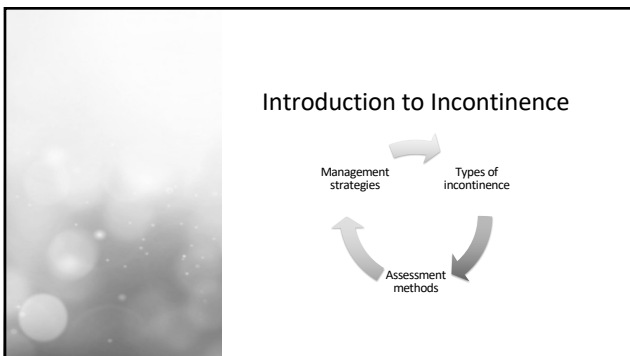




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\$6.2 billion in 2024 and is projected to reach \$9.0 billion by 2033

imarcgroup.com

3

Types & Causes of Incontinence

Stress Incontinence:

Caused by weak pelvic floor muscles, leading to leakage during activities like coughing or lifting.



4

Types & Causes of Incontinence

Urge Incontinence:

Overactive bladder (OAB) leading to sudden urges to urinate.

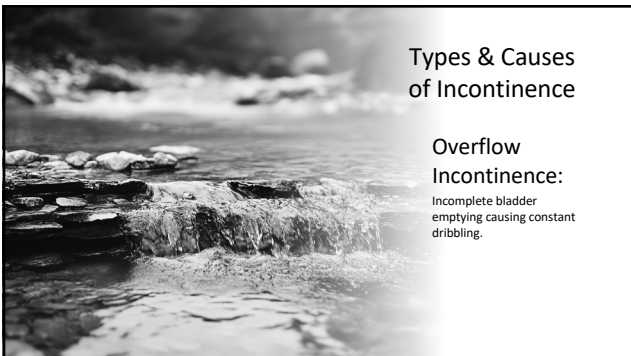


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Types & Causes of Incontinence

Overflow Incontinence:

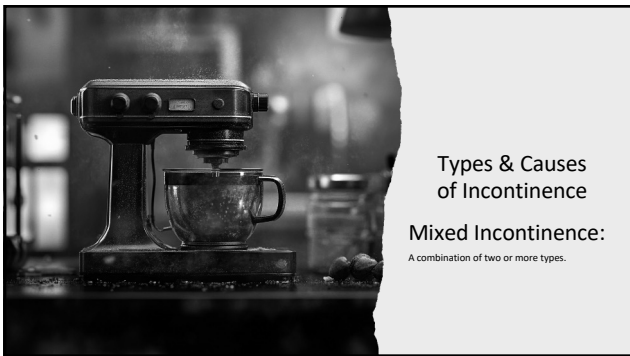
Incomplete bladder emptying causing constant dribbling.



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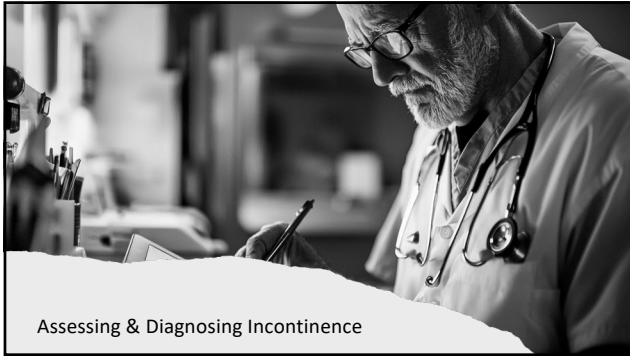
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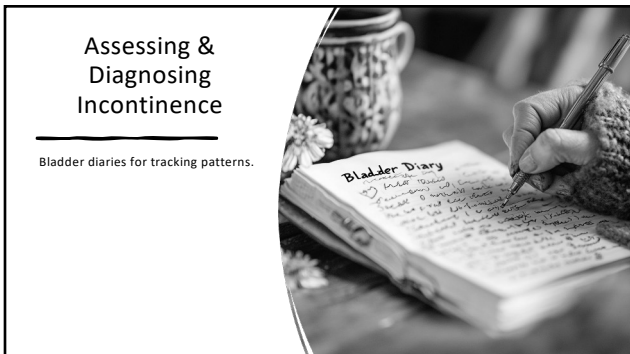
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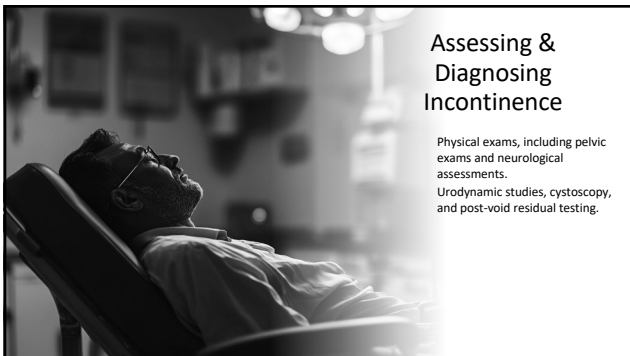
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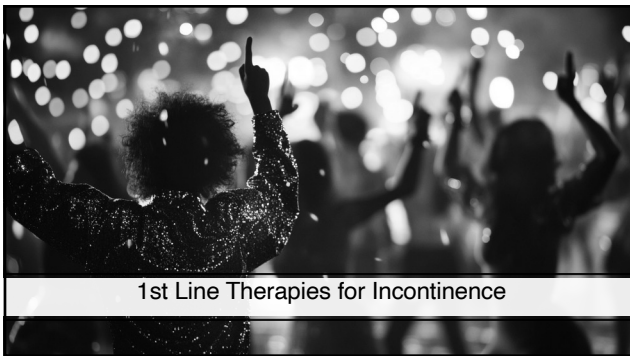
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Catheters
Intermittent vs. indwelling catheters.

