

# Urethral bulking for stress urinary incontinence

Gynaecology

## Introduction:

This leaflet aims to provide information about the urethral bulking operations to treat stress urinary incontinence in women and the likely plan of care after the operation. It will also include the benefits, risks and alternatives.

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## What is Stress Incontinence?

Stress incontinence is leakage of urine that occurs with activities which cause an increase in abdominal pressure such as coughing, sneezing, jumping, lifting, exercising and in some cases

**The prevention of infection is a major priority in all healthcare and everyone has a part to play.**

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

walking. This is due to a weakness in the urethra (urine pipe), and support of the bladder neck caused by childbirth, heavy lifting and constipation. This can cause distress and limit your quality of life. It must be understood that these operations will not cure all urinary symptoms. They will only cure urinary symptoms caused by a weakness in the urethra (urine pipe) and bladder neck. Many urinary symptoms we see in clinic have other causes.

## 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.

## 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

## Are there any alternatives?

You will have been offered and tried conservative measures, including fluid advice, pelvic floor muscle training, smoking cessation as well as weight loss, before being offered surgery. It is difficult to predict what will happen to your bladder, or if you have an operation, how long the effects will last. You should have the operation only if the stress incontinence is badly affecting your quality of life.

### **Do nothing**

If the leakage is only very minimal and is not distressing, then treatment is not necessarily needed.

### **Pelvic Floor Exercises**

You should have already completed a course of pelvic floor exercises before being offered surgery to treat stress incontinence. This is usually a structured programme of exercises for three to six months provided by the physiotherapist. Pelvic floor exercises can strengthen the pelvic floor and correct or reduce stress incontinence. They are the most effective non-surgical treatment for stress urinary incontinence.

### **Continence Devices**

There are numerous devices (none on the NHS) which essentially aim to block the urethra. The devices are inserted either into the vagina or the urethra. They are not a cure but their aim is to keep you dry whilst in use, for example during 'keep fit' etc. A leaflet is available if you require further information.

### **Absorbent Products**

Incontinence pads or pants may provide extra ways of managing urinary problems for some women.

### **Tablets**

A tablet called Duloxetine (Yentreve) can help stress incontinence for some people. Although it only works whilst you are taking it and does not suit everyone.

### **Autologous fascial sling**

This is an operation that creates a sling underneath the urethra (water-pipe from the bladder to the outside) using a strip of your own tissue (fascia) taken from the wall of your abdomen.

### **Colposuspension**

This is an operation to support the area around the bladder neck to the back of the bone in the lower tummy. A colposuspension is a fairly major abdominal operation with a six to eight week recovery. It is mainly considered if other abdominal surgery is also required.

### **Retro-pubic Mesh Sling**

This involves placing a strip of synthetic mesh behind the tube that carries urine out of your body (the urethra) to support it in a sling. The strip of mesh is sometimes called a tape. Synthetic mesh is a plastic product that looks like a net. The mesh stays in your body permanently. It is often done as day surgery.

### **Bulkamid (bulking agent)**

Has a lower cure rate than other procedures but there are fewer complications and it does not always require an anaesthetic. It has a recovery time of only one to two days and is suitable even if you plan further children. We hope to offer this as an outpatient procedure in the future but currently you will need to be admitted into hospital. Each procedure is described in more detail in its own leaflet. Please ask if you require any of them.

## **What are the risks of this procedure?**

There are very few reported complications.

- You may experience discomfort and pain while passing urine after the procedure. This should resolve after 24 hours and can be managed with mild pain killers
- A urine infection may occur but you will be given a short course of antibiotics to attempt to prevent this
- There might be a small amount of blood staining of the urine for a day or two
- Difficulty in passing urine. It is common (1:10) that you may experience difficulty in passing urine after the procedure. This usually resolves within the first 24 hours and your bladder may need to be emptied with a catheter during that time. It is common (1:10) that you may need to go home with a catheter for a few days. You will then have to return to the ward for the catheter to be removed and to make sure that your bladder is emptying properly. There are no known long-term risks of difficulty emptying your bladder
- The procedure may fail to completely cure your stress incontinence but in this case there is an option to repeat the procedure
- Anaesthetic risks- these will be discussed with you by the anaesthetist
- Need for a repeat bulking procedure, a "top-up" of the bulking agent is sometimes needed to optimally control Stress Urinary Incontinence (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. They 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

## **What is the success rate of bulking procedures?**

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.

## **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 (nerve stimulation) if you have both stress incontinence and over active bladder.

## How is urethral bulking performed?

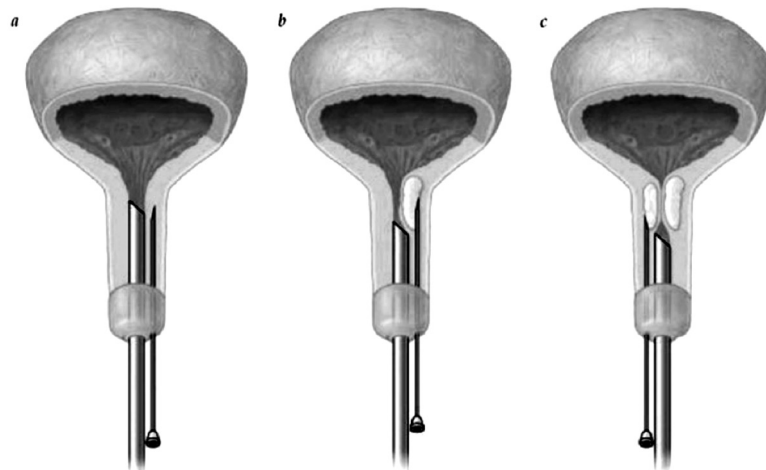
Bulking agents are a relatively non-invasive surgical treatment option for stress incontinence and an alternative to major surgery. No incisions, cuts or stitches in the vagina or abdomen are required for this procedure. The procedure can be performed under a local anaesthetic or under a general anaesthetic. Your doctor will discuss which option is best for you.

