

Urethral bulking for stress urinary incontinence

A Guide for Women

1. What is stress urinary incontinence?
2. What is a bulking agent?
3. Who is most suitable for a bulking agent?
4. What are the other options available for treatment of stress incontinence?
5. What will happen before the procedure?
6. How is urethral bulking performed?
7. What will happen after the procedure?
8. What are the success rates?
9. What are the risks of this procedure?

This leaflet is for women considering a bulking procedure for stress urinary incontinence (SUI).

What is stress urinary incontinence?

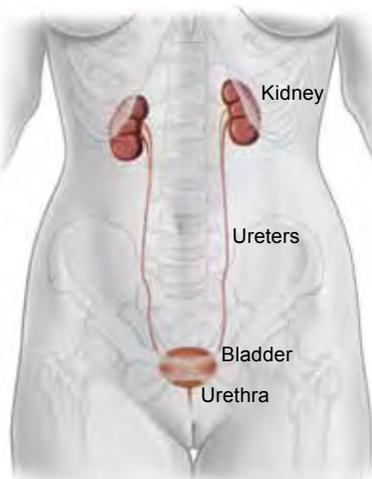
SUI is a common problem affecting women which is caused by a weakness of the pelvic floor muscles (which help to keep the bladder closed), the urethra (the tube through which you pass urine) or the ligaments that support the urethra. This leads to leaking of urine with coughing, sneezing, exertion, laughing and other activities which raise the pressure in the abdomen.

In 3 women who have had children experience problems with urinary incontinence. It is also associated with obesity, chronic cough, chronic constipation or heavy lifting on a regular basis.

What is a bulking agent?

A bulking agent is a material that is injected around the urethra; this narrows the urethra so leakage is less likely to occur. Common bulking agents include collagen (a type of protein found in all our tissues) and water based gels containing various different agents.

Urinary Tract



Who is most suitable for a bulking agent?

- Women whose stress incontinence is due mainly to a deficiency in the sphincter muscle surrounding the urethra.
- Women who are not fit enough for surgery and anaesthesia.
- Women who haven't completed their family.
- Women who do not wish to undergo surgery for stress incontinence or in whom conventional surgery has not been fully effective.

Will bulking agents work if I have an overactive bladder?

Overactive bladder (when you may get a sudden urgent need to pass urine, leaking because you cannot reach the toilet on time, or passing urine frequently) is caused by a problem with the bladder itself, rather than the urethra, so bulking agents will not improve this problem. Your doctor may discuss using a bulking agent in combination with a treatment for overactive bladder (for example drugs that help urgency, botulinum toxin injections to the bladder or neuromodulation) if you have both stress incontinence and over active bladder.

What are the other options available for treatment of stress incontinence?

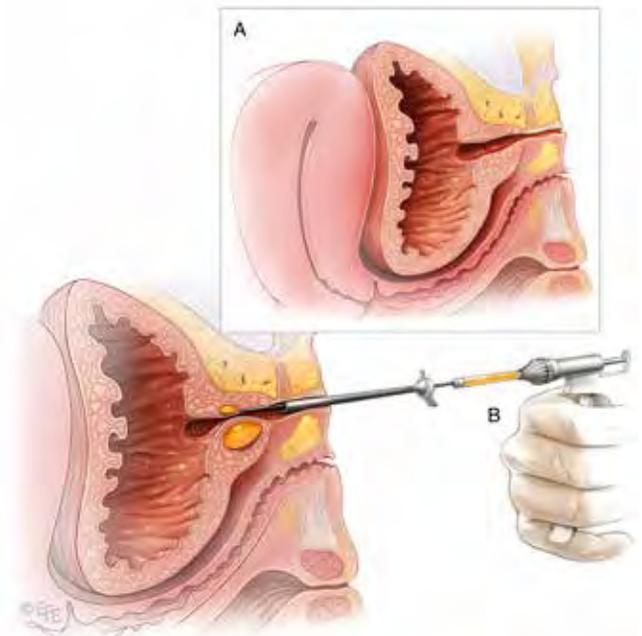
The other options for the treatment of stress incontinence include pelvic floor physiotherapy, a mid-urethral tape (an operation during which a polypropylene tape is inserted via a small incision in the vagina to support the urethra), colposuspension (an operation done through the abdomen during which the bladder neck is lifted up using stitches) or an artificial urinary sphincter (a major operation involving passing an inflatable cuff around the urethra).

Your doctor will discuss all of the appropriate options for the treatment of your problem with you.

What will happen before the procedure?

Before listing you for urethral bulking, your doctor may recommend a urodynamics test. This is an investigation of bladder function, which will confirm your diagnosis and help rule out any other problems with the bladder.

Figure A



How is urethral bulking performed?

The procedure can be performed under a local anaesthetic in the clinic or under a general anaesthetic in the operating room. Your doctor will discuss which option is best for you. The bulking agent is injected around the urethra just below the neck of the bladder via a cystoscope or specially designed syringe. No incisions, cuts or stitches in the vagina or abdomen are required for this procedure.

What will happen after the procedure?

Most women having bulking agents alone are able to have the procedure as a day stay patient. Following the bulking procedure your doctor may check you are emptying your bladder adequately using a scanner or a catheter. Some women may have temporary difficulty in passing urine due to swelling from the surgery: in this case, you may be sent home with a catheter tube which will be removed a few days later once the swelling has settled down. You may also notice some bleeding on passing urine. You may return to normal activities as soon as you feel well enough. If you have had a general anaesthetic you should not drive for 24 hours.

What are the success rates?

60-70% of women undergoing urethral bulking will notice cure or improvement of their SUI symptoms. However the effect tends to reduce over time, and over a third of women request a second injection. If you have undergone a bulking injection, this will not affect the success rates of any further procedures for stress incontinence that you may undergo in the future.

What are the risks of this procedure?

- **Anaesthetic risks**- these will be discussed with you by the anaesthetist
- **Bleeding and infection**- these are risks of any gynecological surgery. Your doctor may give you a dose of antibiotics prior to the bulking injection. Please let your doctor know if you are taking aspirin or blood thinning agents.
- **Pain on passing urine**- you may notice some initial burning or stinging on passing urine; this will usually settle within 24-48 hours. If you develop urinary frequency, offensive or unusual smelling urine and pain on urination you may have a bladder infection in which case you should call your doctor for advice.
- **Difficulty emptying the bladder**- less than 10% of women may temporarily have difficulty emptying the bladder completely, requiring a catheter. There are no known long-term risks of difficulty emptying.
- **Need for a repeat bulking procedure**- a “top-up” of the bulking agent is sometimes needed to optimally control SUI symptoms. The effect of the bulking agent can also sometimes reduce with time, requiring a second injection.

Different types of bulking agent have additional specific risks, which can include movement of the bulking material from where it was injected, hypersensitivity/allergy, abscess formation (local infection), granuloma (a small cyst-like structure where the bulking material was injected). However, these risks are uncommon, and your doctor will discuss whether or not they apply to the bulking agent you will be having.