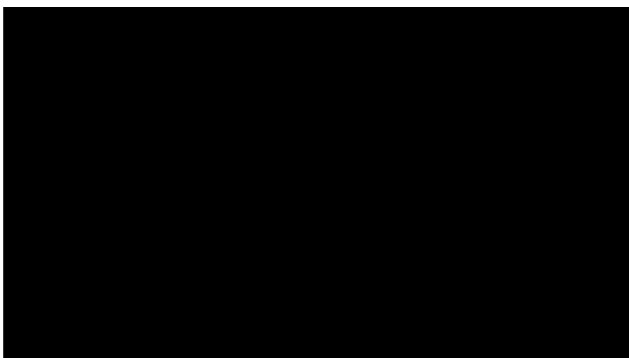


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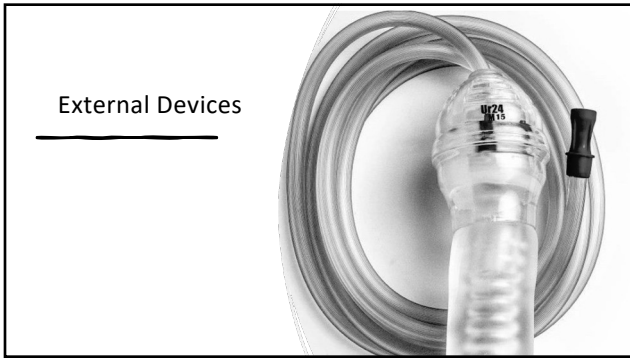
External Devices
External urinary collection devices for men (condom catheters) and women (pessaries, external collection devices).



