life; experiences of postpartum women with UI; and possible coping strategies adopted by women. Most of the articles were quantitative studies (80.5%); 16.6% were qualitative and 2.7% adopted mixed methods.; Conclusions: Urinary incontinence is common in postpartum women. Antenatal pelvic floor muscle training is protective against postpartum UI and should be the first-line treatment option. (© 2024 The Author(s). International Journal of Gynecology & Obstetrics published by John Wiley & Sons Ltd on behalf of International Federation of Gynecology and Obstetrics.)

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4. **Prevalence, Diagnosis, and Management of Stress Urinary Incontinence in Women: A Collaborative Review**

Authors: Moris, Lisa;Heesakkers, John;Nitti, Victor;O'Connell, Helen,E.;Peyronnet, Benoit;Serati, Maurizio;Omar, Muhammad Imran and Harding, Chris

Publication Date: 2025

Journal: European Urology 87(3), pp. 292–301

Abstract: Background and Objective: Stress urinary incontinence (SUI), defined as any involuntary leakage of urine associated with physical activity, remains underdiagnosed and undertreated. This review aims to provide an updated overview of the prevalence, diagnosis, and treatment of SUI in women, drawing upon recent evidence-based literature and clinical guidelines.; Methods: A systematic search of the MEDLINE database was conducted to identify only the most up-to-date and relevant studies published up to February 26, 2024, including the reference ESTER systematic review. The search was limited to systematic reviews published in the preceding 1 yr. Any additional included publications were limited to those published or referenced as part of the existing/current guidelines.; Key Findings and Limitations: Diagnosis of SUI involves a comprehensive assessment, including medical history, physical examination, and in some cases, invasive urodynamics. Pelvic floor muscle training emerges as a first-line management strategy, showing efficacy in symptom improvement when good educational instructions and supervision are provided. Surgical interventions with midurethral and single-incision slings offer a second-line option, although concerns regarding mesh-related

complications persist with a decrease in its use. Moreover, the long-term efficacy of single-incision slings remains to be confirmed. Urethral bulking agents, colposuspension, and autologous fascial slings are existing alternatives supported by robust evidence, albeit with a different adverse event profile. Management of complicated and severe SUI remains challenging, with autologous fascial sling and artificial urinary sphincters being established treatments, but high-quality data remain lacking.; Conclusions and Clinical Implications: Heightened awareness and accessibility to SUI treatment are imperative to address the gap between prevalence and medical care-seeking behavior. Pelvic floor muscle training and surgical interventions represent key modalities. However, a notable escalation in invasiveness and complication rates when transitioning to surgical interventions is clear and has resulted in a hesitance among patients to proceed along the treatment continuum, particularly in light of mesh-related complications. Ongoing research is necessary to optimize outcomes and ensure patient safety, particularly for complicated SUI where data on comparative effectiveness remain limited.

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5. **Understanding the role of culture in shaping attitudes and beliefs on urinary incontinence: a scoping review protocol**

Authors: Panesar, Simran;Rajabali, Saima;Kennedy, Megan and Wagg, Adrian

Publication Date: 2025

Journal: BMJ Open 15(2), pp. e091092

Abstract: Introduction: Urinary incontinence (UI) is a common condition among older adults with adverse consequences to health and well-being. Shame, stigma and cultural perspectives can prevent treatment-seeking behaviour. Although there is an abundance of studies in the health research literature that explore the physiological basis of UI, there is limited evidence on the role culture plays in shaping knowledge of, attitudes to and beliefs about UI. This review aims to answer what is known about the role of culture in shaping the attitudes and beliefs on UI to identify gaps in the literature and direct future research.; Methods and Analysis: The Joanna Briggs Institute method for scoping reviews will be used to conduct the review, in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR). The MEDLINE, Embase, PsycINFO, Cumulated Index in Nursing and Allied Health Literature, EBSCOhost, Scopus databases and WHO Index Medicus databases will be searched, without any restriction on language and publication date, enhancing the comprehensiveness and inclusivity of the review. A preliminary search of MEDLINE was conducted (09 February 2024) to identify articles. The screening and analysis of the search results from the databases will be managed using Covidence software. Two authors will screen articles, with a third involved as needed to resolve any differences. Findings will be organised using tables and key themes will be identified.; Ethics and Dissemination: Formal ethics approval is not required for this review as it does not involve any human or animal participants. Findings will be disseminated in a high-impact peer-reviewed journal with a focus on open-access publication at conferences and used to inform studies on the development of culturally sensitive management programmes for UI with the full involvement of patients.; Trial Registration: Open Science Framework https://osf.io/3d97f.; Competing Interests: Competing interests: SP: declares research support from the Muhlenfeld Family Trust, CIHR Master’s Scholarship and the TD Bank Research Fund Award. (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ Group.)

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6. **Missed Opportunities: A Mixed-Methods Assessment of Disparities in Treatment for Fecal Incontinence**

Authors: Seitz, Vienne;Calata, Jed;Mei, Ling and Davidson, Emily R. W.

