

# Stressincontinentie ontrafeld

Laetitia M.O. de Kort, uroloog  
Afdeling Urologie, UMC Utrecht

Jaarlijkse Bijscholing Urotherapie  
17 maart 2024 Figi, Zeist



UMC Utrecht

# Disclosures

---

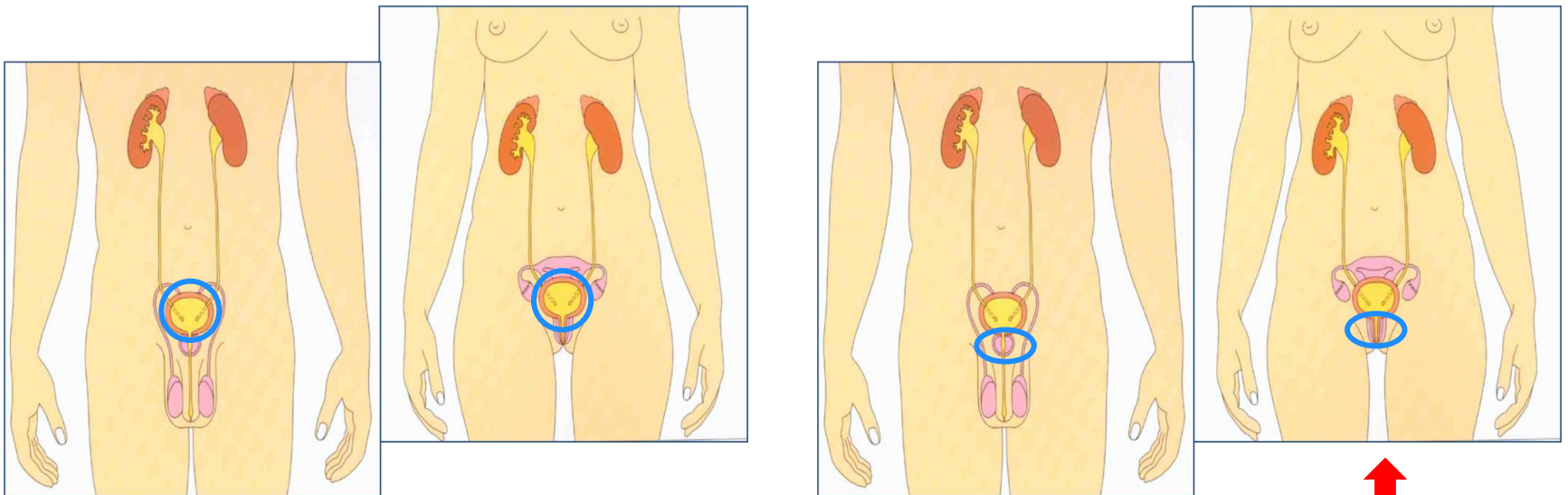
**GEEN voor dit onderwerp**

# Wat is stressincontinentie?

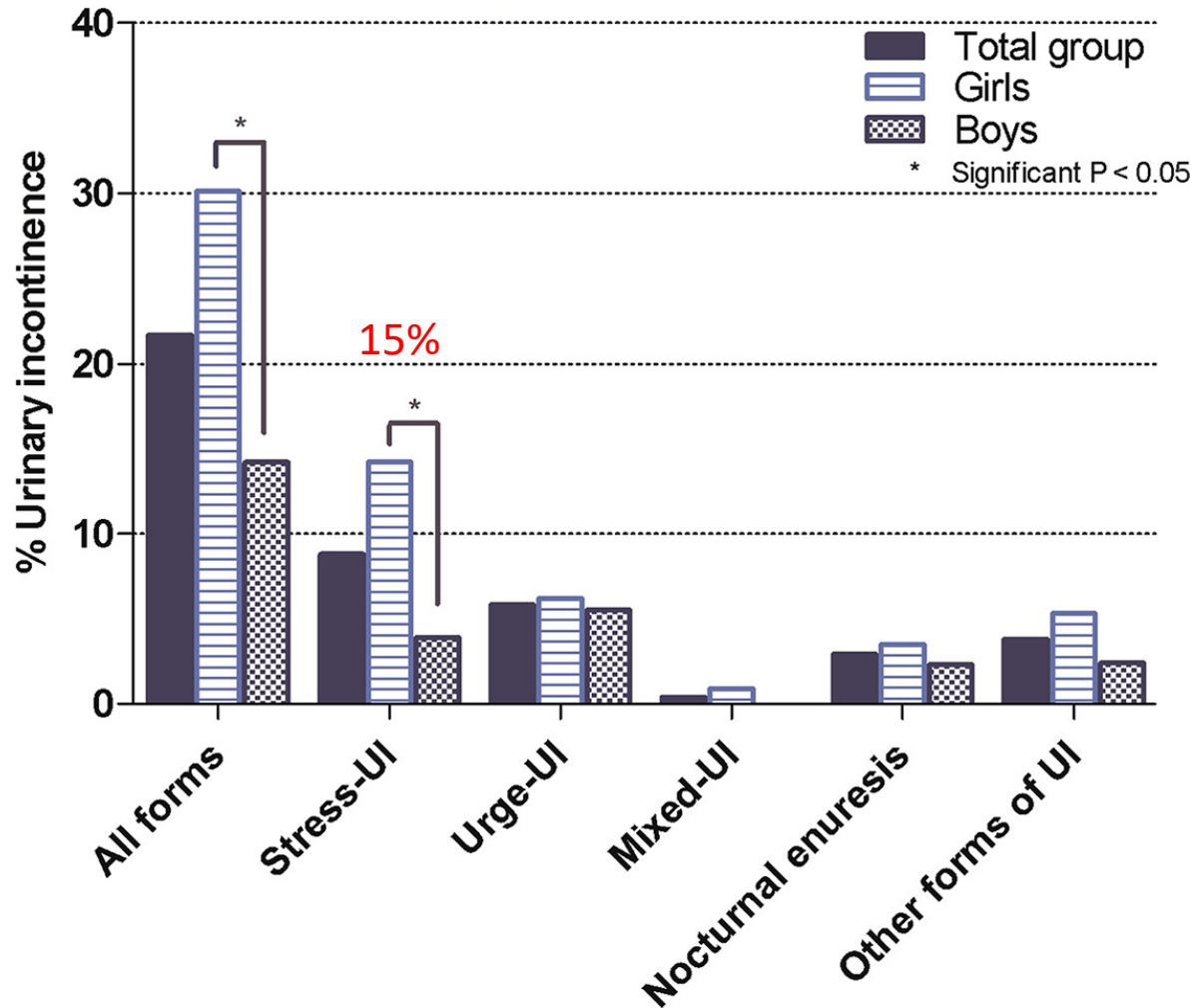
Ook wel: inspanningsincontinentie

Onwillekeurig urineverlies tijdens hoesten, niezen, lachen en plotselinge houdingsveranderingen

