

Injection of Urethral Bulking Agents

Department of Gynaecology

What are urethral bulking agents?

Urethral bulking agents are substances that are injected to support the bladder neck. The operation is often carried out under local anaesthesia but can be done under general or regional, such as spinal anaesthesia.

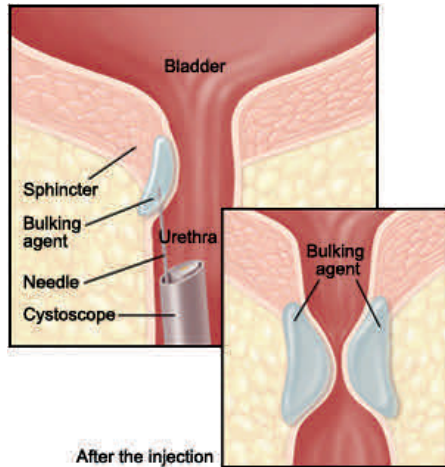


Diagram showing the injection of urethral bulking agents

Why do I need a urethral bulking agent injection?

Injections increase the bulk of the bladder neck. This will resist any increase in pressure on coughing and sneezing, to stop leakage of urine (stress incontinence of urine).

As with other forms of surgery, an injection is offered after failure of conservative measures, including pelvic floor muscle training. Injections are less effective than other procedures such as autologous sling and colposuspension. The effect may wear off with time, so the procedure may need repeating.

Urethral bulking agents may be more suitable for patients who cannot have other forms of surgery, for example due to anaesthetic reasons.

What can I expect before the operation?

At your pre-op assessment and on your admission day the nurse will go through your hospital stay and explain your operation. Please do let us know about any concerns you have or if there is any information you think we should know about that will make your stay with us more comfortable.

You will need to make arrangements for your family, children or any other commitments that you have prior to coming in to hospital and to cover the length of your recovery.

You will see the doctor performing the surgery before you go to theatre. You will also see the anaesthetist, if you are having the operation under general or spinal anaesthesia. It is not unusual to feel anxious; the nursing staff will gladly discuss how you are feeling and talk you through your emotions.

If you have not already signed the consent form on booking, the doctor will go through it with you before you go to theatre. You will be asked for permission to enter your data on the national database for continence and prolapse surgery. This is a quality control measure to compare the safety and effectiveness of such procedures at the hospital against other units in the country.

Completing a frequency volume chart and quality of life questionnaire at follow up will enable assessing the benefit of surgery for you.

What does the operation involve?

The operation is carried out through cystoscopy (camera examination of the bladder). There are no incisions or sutures. The operation can be done while you are awake, using local anaesthesia, or under general anaesthesia.

Local anaesthesia is introduced into the bladder through a catheter. You will be asked to lay on your front for 5 minutes, on each of side for 5 minutes and on you back for 5 minutes.

The area around the urethra will be cleaned and you will be covered with drapes. The camera is introduced and you will be able to see on the screen, if you wish. A special needle is used to inject the urethral bulking agent.

What are the risks?

There are risks with any operation but these are small.

The main risks associated with urethral bulking agent injection are:

Common risks:

- Blood stained urine. This results from passing the camera into the bladder as well as making the injection and usually settles within days.
- Initial difficulty in passing urine. This is usually managed by leaving a catheter for few days and you can go home with a leg bag.

Uncommon risks:

- Urinary tract infection. This may happen as a result of passing the camera into the bladder and is treated with antibiotics.
- Venous thrombosis and pulmonary embolism (blood clots in leg/ lung). This is extremely rare, given the minimally invasive nature of the operation, especially if carried out under local anaesthesia.

In order for you to make an informed choice about your surgery please ask one of the doctors or nurses if you have any questions about the operation before signing the consent form.

What are the features to look out for?

You should contact your doctor or the hospital if you notice increased temperature, discomfort when passing urine or offensive smell of urine. A specimen of urine will be taken and sent to the laboratory for confirmation of infection. You may be provided with an antibiotic prescription.

If you are passing small volumes of urine repeatedly or not passing enough urine you should contact the hospital. You will have a scan to check if your bladder is full and may have it emptied with a catheter. If this persists, a nurse will teach you how to perform clean intermittent self catheterisation, this is usually for a short duration.

What can I expect after the operation?

If you have the operation under anaesthesia, you may experience episodes of nausea, as you come round. Please let the nursing staff know and they will assess you and take appropriate action. The doctor will explain the findings and the next step in the management of your condition. You will be able to go home shortly after the operation.

You will be asked to pass urine in a jug and will have a scan to measure how much urine is left in the bladder.

Most patients go home on the day. As you physically recover from your operation, the nursing team will discuss your convalescence.

Are there any alternatives to urethral bulking agents?

Alternative forms of surgery include:

Autologus sling: this operation supports the urethra using a strip from the abdominal wall. This is a more invasive operation that requires stay in hospital for a day or two.

Colposuspension: this operation supports the bladder neck to the back of the bone in the lower abdomen. This is a more invasive operation that requires stay in hospital for a day or two.

All these operations are more effective and durable than urethral bulking agents. These can be discussed with your doctor.

The use of Tension-free vaginal tape (TVT) sling was paused in 2017, following safety concerns.

Who can I contact with any concerns or questions?

If you have any problems or questions, please use the telephone numbers below to contact us.

Princess Royal Hospital, Horsted Keynes Ward:

01444 441881 Ext. 5686

Royal Sussex County Hospital, Level 11:

01273 523191 Ext. 4013

Urogynaecology Unit at Lewes Victoria Hospital:

01273 474153 Ext. 2178

Useful links:

www.everydayhealth.com/incontinence/bulking-agents-for-incontinence.aspx

www.nice.org.uk/guidance/ipg138/resources/intramural-urethral-bulking-procedures-for-stress-urinary-incontinence-in-women-pdf-304250221

This leaflet is intended for patients receiving care in Brighton & Hove or Haywards Heath

This patient information leaflet was prepared by Dr. Sharif Ismail, Consultant Subspecialist Urogynaecologist.

This information leaflet has been approved at the Clinical Governance and Safety and Quality Meetings of the Department of Obstetrics and Gynaecology as well as Brighton and Sussex University Hospitals NHS Trust Carer and Patient Information Group (CPIG).

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