

Periurethral bulking injections for stress urinary incontinence

Information for patients



Leeds Centre for
Women's Health

Urinary incontinence is the involuntary leakage of urine from the bladder. The most common type of incontinence is called Stress Urinary Incontinence (SUI).

This is caused by 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 means it gives way under pressure and a small amount of urine escapes on straining, for example when coughing, laughing, sneezing or doing physical exercise.

In severe cases, it can happen while walking or when getting up from a sitting position. Stress incontinence is usually the result of weakening of the muscles in the pelvic floor that surround the bladder. This often happens during pregnancy, following childbirth or after the menopause.

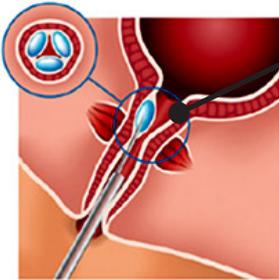
About the bulking procedure

Urethral bulking procedures aim to bulk up and strengthen the sides of the urethra so that it closes more effectively. There are different materials available to use to provide the extra bulk, and these are known as bulking agents. In the procedure, several millilitres of bulking agent are injected into the side of the urethra, just under the bladder. The doctor will use a special viewing tube called a cystoscope when carrying out the injections.

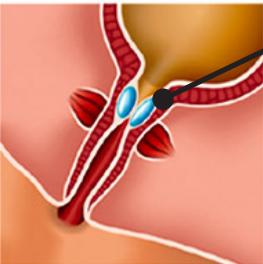
The injection procedure involves three or four small deposits of bulking agent being injected into the wall of the urethra to improve the closing mechanism.



Incontinence: The urine passes unhindered from the bladder and out through the urethra.



Bulking gel injections into the tissue of the urethral wall.



The bulking effect helps prevent urine from leaking by supporting the closing mechanism.

How is this procedure performed?

Most women having the bulking injections will have the procedure as a day case. It usually takes about 15-20 minutes.

Some women may have initial difficulty in passing urine due to swelling from surgery - if this happens you will be sent home with a catheter which will be removed a few days later once the swelling has settled down. You might notice some bleeding on passing urine.

You can go back to normal activities as soon as you feel well enough. If you have had a general anaesthetic you shouldn't drive for 24 hours.

How well does this procedure work?

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

Risks and possible problems with the procedure

Bleeding/infection: There are small risks of bleeding and infection, as with any surgical procedure. Your doctor may give you a dose of antibiotics prior to the procedure. Please tell your doctor if you are taking aspirin or any blood thinning agents.

Pain: You might have some burning and stinging when you first pass urine. This will usually resolve within 24 hours. If you start needing to pass urine more regularly or have unusually smelly urine or pain when you pass urine, you might have an infection. You should call your GP for advice.

Difficulty emptying the bladder: Less than 10% of women may temporarily have difficulty emptying the bladder completely and need a catheter. There are no long term risks of difficulty emptying.

Need for repeat procedure: Sometimes women need a 'top-up' of bulking agent to control their urinary leakage symptoms. The effect of the injection can sometimes wear off over time, in which case you would need a second injection.

Risks of anaesthetic: The anaesthetist will discuss these with you.

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

The other options for treatment of stress urinary incontinence include pelvic floor physiotherapy, a mid-urethral tape (an operation where a tape is inserted via a small incision in the vagina to support the urethra) or major surgery involving an incision through the abdomen to lift the bladder up with stitches.

Other practical advice includes losing weight if you are overweight, managing a chronic cough if you have one and giving up smoking.

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

Further information

You can discuss this treatment and the other treatments available to you with your doctor or specialist nurse.

Other sources of information and more about the Bulkamid injection can be found at

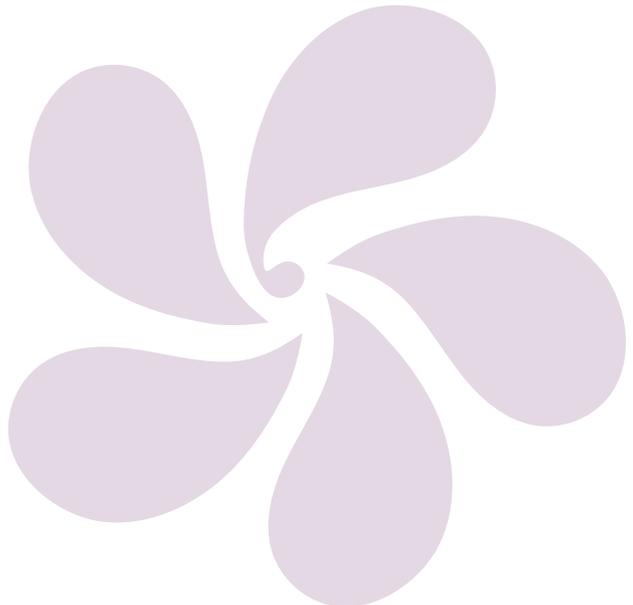
The NICE website - www.nice.org.uk

Bulkamid website - www.bulkamid.com

References

Nice Interventional Procedures Guidance (IPG138) November 2005 <https://www.nice.org.uk/guidance/ipg138> Accessed August 2016

<http://bulkamid.com/how-does-it-work/>



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