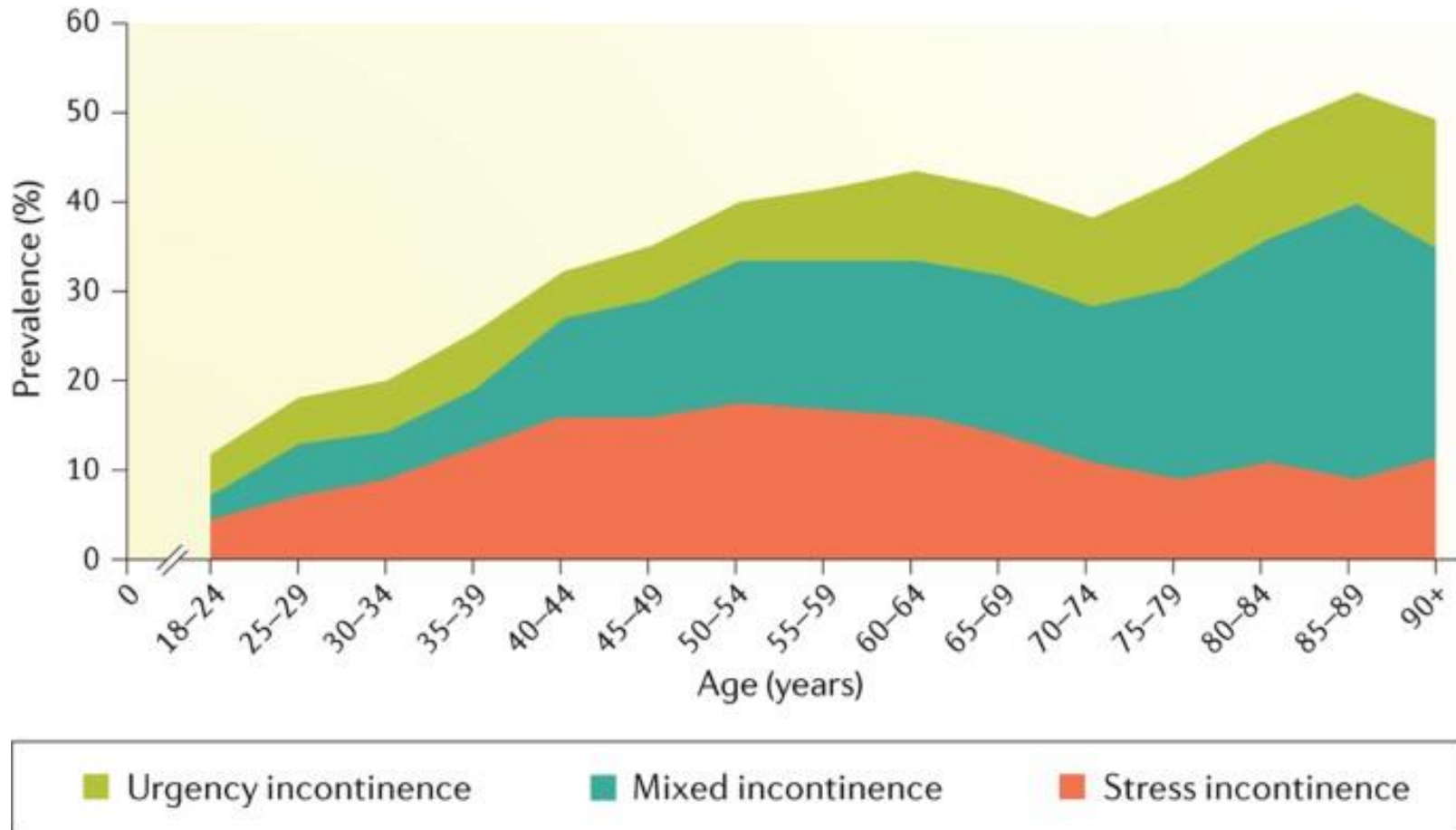
In tegenstelling tot drangincontinentie: urineverlies bij plotselinge aandrang



# Hoe vaak komt stress incontinentie voor bij kinderen?



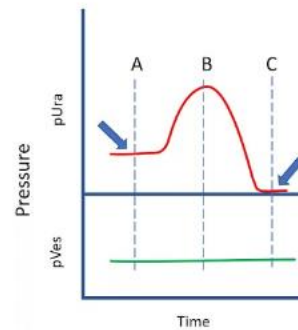
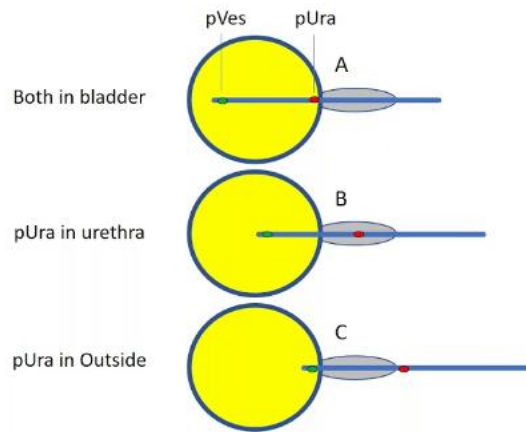
# En bij volwassenen (vrouwen)?



