Delayed urethrolysis was associated with persistent post-operative bladder symptoms.	3
Sling revision in women who presented with urinary retention or voiding problems and significant PVRs after sling surgery for UI resulted in improvements in symptoms and urodynamic parameters, resumption of voiding and reductions in PVRs.	3
Sling revision is associated with the risk of recurrent SUI.	3

Recommendations	Strength rating
Inform women with voiding symptoms associated with pelvic organ prolapse that symptoms may improve after surgical repair.	Weak
Offer urethral dilatation to women with urethral stricture causing bladder outlet obstruction (BOO) but advise on the likely need for repeated intervention.	Weak
Offer internal urethrotomy with post-operative urethral self-dilatation to women with BOO due to urethral stricture disease but advise on its limited long-term improvement and the risk of post-operative urinary incontinence (UI).	Weak
Do not offer urethral dilatation or urethrotomy as a treatment for BOO to women who have previously undergone mid-urethral synthetic tape insertion due to the theoretical risk of causing urethral mesh extrusion.	Weak
Inform women of limited long-term improvement (only in terms of post void residual volume and quality of life) after internal urethrotomy.	Weak
Offer bladder neck incision to women with BOO secondary to primary bladder neck obstruction.	Weak
Inform women who undergo bladder neck incision on the small risk of developing post operative stress urinary incontinence (SUI), vesico-vaginal fistula or urethral stricture.	Strong
Offer urethroplasty to women with BOO due to recurrent urethral stricture after failed primary treatment.	Weak
Inform women on the possible recurrence of strictures on long-term follow-up after urethroplasty.	Strong
Offer urethrolysis to women who have voiding difficulties after anti-UI surgery.	Weak
Offer sling revision (release, incision, partial excision, or excision) to women who develop urinary retention or significant voiding difficulty after tape surgery for UI.	Strong
Inform women about the risk for recurrent SUI and the need for a repeat/concurrent anti-UI surgery after sling revision.	Strong

4.5.4.2 Management of Functional Bladder Outlet Obstruction

4.5.4.2.1 Conservative Management

4.5.4.2.1.1 Behavioural modification

Behavioural modification interventions are often tailored to individual patients' needs, symptoms and circumstances and can include elements such as education regarding normal voiding function, self-monitoring of symptoms, changes in lifestyle factors that may affect symptoms, avoidance of constipation, and alteration of voiding technique. Ultimately, techniques aim to improve the coordination between the detrusor and sphincter, resulting in their synergistic action [69, 498, 522].

These individual components of self-management have not been evaluated separately and most recommendations are derived from consensus methodology. They may help reduce symptoms resulting from BOO, but no quantification of their effect is possible.

4.5.4.2.1.2 Pelvic floor muscle training +/- biofeedback

In the context of BOO, physiotherapy aims to teach patients to relax their PFMs and striated urethral sphincter during voiding. Pelvic floor muscle contraction, particularly in women with pelvic floor dysfunction, has been shown to significantly reduce vaginal resting pressure and surface EMG activity [468].