Some local anaesthetic jelly is squeezed into the urethra 5 minutes before the procedure is commenced. A small tube with a camera attached (cystoscope) is placed into the urethra and some fluid is put into the bladder. Three injections of bulking agent are placed into the urethral wall via this cystoscope. The procedure takes 15 to 20 minutes.

If performed under local anaesthetic, it may be uncomfortable and your bladder may feel rather full. Women often describe a sensation of stinging as the bulking material is injected but this wears off soon afterwards. You will be prescribed pain killers to use to minimise the discomfort.

We are hoping to offer urethral bulking as an outpatient procedure in the future but currently it is only available as an inpatient.

## Diagrams show how and where the bulking agent is inserted.



## What should I expect before the operation?

Before admission for surgery you will be asked to attend a pre-admission clinic to ensure that you are fit and well for your surgery. A nurse practitioner or a doctor will ask about your general health, past medical history and any medication that you are taking. Any necessary investigations will be organised, such as blood tests, ECG and chest X-rays.

You will receive information about your admission, hospital stay, operation and pre and post-operative care. You will also be given the opportunity to ask any further questions that you may have.

If you smoke, try to stop completely. This will make your anaesthetic safer, reduce the risk of complications after operation, and speed up the recovery time. If you are unable to stop completely, even doing so for few days will be helpful.

Some medicines need to be stopped or altered before the operation. You should check with your GP and bring your list of medications with you when you come to the pre-admission clinic. If you take a contraceptive pill, you should stop it at least four weeks before the operation and you should use another method of contraception.

## What happens on my admission to hospital?

You are usually admitted to hospital on the day of your surgery but admission times may vary. You will be informed by letter when you will need to come in.

## What happens on the day of my operation?

On the day of your operation you will not be able to eat or drink for a specified time prior to your surgery. A doctor will see you prior to your operation and confirm your written consent will be required before your operation can take place. (This should already have been obtained at the pre-admission clinic). You will have the opportunity to ask any questions not covered during your pre-admission clinic appointment.

It is important to have a bath or shower on the day of your procedure before you come in to the hospital. Please ensure that any nail polish or false nails are removed from fingers and toes. Also after your shower or bath do not apply any body cream, make up or deodorant to your skin. All jewellery must be removed other than a wedding ring. This can be left on and taped over prior to your surgery.

You will be asked to put on a theatre gown and a pair of elasticated stockings (TEDS). The stockings help to prevent clots (thrombosis) in your legs. You will need to keep these on all the time you are in hospital and you will be advised how long you will need to continue to wear them once you are discharged from hospital.

You will be escorted to theatre by a member of our team. If a pre-med has been given a theatre trolley will be arranged to collect you from the ward otherwise you will walk to theatre. You will be taken to the anaesthetic room where you will be asked few questions. If you are having general anaesthesia, you will be given an injection into a vein usually in the back of your hand. Once you are asleep you will be taken into theatre.

You will wake up in recovery area once your operation is finished. You will then be escorted back to your bed on the ward.

## 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 / nurse 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.

## What happens if I don't have the operation?

Your problem may remain the same, get worse or improve over time. There is no sure way in predicting this.

The choice about which treatment is best for you will be made together with your doctor. This will be based on the risk and benefits of the treatment and your individual circumstances.

## Recovery

There should be minimal discomfort after the procedure and a full recovery would be expected within one to three days. There are no limitations on activities following it. Improvement in urinary leakage would be expected almost immediately.

You should be escorted home by car or taxi and a responsible adult must stay with you overnight.

For 24 hours after a general anaesthetic you are recommended to avoid:-

- Driving a car
- Riding a bike
- Operating machinery
- Smoking / drinking alcohol or recreational drug use

- Signing important papers or making significant decisions

A discharge letter will be sent to your GP

## Contact details

Prior to your admission if you have any questions or worries you may contact your GP for advice or contact the:

**Urogynaecology Nurse Specialist on 01902 694034**

9:00am-5:00pm, Monday to Friday.

You should also contact either your GP or the **D7 on 01902694034** (24 hours a day) if you should have any problems once you get home

## Useful support advice and literature is available:

**PALS** (Patient Advice and Liaison Service) - 01902 695362

**NHS Direct** - 08454647

### **Bladder & Bowel Foundation**

SATRA Innovation Park,

Rockingham Road Kettering, Northants, NN16 9JH

Nurse helpline for medical advice - 0845 345 0165

Counsellor helpline - 0870 770 3246

General enquiries - 01536 533255 Fax: 01536 533240

mailto:info@bladderandbowelfoundation.org

### **Websites:**

[www.womenshealthlondon.org.uk](http://www.womenshealthlondon.org.uk)

[www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)

[www.nice.org.uk/nicemedia/pdf/word/CG40publicinfo.doc](http://www.nice.org.uk/nicemedia/pdf/word/CG40publicinfo.doc)

[www.continet.org.sg](http://www.continet.org.sg) (International Continence Society)

<http://incontinet.com> (Resource on Continence)

[www.bupa.co.uk](http://www.bupa.co.uk)

[www.rcog.org.uk](http://www.rcog.org.uk)

[www.noce.org.uk](http://www.noce.org.uk)

[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

## English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

## Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

## Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

## Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

## Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

## Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。