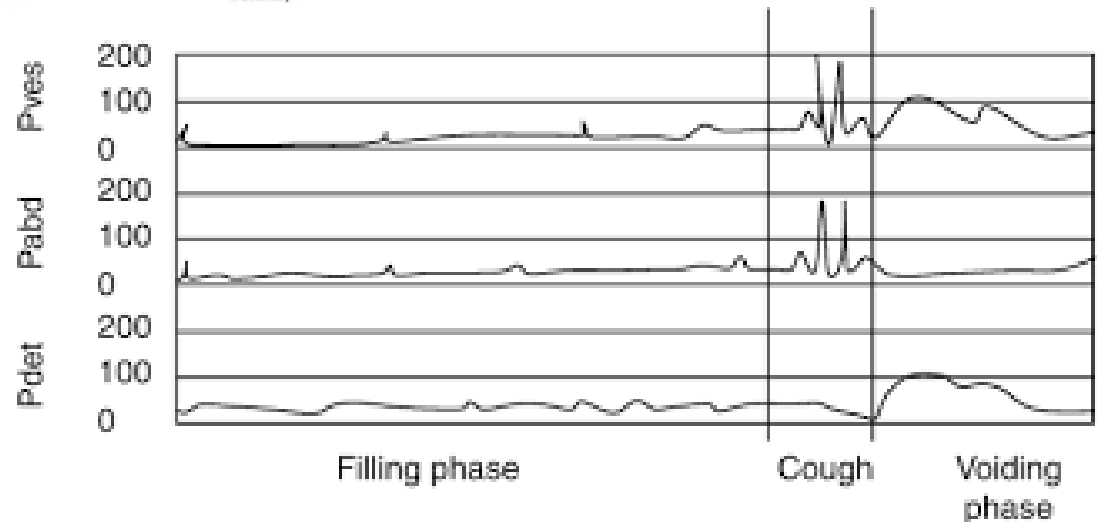
Nature Reviews | Disease Primers

# Continentie

De druk in de urethra moet altijd (ergens) hoger zijn dan in de blaas

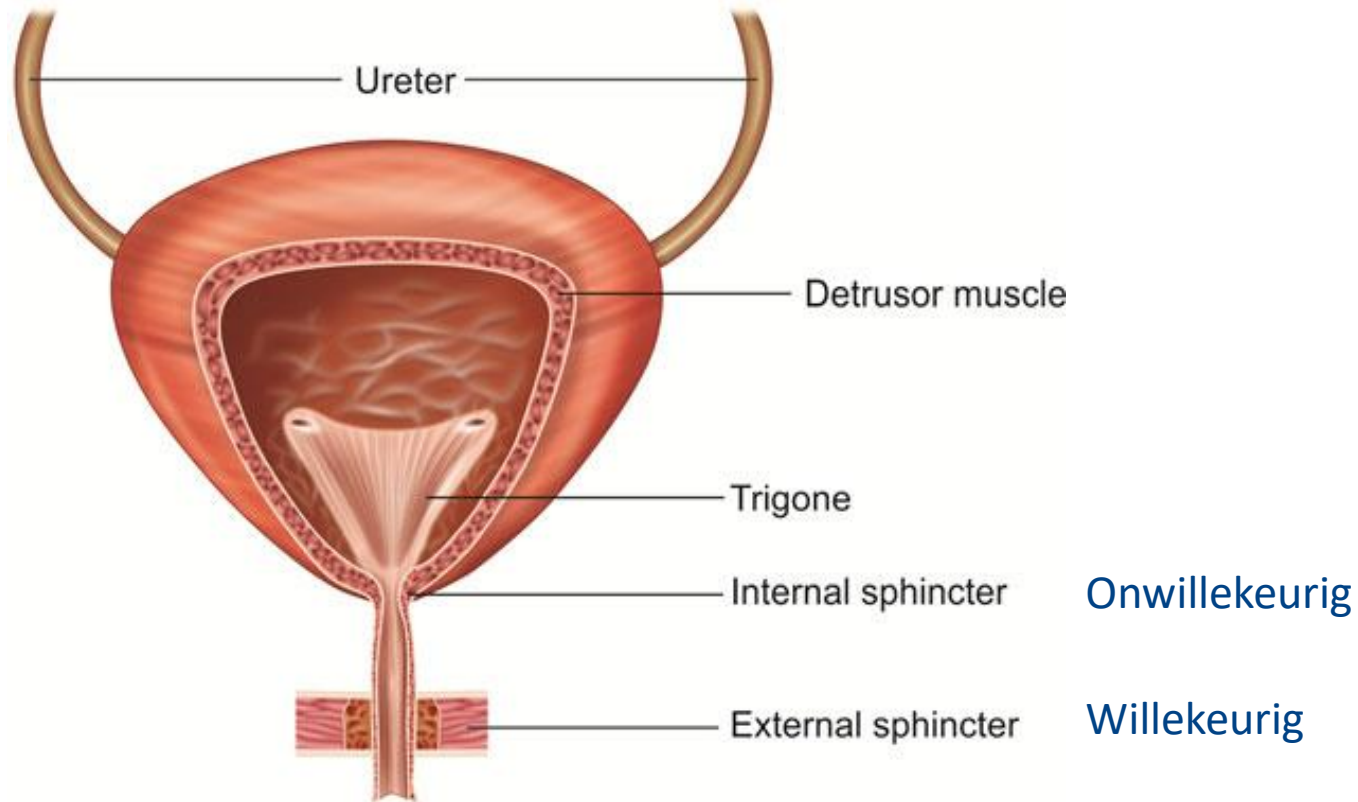


© Delancey

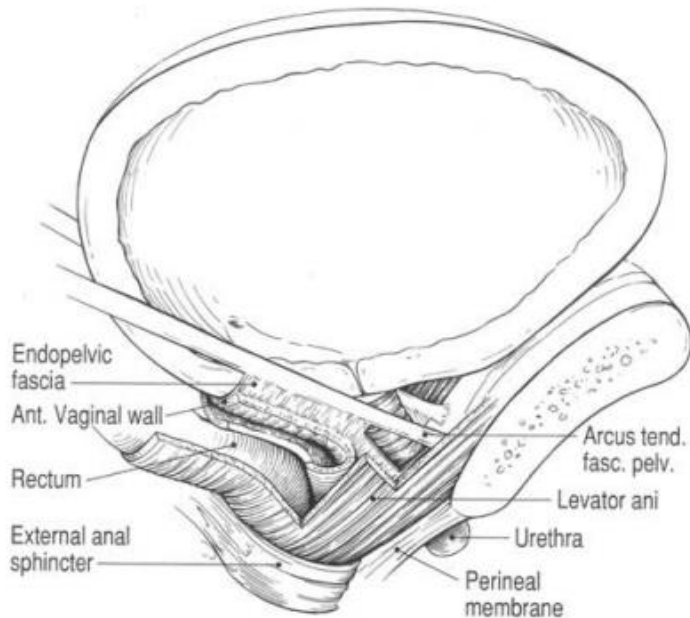


# Afsluitmechanisme

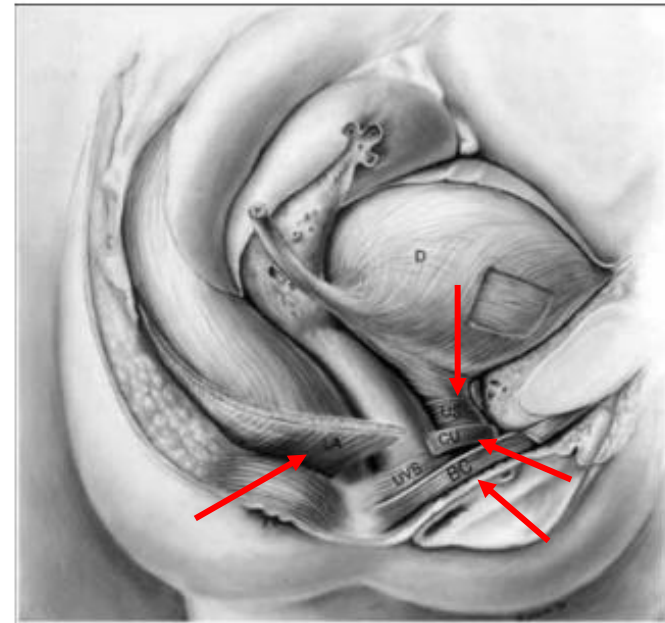
---



# Het afsluitmechanisme



**FIGURE 1.** Lateral view of the components of the urethral support system. Note how the levator ani muscles support the rectum, vagina, and urethrovesical neck. Also note how the endopelvic fascia beside the urethra attaches to the levator ani muscle; contraction of the levator muscle leads to elevation of the urethrovesical neck. Puborectalis muscle is removed for clarity. (From © DeLancey 2005, redrawn from DeLancey 1994,<sup>10</sup> with permission of C.V. Mosby Company, St. Louis)

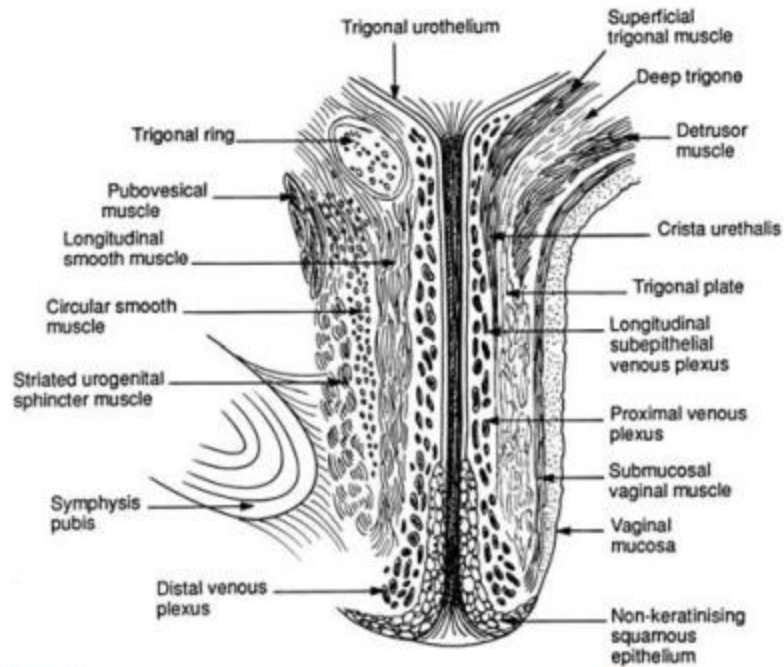


**FIGURE 4.** Lateral view of urethral and pelvic floor muscular anatomy. BC denotes bulbocavernosus; CU, compressor urethrae; D, detrusor; LA, levator ani; US, urethral sphincter; UVS, urethrovaginal sphincter. Puborectalis muscle is removed for clarity. (© DeLancey 2004).

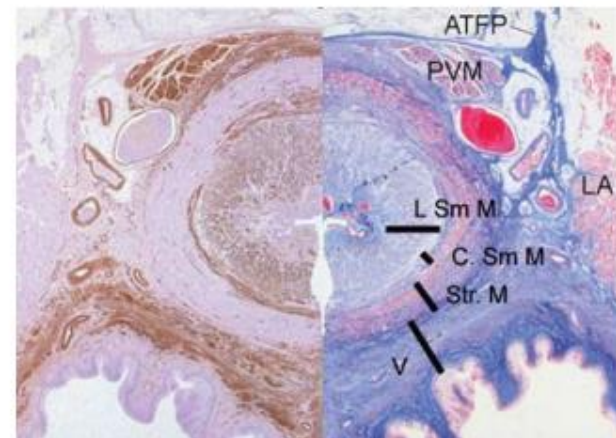
- M. levator ani
- M. bulbocavernosus
- M. compressor urethrae
- M. sfincter urethrae



# Anatomie van de urethra

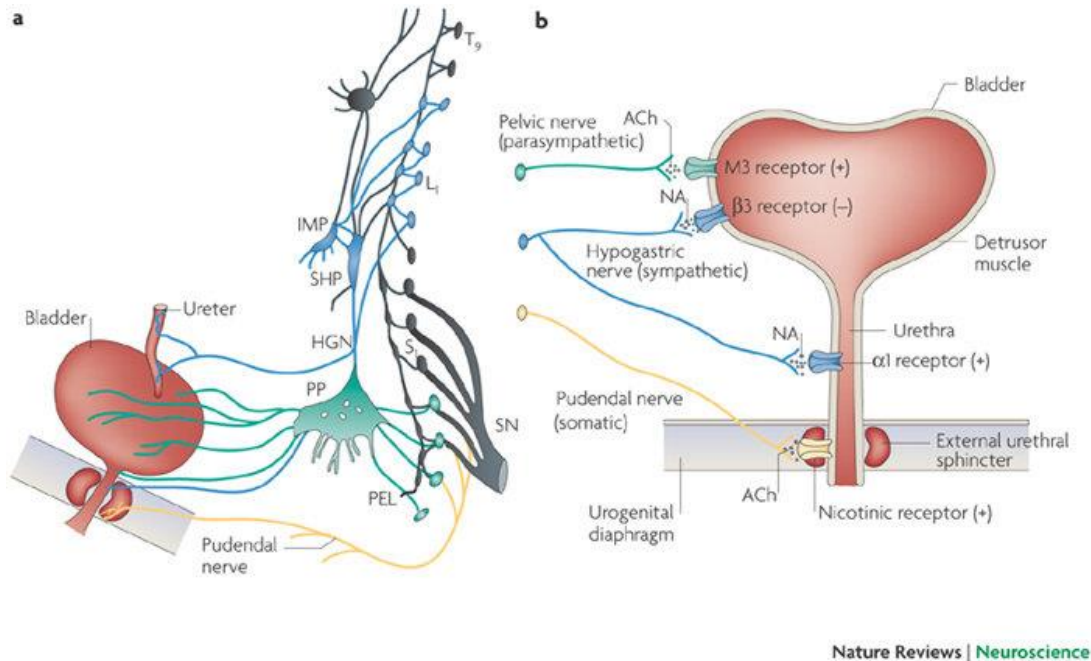


**FIGURE 2.** Midsagittal section showing the anatomy of the older female urethra. (© DeLancey 1997)



**FIGURE 3.** Transverse histologic section of the midurethra from a 21-year-old woman. At left, structures are visualized using a sigma-actin smooth muscle stain. At right, the contralateral side is stained with Masson's trichrome. Shown are the pubovesical muscle (PVM), the circumferential smooth muscle (C. Sm M) surrounding the submucosa of the urethral lumen, and the longitudinal smooth muscle (L. Sm M) layer. At right, the contralateral side is stained with Masson's trichrome to show the arcus tendineus facia pelvis (ATFP), the striated urogenital sphincter muscle (Str. M), the levator ani (LA), and the anterior vaginal wall (V). (From Strohbehn,<sup>11</sup> with permission from Lippincott Williams Wilkins, Baltimore, MD)