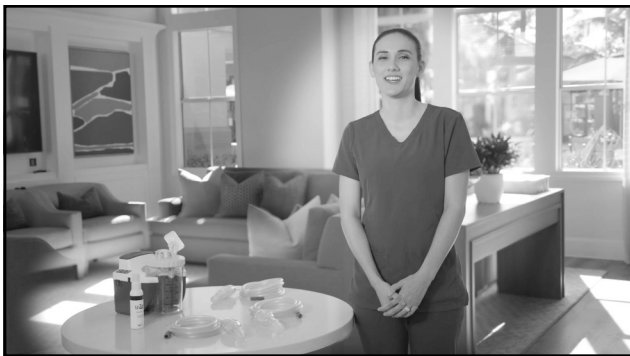
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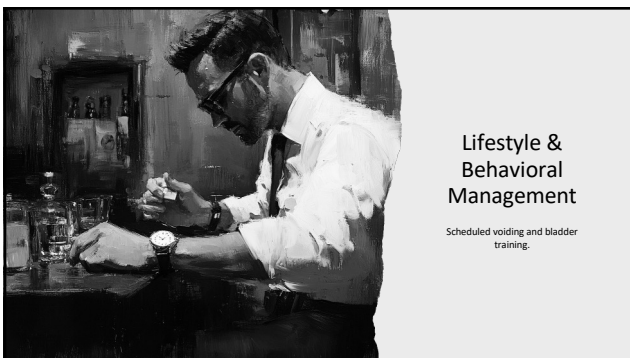
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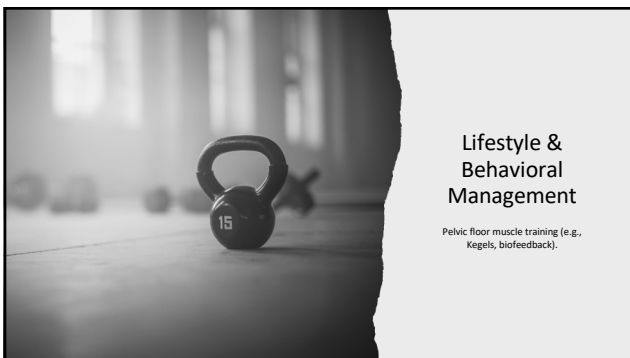
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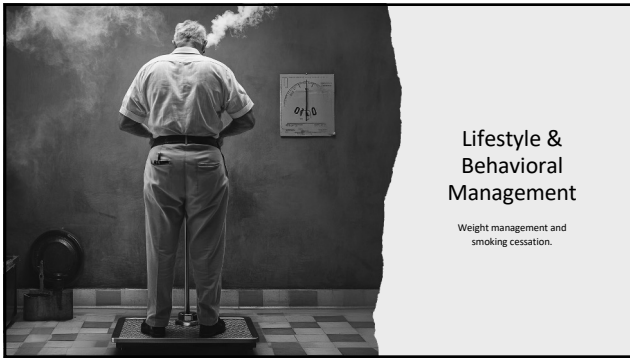
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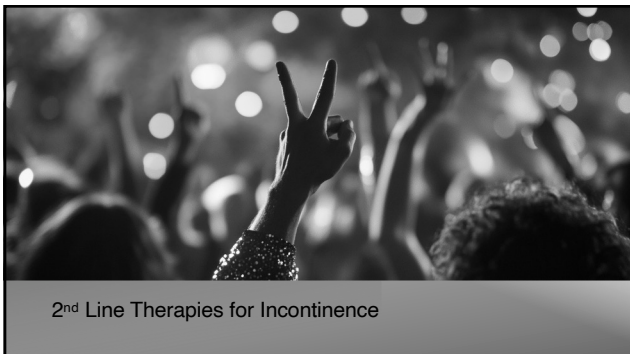
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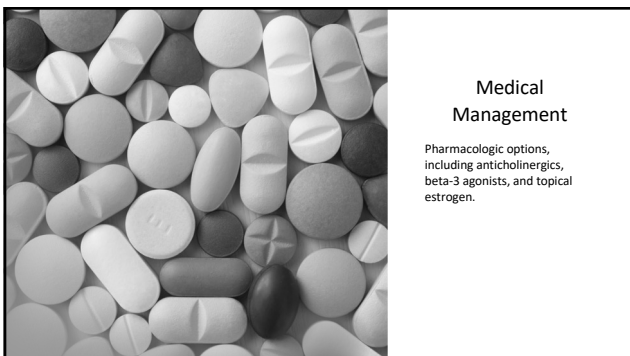
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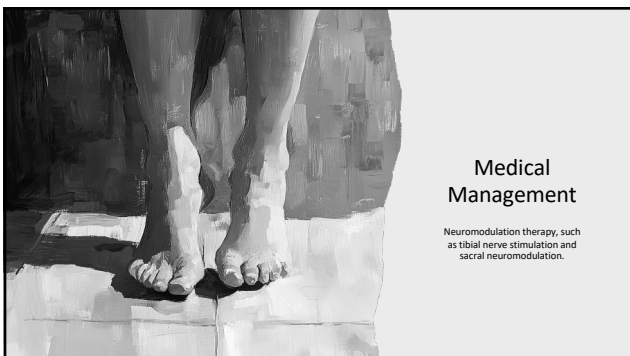
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Surgical Interventions

Sling procedures and artificial urinary sphincters.

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Artificial Urinary Sphincter (AUS) Overview

- Components: Cuff, Pump, Reservoir.
- Works by mimicking natural sphincter function.
- AMS 800 is the most commonly used AUS.

