

## Information for Patients

# An operation for stress incontinence Urethral Bulking

### Stress Urinary Incontinence (SUI)

Stress urinary incontinence is a leakage of urine occurring on physical exertion. It may occur when coughing or sneezing, walking or exercising. It is caused by a weak sphincter (a muscle at the bladder outlet), or by poor support to the bladder outlet from the pelvic floor muscles and ligaments.

### Why am I being offered urethral bulking?

Most often exercise for the pelvic floor muscles are used as the first form of treatment for stress incontinence; you may already have tried this. If the leakage continues and remains a problem despite exercises, then surgery may be required.

You may also be offered surgery at the same time for other conditions such as prolapse. The doctor will discuss this with you.

### What is urethral bulking?

Urethral bulking is a surgical procedure for stress urinary incontinence. A bulking material (man-made) can be injected underneath the lining of the urethra (urine pipe), in to the muscle at the bladder outlet, helping it to stay closed when you are physically active, coughing or sneezing.

### What are the benefits and how long will it work for?

Urethral bulking may not completely cure SUI but may improve it. About half of the women who have this treatment feel that they are cured of stress incontinence. Some patients find that one treatment is not enough to stop the leakage. If this is the case, we would bring you back for a second treatment after 4-6 weeks. In some people the effects wear off after a few years and they require further injections.

## What are the alternative treatments?

There are a number of other operations for stress urinary incontinence. These include tension-free vaginal tape (TVT), colposuspension and fascial sling. Your doctor will discuss these treatments with you.

## What will happen before the operation?

Here are some tests that you may have before your operation:

- **EPAQ questionnaire:** You will be asked to complete a questionnaire about your bladder, vagina and bowel symptoms before surgery as well as 6 months after surgery. This is done on the computer and can be completed at home or in the clinic.
- **Urodynamics:** This test is carried out before surgery for stress incontinence. This is a test to find out the cause of your bladder problems and to see how well your bladder empties. It involves filling your bladder with water via a thin tube in your bladder. The tube is removed as soon as the test is over.
- **Pre-op:** You will be invited for a pre-operative check up by a nurse and you may need some other tests depending on your general health. They will also advise you on what type of pain relief you might need for your return home from hospital.

## How is the operation performed?

A small camera is passed along the urethra and the bulking material is injected using a very fine needle through this into the walls of the urethra in 3-4 places. This can be done in out-patients under local anaesthetic or occasionally under general anaesthetic in theatre.

## What will happen after the operation?

We will ask you to pass urine before you leave the hospital.

If you have difficulty passing urine your nurse may need to pass a catheter to empty your bladder. This catheter may be left in for a short period of time, typically a few days to a week. You will be allowed to go home with the catheter.

## What happens after I get home?

There are no restrictions on physical or sexual activity after the procedure, but you may experience the need to visit the toilet more frequently and with greater urgency than usual.

You will be contacted via telephone by a member of the team 4-6 weeks after your procedure to see how you have found the treatment. If you have recovered well and your symptoms are controlled, you will be seen in the clinic 6 months after your treatment with the bulking agent.

## What are the risks of surgery for stress urinary incontinence?

### General Risks of Surgery:

- **Anaesthetic risk.** If the procedure is performed under general or regional anaesthetic, the risk is very small unless you have specific medical problems. This will be discussed with you.
- **Infection.** Urine infections are relatively common in patients having surgery for incontinence.
- **Deep Vein Thrombosis (DVT).** This is a clot in the deep veins of the leg. The overall risk is at most 4-5% although the majority of these are without symptoms. Occasionally this clot can migrate to the lungs, which can be very serious and in rare circumstances it can be fatal (less than 1% of those who get a clot). The risk is significantly reduced by using special stockings and injections to thin the blood (heparin).

### Risks of Continence Surgery:

- **Failure:** 50% of women do not gain benefit from the injections, although further injections can be given.
- **Voiding difficulty:** Approximately 5% of women will have some difficulty in emptying their bladder in the short term and if this happens, we may send you home with a catheter for up to a week. If you still have difficulty emptying your bladder after 10 days, then we may need to teach you how to empty your own bladder with a small catheter.
- **Bladder overactivity:** Any operation around the bladder has the potential for making the bladder overactive, leading to symptoms such as urgency (needing to rush to the toilet) and frequency (needing to visit the toilet more often than normal).

## Are there any additional risks of urethral bulking?

**Problems with the bulking material:** Very rarely, the bulking material can become infected, resulting in an abscess. This would require an operation to treat it. Another potential complication is hardening of the bulking material and migration of the material into the urethra or bladder. This is a rare complication.

**Post-operative pain lasting (more than 6 months) or pain on intercourse:** This may arise from scar tissue around the injection site. It is unusual but unpredictable.

## If you go home with a catheter

Arrangements will be made for you to return to the Unit for the catheter to be removed the following week. Your bladder emptying can then be re-assessed.

On occasion some women may need to learn how to put a catheter in and out to empty their bladder.

## General advice

1. Try to drink 1½-2 litres (3-4 pints) of fluid each day – mostly plain water.
2. Avoid things that may irritate your bladder, such as tea, coffee, fizzy drinks, alcohol, very acidic juices, chocolate, tomatoes.
3. Keep your bowels regular by eating plenty fruit and vegetables, wholemeal bread and cereals. Constipation can affect your bladder emptying.
4. See your GP for medicine to help your bowels if you do become constipated.

## If you experience any difficulties/problems, please ring:

Uro-gynaecology Specialist Nurse telephone:

(0161) 276 6911, Monday-Friday, 9.00 am – 5.00 pm.

For urgent out of hours enquiries telephone the Emergency Gynaecology Unit on:

(0161) 276 6204 (24 hours; 7 days)



## Things I would like to know before my operation:

Please list below any questions you may have, having read this leaflet:

- 1.
- 2.
- 3.

## Please describe what your expectations are from surgery:

- 1.
- 2.

## Other sources of information

**Bladder and bowel foundation:** [www.bladderandbowelfoundation.org/bladder/bladder-treatments.asp](http://www.bladderandbowelfoundation.org/bladder/bladder-treatments.asp)

**British Society of Urogynaecology:** [www.bsug.org.uk](http://www.bsug.org.uk)

**NHS choices:** [www.nhs.uk/conditions/Incontinence-urinary/Pages/Introduction.aspx](http://www.nhs.uk/conditions/Incontinence-urinary/Pages/Introduction.aspx)