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**Ashford Hospital**  
London Road  
Ashford, Middlesex  
TW15 3AA  
Tel: **01784 884488**

**St. Peter's Hospital**  
Guildford Road  
Chertsey, Surrey  
KT16 0PZ.  
Tel: **01932 872000**

Website: [www.ashfordstpeters.nhs.uk](http://www.ashfordstpeters.nhs.uk)

# Urethral Bulking Injections

Department of Urogynaecology

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### Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email [asp-tr.patient.advice@nhs.net](mailto:asp-tr.patient.advice@nhs.net). If you remain concerned, the team can also advise upon how to make a formal complaint.

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**Author:** Kate Anders

**Department:** Urogynaecology

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*Intercourse* - You can resume intercourse when you feel ready.

*Exercise* - You can resume general and pelvic floor exercise when you feel you are ready.

*Return to work* - You should be back to work very quickly. Most people only need a day or two off work.

## **Follow up**

You should be seen in clinic approximately 3 months after the operation by either one of our specialist nurses or doctors

If you have any acute illness, please contact your GP.

If you need to ask for advice then please ring the ward you were admitted to or the Urogynaecology department on 01932 722124 Monday to Friday.

# **Urethral Bulking Injections**

## **Introduction**

To remain continent the muscles that make up your urethra (water pipe) and the ones around your bladder neck must be able to tighten under 'stress-related' conditions e.g. when you cough, sneeze, exercise or lift heavy items.

If you have a weakness of these muscles, you may not be able to tighten them sufficiently to stop urine leaking out.

Stress incontinence is common in women after childbirth, but can be seen in women who have not had children. A lack of oestrogen, and the effect ageing may have on you (although this is not a direct cause), can also be contributing factors. If you have a severe cough, like bronchitis, are overweight or if you are constipated the leakage may be worse.

Urodynamics (bladder function tests) maybe used to aid diagnosis.

## **What are my options?**

### *No treatment*

Whilst the leakage can be unpleasant or distressing, it is not life-threatening and having no treatment is a perfectly reasonable option.

## *Devices and containment strategies*

Devices and pads can provide excellent protection but should not be considered as treatment.

## *Physiotherapy*

Approximately 50-60% of women with stress incontinence will be cured with supervised pelvic floor therapy and in others it can help to reduce the symptoms. Physiotherapy is the standard first line treatment prior to consideration of surgery.

## *Medication*

Duloxetine is thought to help by increasing the tone in the urethral sphincter (bladder neck) thus reducing leakage and can be successful in 60% of cases although it can cause unpleasant side effects such as nausea resulting in discontinuation.

## *Surgery*

Surgical procedures include bulking injections, mid urethral tapes and colposuspension.

- *Urine infection.* Covering antibiotics and keeping a sensible fluid intake should minimize this risk

- *Difficulty passing urine after the operation.* It is not uncommon to have a reduced flow when passing urine. Occasionally a catheter may need to be passed - usually overnight - to allow the bladder to rest.

- *Recurrence of symptoms.* Most studies show a 40-60% cure or improved rate.

## **Recovery at home**

*Personal hygiene* - You can carry on as normal.

*Bowels* - Avoid constipation and unnecessary straining

*Medication* - Please finish the course of any antibiotics you may have been prescribed. If you have been previously prescribed medication (such as; Fesoterodine, Solifenacin, Regurin) for an underlying overactive bladder, you should continue to take these unless otherwise instructed. Any topical oestrogen cream or pessary (vagifem) should be continued as prescribed

*Driving* - You should avoid driving for the day of the operation. Driving can be resumed as soon as you feel you can control a car properly.

*Lifting* - You should avoid heavy lifting as a long term lifestyle change if you have had continence surgery.

hours.

- You will need to drink plenty of water (1.5 to 2 litres in 24 hours) to help reduce the risk of urinary tract infection
- You will be able to go home once you are passing urine normally and your bladder is emptying
- You will receive some antibiotics to take at home for 3 days

*But what if I don't pass urine?*

- This is rare, but is usually temporary.
- If you cannot pass urine, you will have a catheter inserted to rest your bladder. You will be allowed home with the catheter, shown how to use it and change the bags.
- You will be seen back on the ward a week later to remove the catheter and try again to pass urine.

## **What are the risks?**

No surgery is without its risks and whilst continence surgery is safe, there are some risks associated with this particular kind of surgery.

Most common risks are:-

- *Pain.* Pain killers will be offered on a regular basis, but please ask if they are not controlling any discomfort.
- *Bleeding.* This would most commonly be seen in the urine

## **What is a urethral bulking injection?**

Urethral bulking injections are used in the treatment of Stress Urinary Incontinence. It is a minimally invasive procedure that aims to make the exit to the urethra smaller, thus reducing the leakage. It has fewer complications and a much quicker recovery than major surgery.

The success rates can vary according to your individual circumstance. On average bulking agents are effective in two thirds of patients up to one year, and can give long-term relief in one third of patients. Urethral bulking can be repeated in those who have had an initial response, which has worn off.

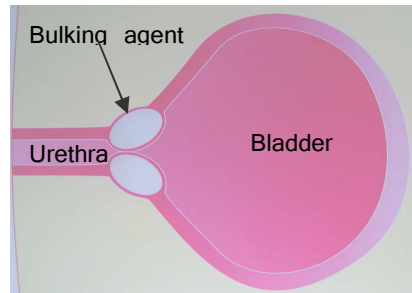
We use this more commonly in women who are:-

- Young and have not completed their family.
- Busy and cannot take time off work or caring for relatives.
- Women who have multiple medical problems or maybe frail.
- Women who have had previous continence operations that would prevent further surgery.

We are currently using two different substances called "Bulkamid hydrogel" and "Macroplastique". They are both non-toxic, non-absorbable sterile materials which bulk up the bladder neck.

## How is it injected?

The bulking substance is injected via a cystoscope (telescope) which is inserted into the urethra.



### *Before the operation*

You will be asked to stop any blood thinning medications such as aspirin, ibuprofen, diclofenac or clopidogrel, 2 weeks before the operation.

If you are on warfarin or heparin, we will liaise with both you and the haematology department about a regime to come off these medications.

Please bring all your medications with you when you attend the hospital and only stop those medications you have been advised to.

### *Consent*

You will be asked to sign a consent form which confirms you have agreed to the procedure. If you do not understand anything or would like someone with you, please let the consenting doctor know before you sign.

### *Eating and drinking*

You will be advised when you need to stop eating and drinking prior to the procedure depending on the type of anaesthetic

### *The anaesthetic*

- The operation can be done under either a local anaesthetic (awake) or a general anaesthetic (asleep).

### *The operation*

- The operation takes about 20 minutes
- A cystoscope is inserted into the urethra and bladder to make sure that every thing is normal and to identify the correct injection points.
- The substance is then injected into three areas to bulk up the bladder neck.

### *After the operation*

- Once you are ready you will be taken to recovery and on to the ward if staying overnight
- You should be able to pass urine normally as soon as you feel the urge. It may feel "stingy" at first but this should settle down. Painkillers can be given if you are uncomfortable
- You can expect a tiny amount of bleeding for a couple of