# Innervatie van het afsluitmechanisme



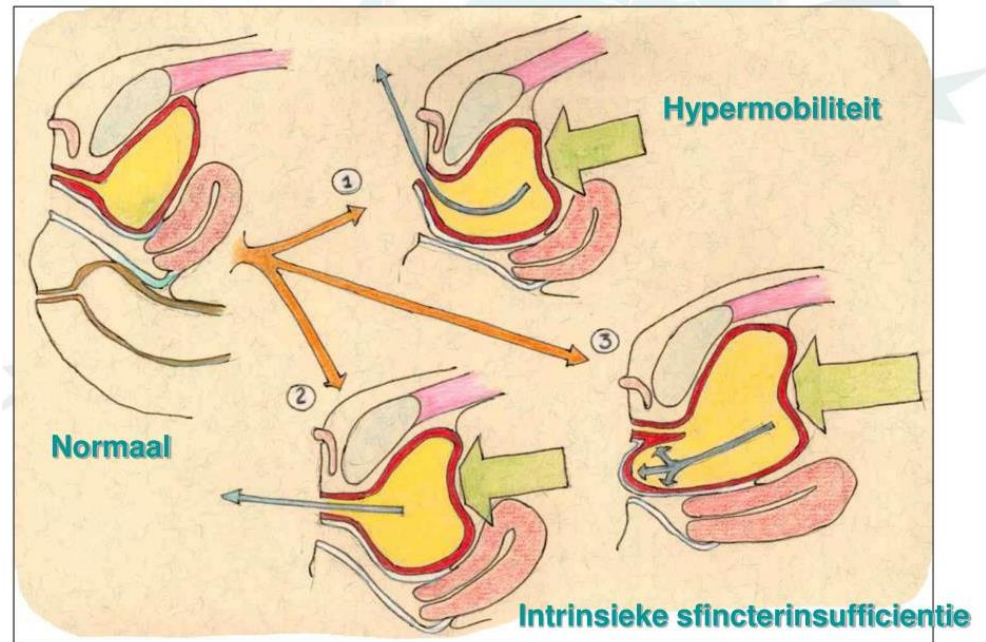
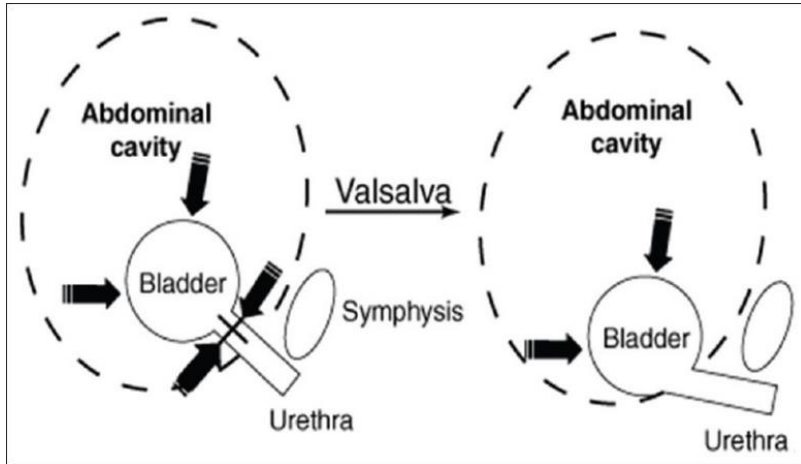
## Autonoom

- Sympatisch (n hypogastricus)
  - Actie
  - Detrusor ontspannen
  - Sfincter aangespannen
- Parasympathisch (n pelvicus)
  - Rust
  - Detrusorcontractie
  - Sfincter ontspannen

## Somatisch (n pudendus)

- Willekeurige sfincter

# Verzakking en stressincontinentie



# Wanneer stressincontinentie?

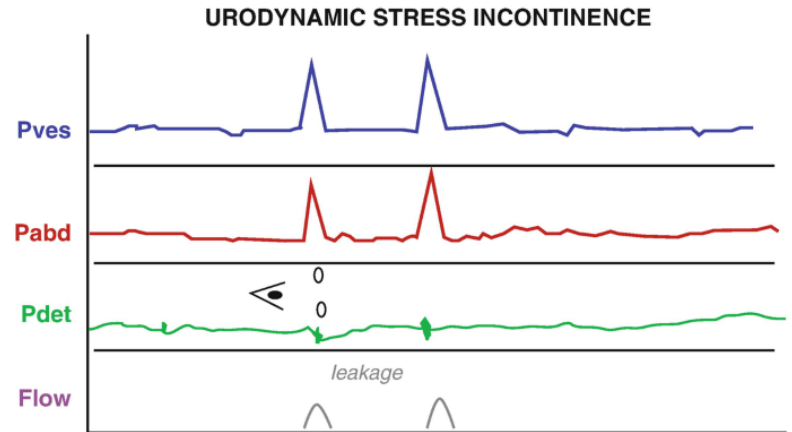
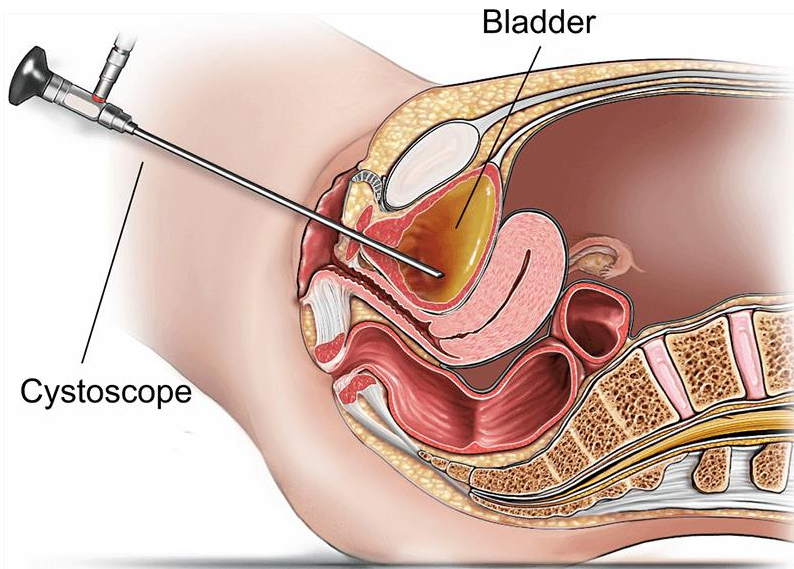
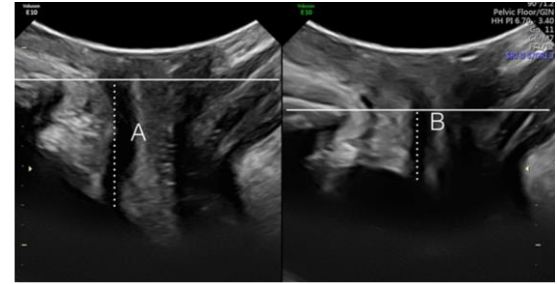
---

De druk in de urethra moet altijd (ergens) hoger zijn dan in de blaas

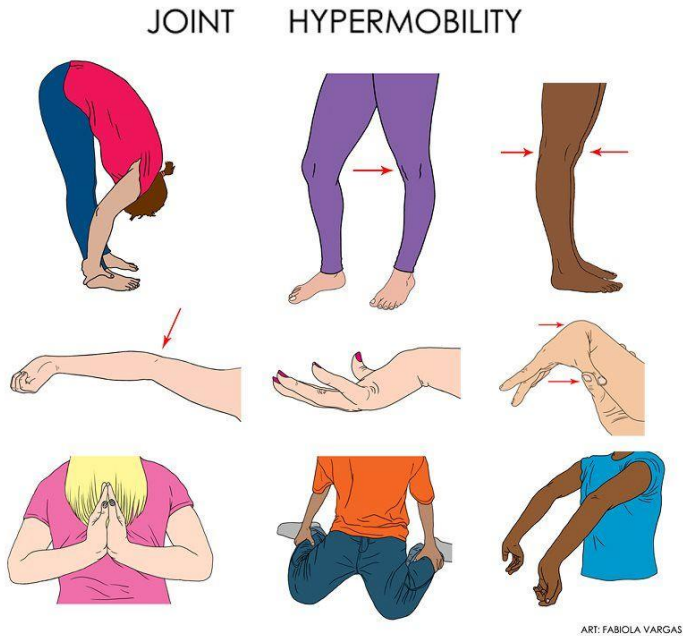
- Hoge blaasdruk  $\neq$  stress incontinentie
- Slechte afsluitdruk ten gevolge van problemen met:
  - Interne sfincter
  - Externe sfincter
  - Innervatie
  - Anatomie urethra
  - Drukoverdracht



