

The success and effectiveness of treating UI with MS have been both subjectively and objectively proven in many studies. After analyzing over 300 articles, the systematic reviews by Lukanovic et al. and Antic et al. showed a need for further clinical trials to determine the entry criteria and diagnostic procedures for UI, and to standardize the MS treatment protocols. A meta-analysis by He et al., which examined 11 randomized controlled trials with a total of 612 patients, showed that MS is a method that decreases UI symptoms, alleviates UI frequency, increases the likelihood of becoming continent, and improves quality of life. In addition, the efficacy of treatment has been demonstrated objectively through urodynamic testing, which showed increased bladder volume at first sensation to void, along with increased maximum cystometric capacity and bladder compliance at maximum sensitivity [16,24]. A meta-analysis by Peng et al., which looked at four randomized controlled trials involving a total 232 patients, showed a statistically significant improvement in symptoms in patients with SUI after MS therapy, without any detected side effects. They have mainly been proven subjectively through questionnaires, such as the Incontinence Quality of Life (I-QOL) questionnaire, which showed improved quality of life after treatment with MS, and the ICIQ-SF questionnaire, which demonstrated improvement in symptoms of UI and improved quality of life [23,24]. The effectiveness of MS is influenced not only by clinical parameters (the severity and duration of illness, depression, etc.), but also various other factors (age, sex, financial status, etc.), which is why it should be assessed individually, together with the patient's medical history and clinical picture [26]. Bradshaw et al. showed that the effects were only acute and not enduring, whereas Voorham-Vander Zalm et al. described post-treatment changes as statistically insignificant [34,35]. Yamanishi et al. established that MS is an effective method of treating all types of UI, with recorded symptom improvements in 86% of SUI patients and 75% of UUI patients. The score of the ICIQ-UI-SF questionnaire decreased by 91% from the baseline, and the score of the ICIQ-OAB and ICIQ-7 questionnaires decreased by 86% and 98%, respectively [29]. They observed statistically significantly fewer leaks/3 days, less urine loss on a 24 h pad test, higher QoL scores, and lower ICIQ scores [31]. Lopopolo et al. proved the effectiveness of MS without adverse side effects in patients with MUI.