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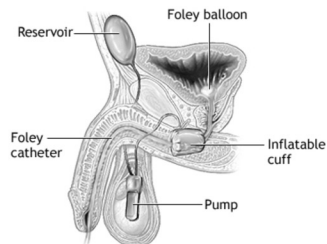
Surgical Procedure & Placement

- Implantation involves placing the cuff around the urethra and the pump in the scrotum/labia.
- Reservoir placed in the abdomen.
- Usually an outpatient procedure.

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Post-Operative Care & Nursing Considerations

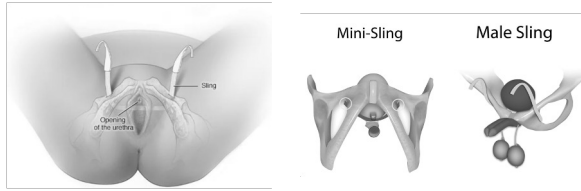
- Catheter remains in place for healing.
- Monitor for infection, pain, and swelling.
- AUS remains deactivated for 4–6 weeks post-op.



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Surgical Interventions

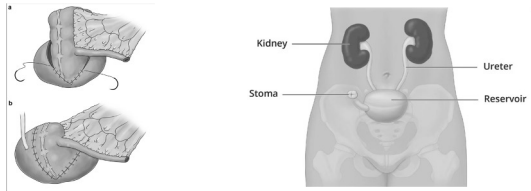
Mid-urethral slings and bladder neck suspensions for women.



35

Surgical Interventions

Bladder augmentation and urinary diversion for severe cases.

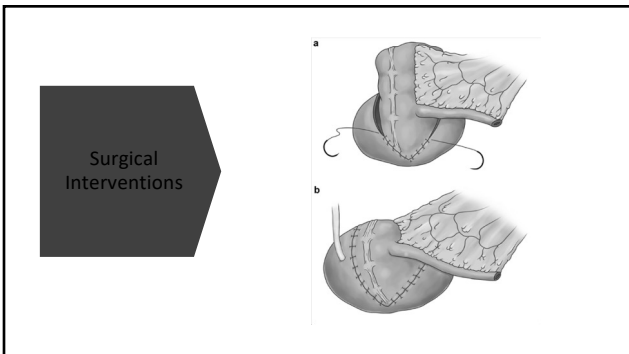


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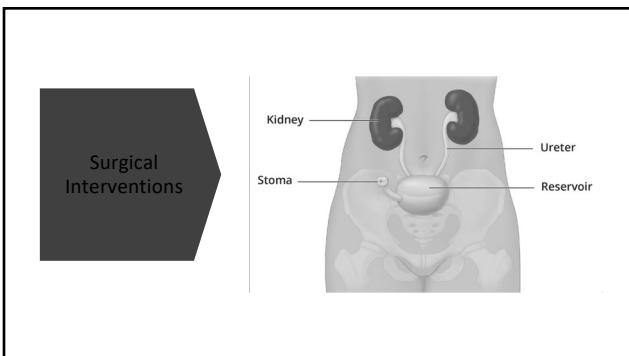


4th Line Therapies for Incontinence

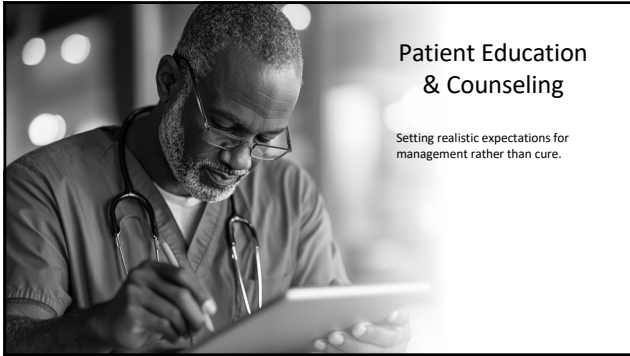
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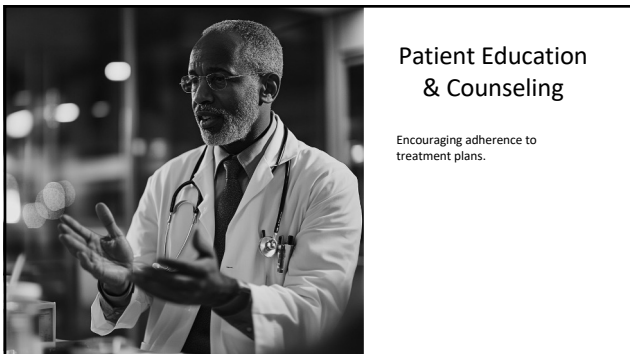
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