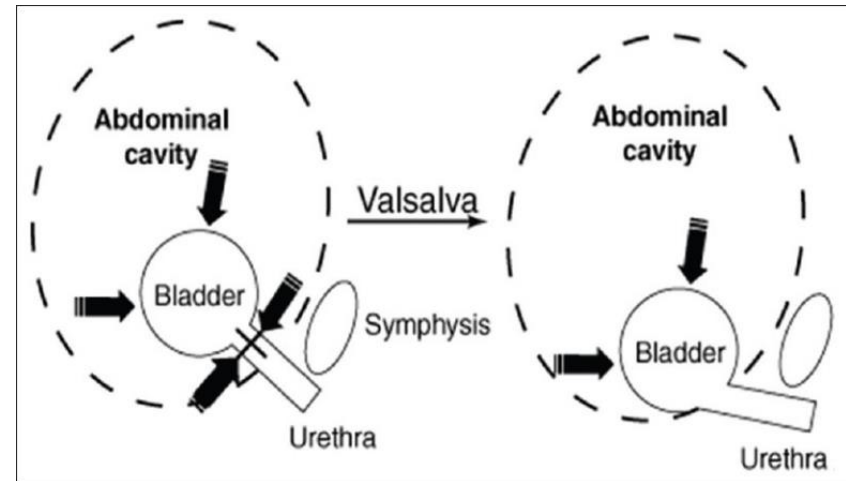
# Hoe te onderzoeken?



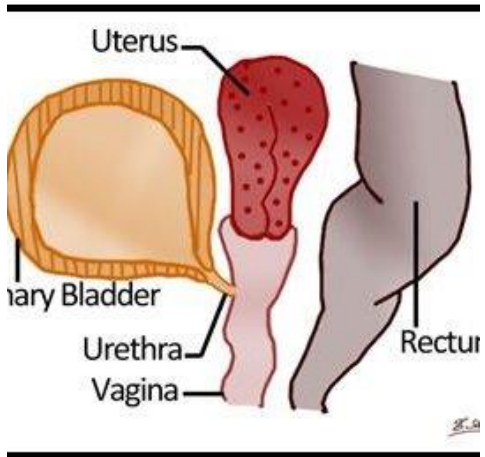
# Hypermobiliteit



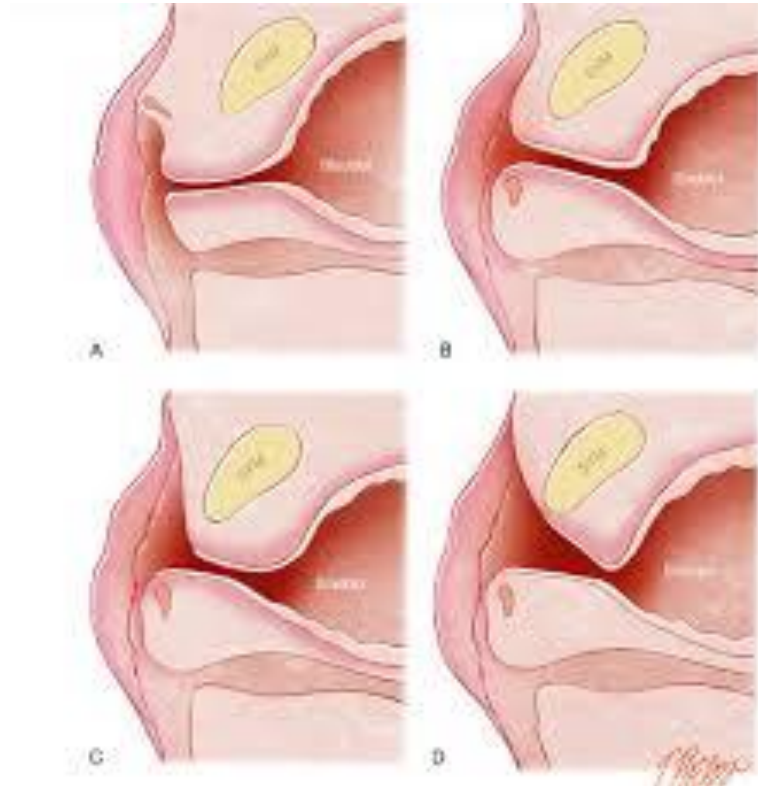
10-15%, spectrum  
38% van meisjes heeft urineincontinentie



# Congenitaal te korte urethra



Hypospadië



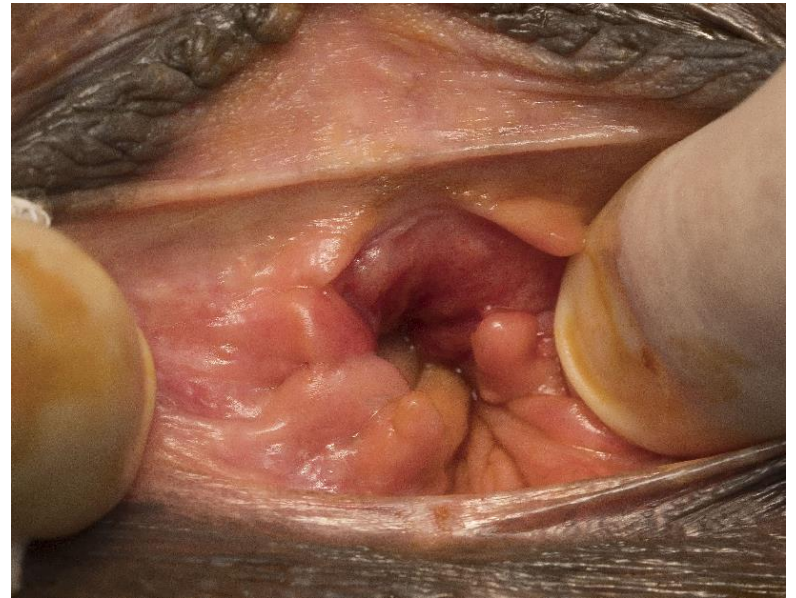
Epispadië

# Hypospadie en epispadie

---



Zeldzaam!

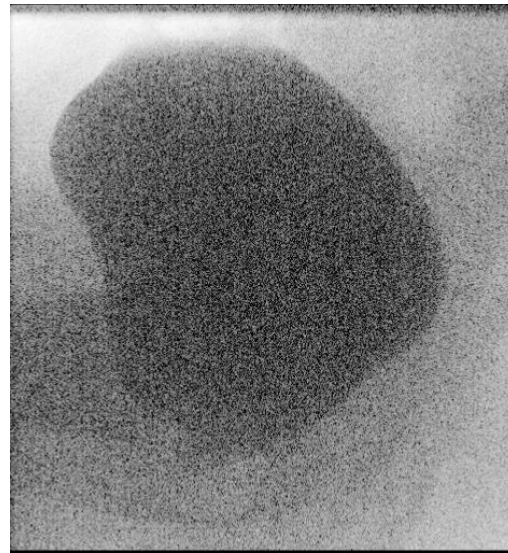
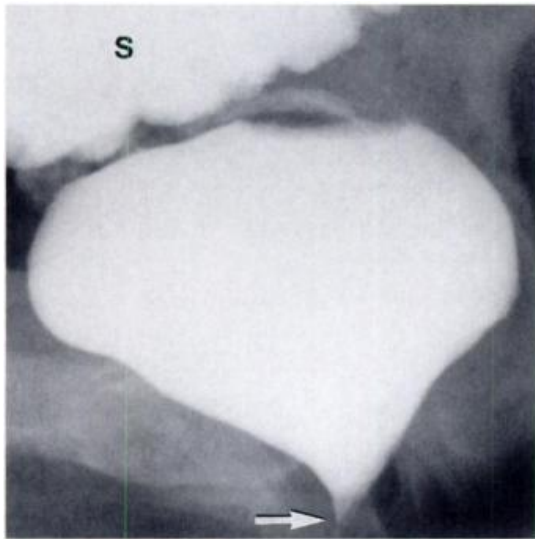