Publication Date: 2025

Journal: Urogynecology (Philadelphia, Pa.) 31(3), pp. 243–249

Abstract: Importance: Previous work identified racial disparities in access to fecal incontinence (FI) treatments. However, less is known about patient perspectives of these barriers.; Objectives: This study assessed differences in FI symptom severity and treatment utilization between Black and White patients.; Study Design: This mixed-methods assessment studied adult non-Hispanic Black and White women treated for FI who either did not respond to medical therapy nor received sacral neuromodulation or did not follow up after medical therapy. Structured interviews queried patients about treatments offered and symptom severity.; Results: Of the 118 patients in the retrospective evaluation, 59 (50%, 24 Black and 35 White) were interviewed. Black patients were more likely than White patients to report occasional, weekly, or daily solid and stool incontinence (75.0% vs 48.6%, P = 0.042; 87.5% vs 51.4%, P = 0.004, respectively) and flatal incontinence (83.3% vs 62.9%, P = 0.088).Of those prescribed fiber supplements and antidiarrheal medications, Black patients were less likely to report symptom improvement (25.0% vs 70.0%, P = 0.013; 57.1% vs 87.5%, P = 0.092, respectively, for each medication type) and ongoing regimen adherence (25.0% vs 63.3%, P = 0.013; 28.6% vs 87.5%, P = 0.035, respectively).Black patients were more likely to report impairment in daily functioning secondary to FI (83.3% vs 57.1%, P = 0.034) and were more likely to seek a follow-up visit with a health care professional that performs sacral neuromodulation (79.2% vs 28.6%, P < 0.001).; Conclusions: Black patients were more likely to have severe symptoms and poorer treatment outcomes and desire future follow-up, highlighting the importance of addressing racial differences in patient preferences in FI management strategies.; Competing Interests: The authors have declared they have no conflicts of interest.

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7. **A Bladder Sensor for Adults With Urinary Incontinence**

Authors: van den Bosch, Filine;van Leuteren, Paul;Tobisch, Sandra and Duijvesz, Diederick

Publication Date: 2025

Journal: Neurourology and Urodynamics

Abstract: Introduction: Urinary incontinence (UI) is a very common hygiene and health problem in adults which has an enormous impact on quality of life (QoL). Noninvasive treatment options are the first line of treatment. It would be beneficial to know when the bladder reaches its maximum capacity, to enable to prompt going to the bathroom on time and thereby potentially prevent an UI event. Recently, a wearable bladder sensor was developed, the TENA SmartCare Bladder Sensor (Bladder Sensor), which is intended to support children (≥ 6 years) and adults (BMI ≤ 25 kg/m 2). The Bladder Sensor tracks the bladder filling status and notifies the user when it is time to go to the bathroom by a vibration of the device and/or a notification in an app on a mobile device (e.g., smartphone and/or Apple Watch®). The primary objective of this first pivotal study was to demonstrate that the Bladder Sensor can detect the bladder before urination among adult intended users. The secondary objectives were to collect real-life data to evaluate performance, safety, usability, and subject satisfaction with the device as well as impact on QoL. The primary hypothesis was to evaluate if the median bladder detection rate in the evaluated population is greater than the threshold of 85% (H0: ≤ 0.85, H1: > 0.85, p-value < 0.05).; Patients & Methods: Adults (≥ 18 years) suffering from UI during day and/or night tested the Bladder Sensor independently at home for 1 week. Device performance, safety, usability, user satisfaction and self-reported disease specific information, and QoL were assessed at pre-defined times. Intra-individual results were compared. Any episodes of urination and/or urine loss were documented by subjects in a paper diary. Raw data of the Bladder Sensor was analyzed to evaluate the bladder detection rate and full bladder notification rate(s).; Results: 30 adults (female/male: 67%/33%; median age: 53 years (Interquartile range (IQR) 32-61 years); median BMI of 22.6 kg/m 2 (IQR 20.7-23.8 kg/m 2)) completed the study testing the Bladder Sensor at home for 6.9 days on average. The median bladder detection rate was 89.8% (IQR 82.6-95.3%) in a sample without statistically and clinically identified outliers (n = 28). The null hypothesis was rejected among those (z = 69, p < 0.05). The median actual full bladder notification rate was 63.1% (IQR 50.0-71.4%), and the median perceived full bladder notification rate was 94.4% (IQR 87.0-105.6%). The device showed to have a positive effect on subjects' UI problems (e.g., 67% reduced number of unwanted leakages) and QoL.; Conclusion: It was demonstrated that the Bladder Sensor can detect the bladder under real-life conditions among its intended users and can support in the prevention of UI. This seemed dependent

on anatomical limitations (e.g., BMI and body shape), bladder volume (low bladder detection rate < 100 mL), and/or proper fixation. The device had a positive effect on the subject's urinary incontinence, their Qo,L and overall well-being while testing it for 1 week. It is assumed that this effect will be strengthened when users incorporate the use of the device into their daily life. Long-term benefits of the Bladder Sensor as an adjunct tool in continence care management needs to be investigated.; Trial Registration: Registration number is NL81246.000.22. (© 2025 Wiley Periodicals LLC.

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8. **Risk prediction models for stress urinary incontinence after pelvic organ prolapse (POP) surgery: a systematic review and meta-analysis**

Authors: Yu, Bi Jun;He, Hao Chong;Wang, Li;Shao, Han Mei;Liu, Ying Min;Yan, Xiao Ying and Liu, Jian

Publication Date: 2025

Journal: BMC Women's Health 25(1), pp. 1–13

Sources Used

The following databases are searched on a regular basis in the development of this bulletin:
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