# Congenitale blaashalsdeficiëntie

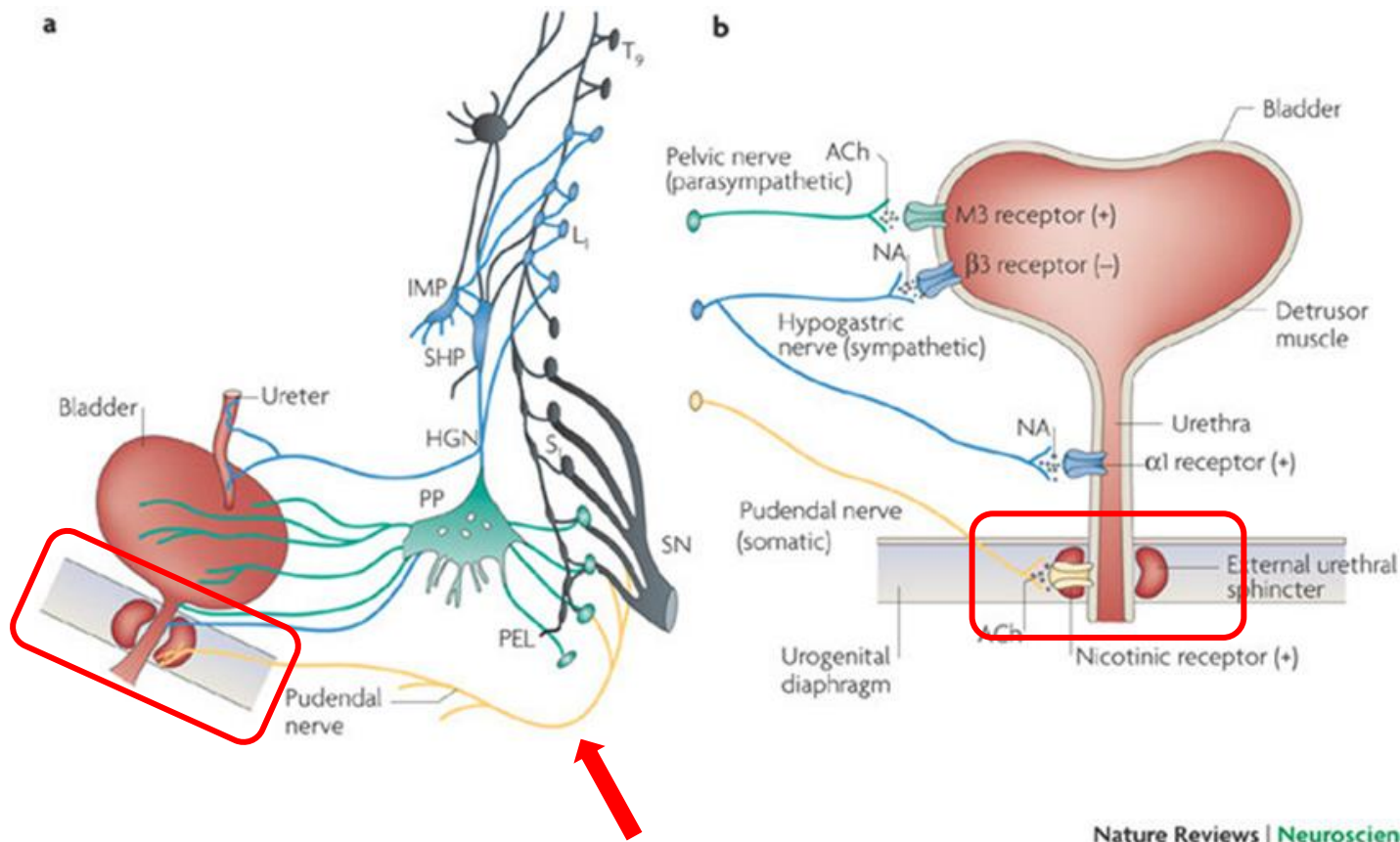
---

Incidentie onbekend  
Onbedoelde relaxatie?



# Neurogene stressincontinentie

Bij lage spina bifida of dwarslaesie



Nature Reviews | Neuroscience

# Wat te doen?

---

## Doel is afsluitmechanisme verbeteren

Bekkenfysiotherapie en urotherapie

Tampon

Medicatie

Suspensie operaties

Blaashalsplastiek

Urethraverlenging

Sfincterprothese

Blaashalssluiting (en catheteriseerbaar kanaal)

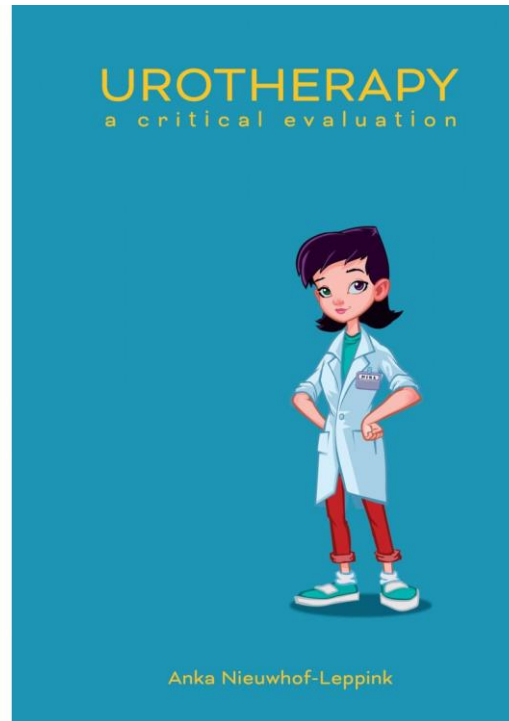
Urinedeviatie

Invasief



# Urotherapie, bekkenfysiotherapie, tampon

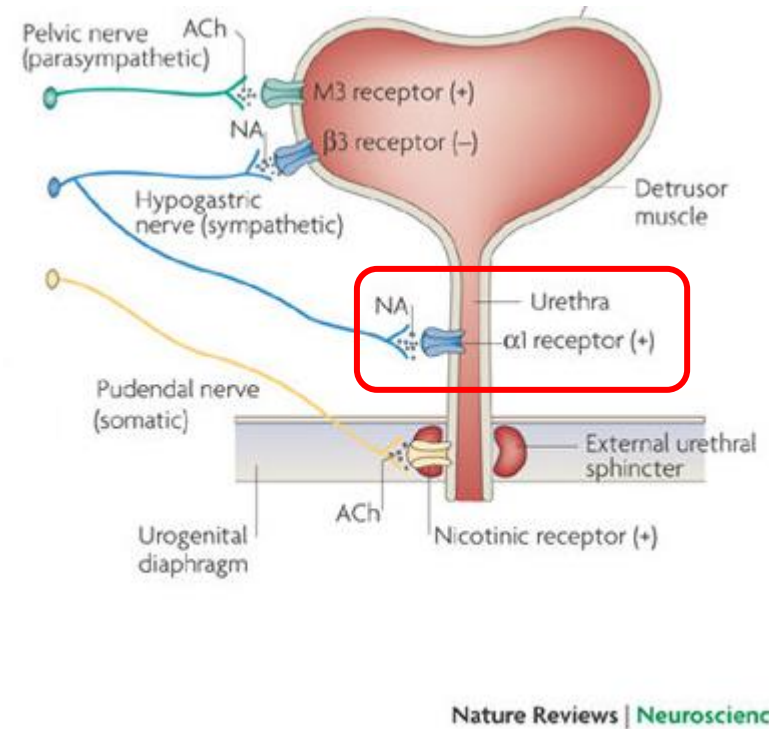
---



# Medicatie

## Adrenerg

- Duloxetine
- Epinefrine
- Methylfenidaat



MDMA

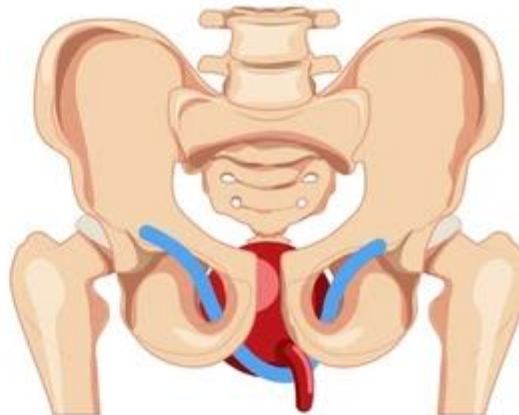
**Niet geregistreerd!**

# Midurethrale sling

- Kunststof
- Kleine ingreep
- Niet te verwijderen
- Erosie en exposure
- Heel weinig ervaring bij kinderen
- Lange duur?

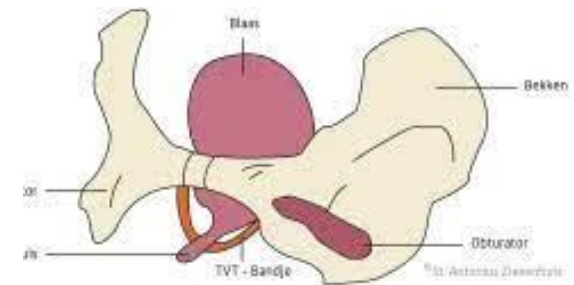


TVT



TVT-O

shutterstock.com • 2178093253



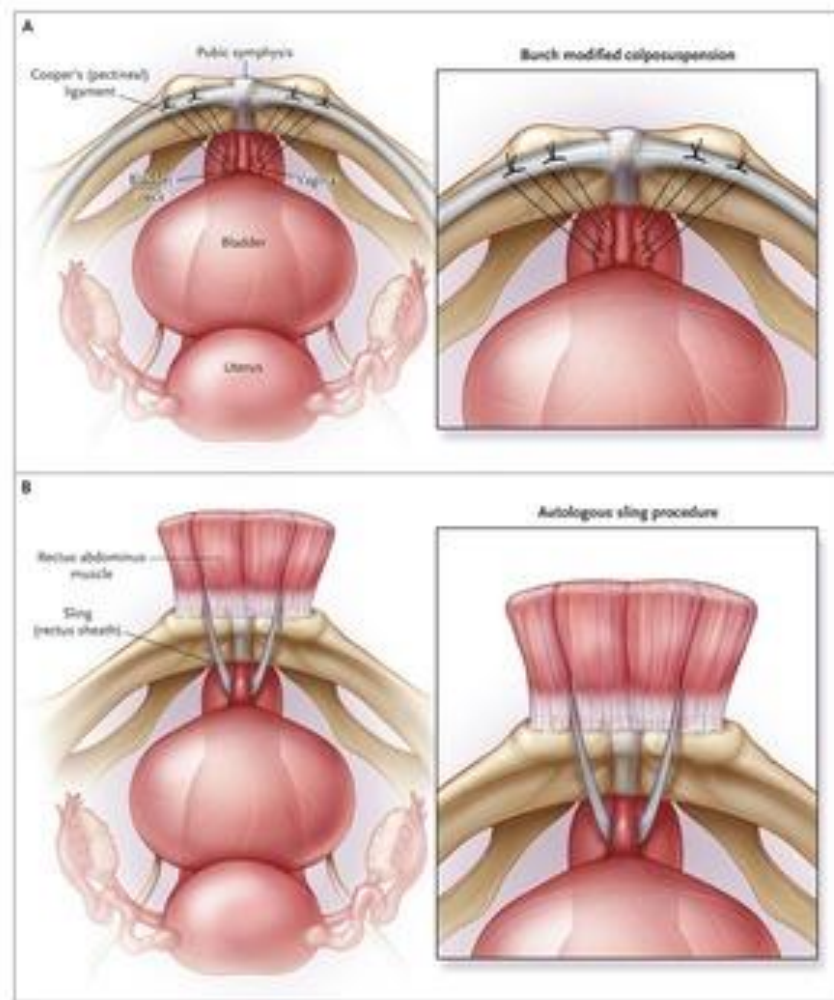
Minitape

# Suspensieoperatie

Lichaamseigen  
Grotere operatie  
Risico op retentie/residu

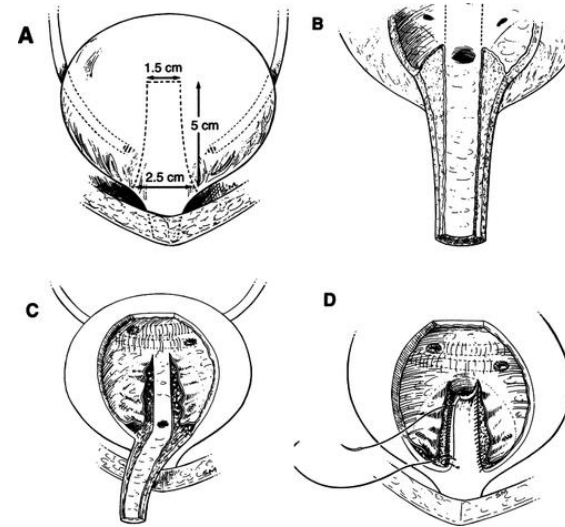
Lange termijn:

- 8 jaar na na Burch: 84% niet helemaal droog
- 86% zou opnieuw voor de operatie kiezen



# Blaashalsplastiek

Nadeel: geen spontane mictie meer



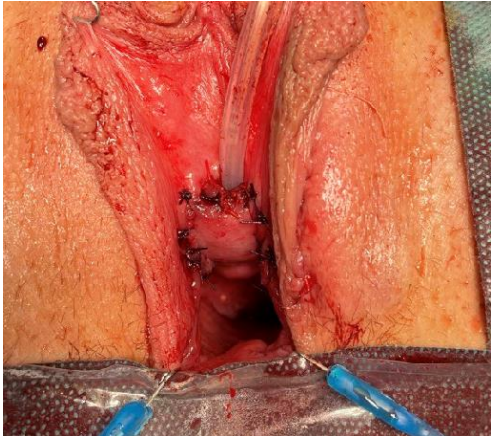
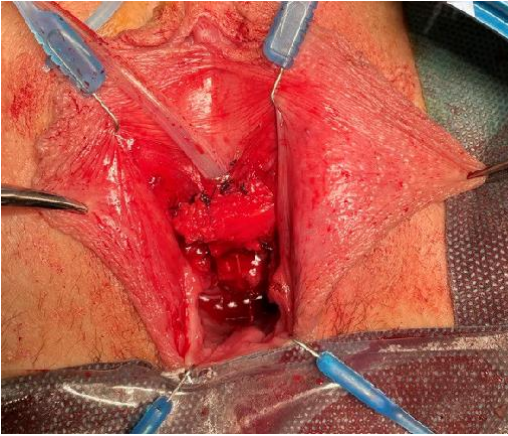
**Table 4** Reported dryness after Kropp and Salle procedures.

Case series	Mean follow-up (years)	Daytime dryness definition	Number of dry patients (%)	Nighttime dryness definition	Number of dry patients (%)
<b>Kropp and Salle procedures</b>					
Shimada et al. [8]	5	3 h	3/3 (100%)	n/a	n/a
Cole et al. [9]	3	4 h	3/4 (75%)	n/a	n/a
<b>Kropp procedures only</b>					
Belman et al. [10]	Unknown	4 h	14/18 (78%)	n/a	n/a
Snodgrass [11]	2	3 h	21/23 (91%)	n/a	n/a
Mollard et al. [12]	2	Complete	13/16 (81%)	n/a	n/a
Kropp [13]	9	Complete	42/56 (75%)	Complete	42/56 (75%)
<b>Salle procedures only</b>					
Mouriquand et al. [14]	0.5	3 h	7/8 (88%)	Complete	4/8 (50%)
Rink et al. [15]	1	Complete	3/3 (100%)	Complete	2/3 (67%)
Jawaheer et al. [16]	2	3 h	11/18 (61%)	Complete	8/18 (44%)
Salle et al. [17]	2	4 h	12/17 (71%)	n/a	n/a
Hayes et al. [18]	2	Complete	16/28 (57%)	Complete	15/28 (54%)
Nakamura et al. [19]	6	4 h	7/12 (58%)	Complete	7/12 (58%)

75-100% droog

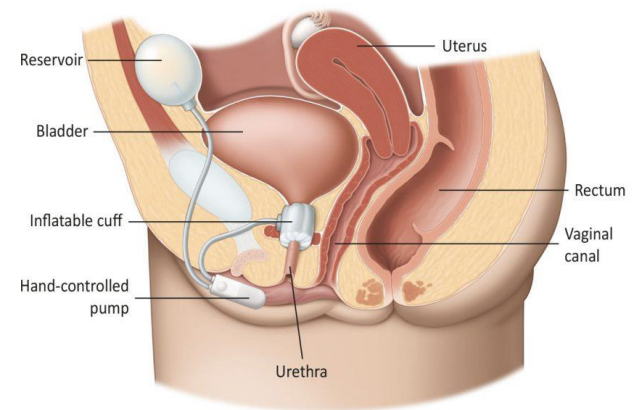
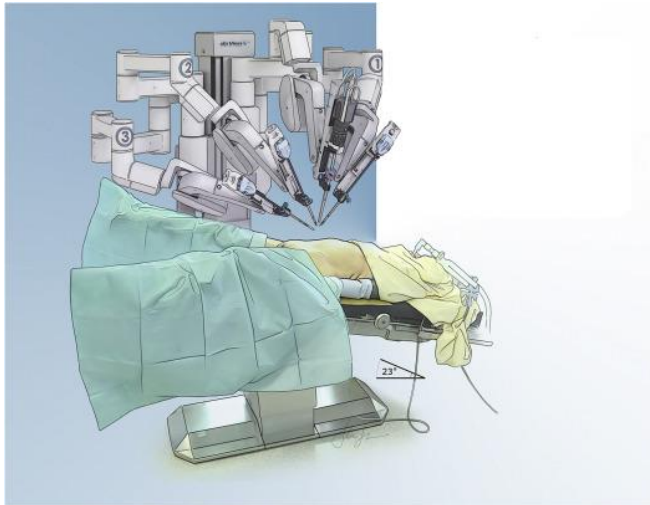


# Urethra verlenging



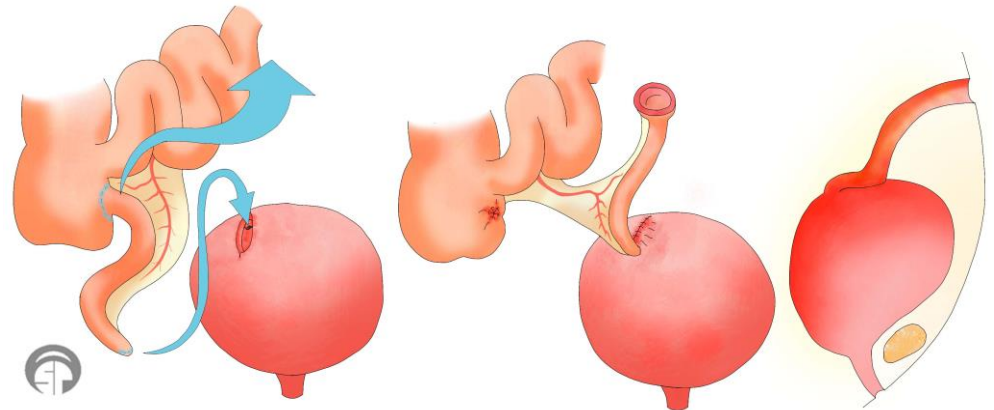
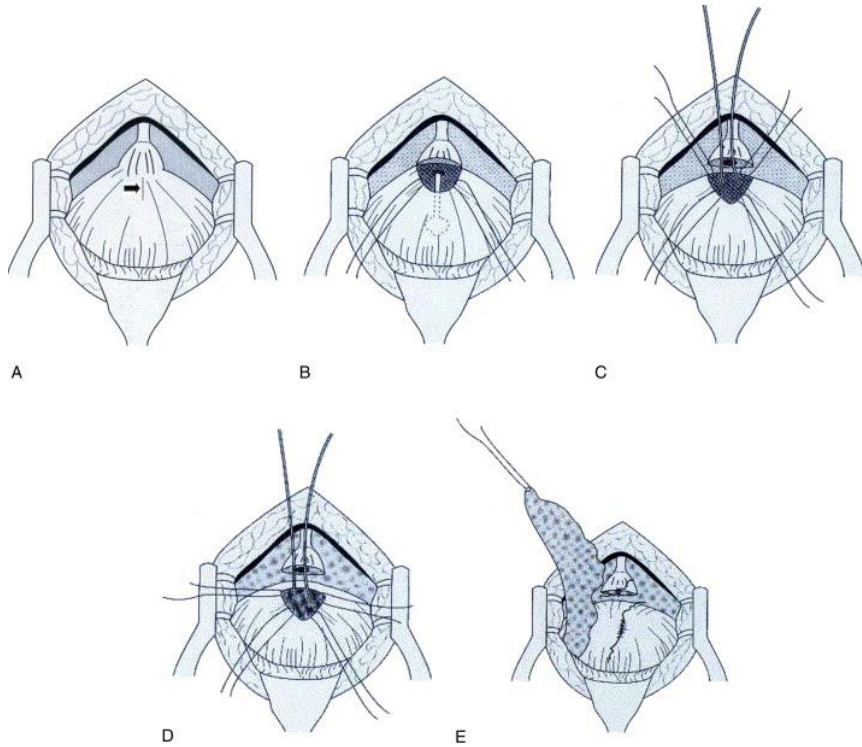
# Sfincterprothese

- Grotere operatie
- Kunststof
- Mechanisch defect en erosie
- Bediening
- Duur
- Weinig ervaring bij kinderen



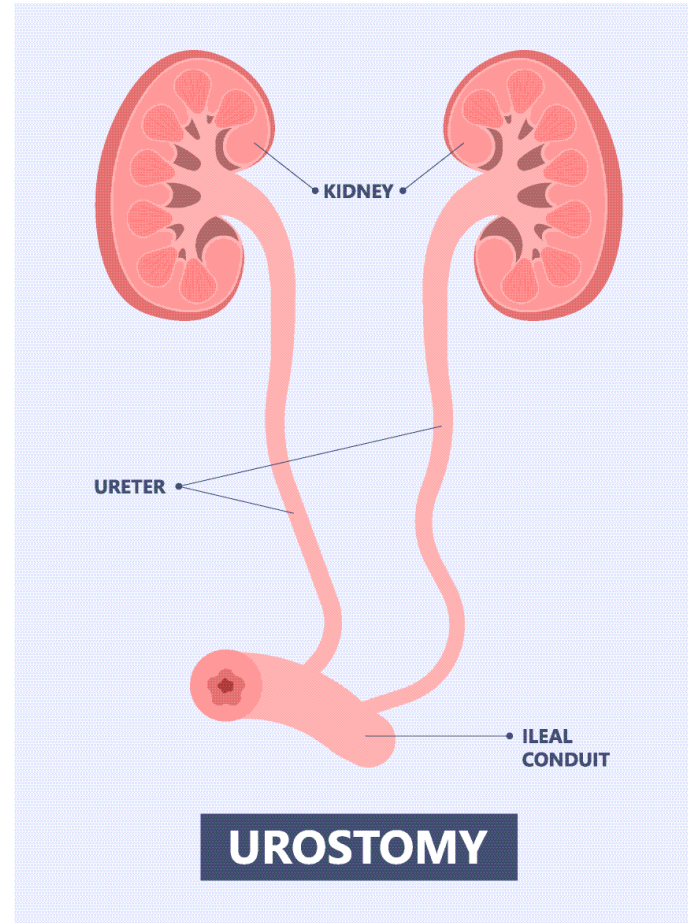
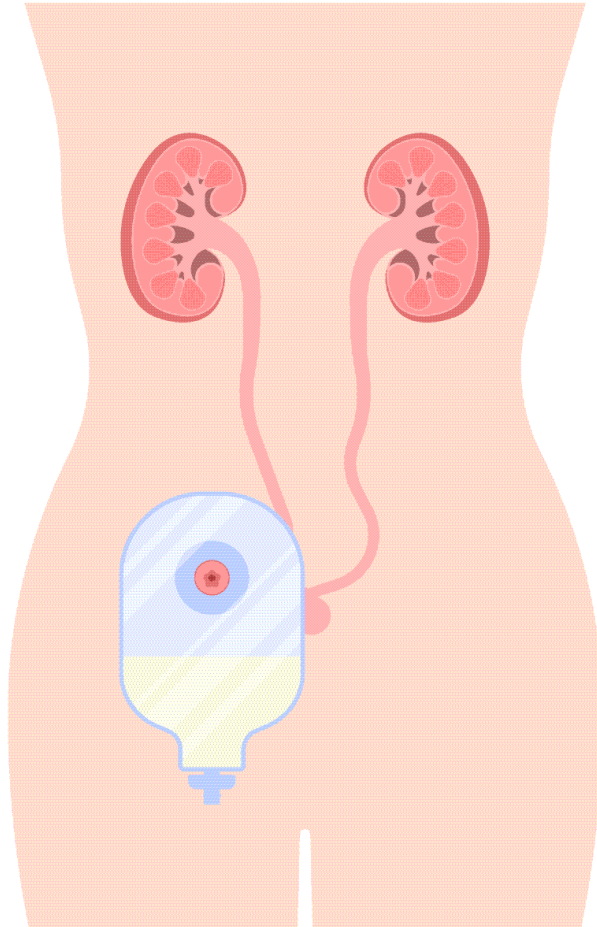
©2018 patients.uroweb ALL RIGHTS RESERVED

# Blaashalssluiting en catheteriseerbaar stoma



# Urinedeviatie

---



# Conclusie

---

- Stressincontinentie komt best vaak voor bij kinderen, vooral bij meisjes
- Probleem zit in de afsluitfunctie
- Anatomisch
- Functioneel
- Neurogeen
- Behandeling
- Conservatief → Maximaal invasief en onomkeerbaar
- Effectiviteit onduidelijk door kleine aantallen en variatie in pathologie

