



**PATIENT INFORMATION LEAFLET**

# **AN OPERATION FOR STRESS URINARY INCONTINENCE URETHRAL BULKING**

Stress urinary incontinence (SUI) is leakage of urine which occurs when there is increased pressure in the abdomen. 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?**

Pelvic floor muscle exercises are usually used as the first form of treatment for stress urinary incontinence; you may already have tried this. If the leakage continues and remains a problem despite exercises, then more invasive treatment may be required. You may also be offered treatment at the same time as treatment for other conditions such as prolapse. The doctor will discuss this with you.

### **What is urethral bulking?**

Urethral bulking is a procedure to treat SUI. A bulking material (man-made) is injected underneath the lining of the urethra (the tube from which the urine exits your body), into 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 your SUI but may improve it. About 50% that have this treatment feel that they are cured, but many more have an improvement such that they leak less. It is not as successful as operations but is less invasive and has fewer complications. 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 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.

## How is the procedure performed?

A small camera is passed along the urethra (the tube from which the urine exits your body) and the bulking material is injected using a very fine needle through this into the walls of the urethra in 3-4 places. This is usually done in out-patients under local anaesthetic, or occasionally under general anaesthetic in theatre.

## What will happen after the procedure?

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. This is much less common after urethral bulking than after bigger operations.

## 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 often 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 urethral bulking injections?

- **Failure:** 50% report no benefit from the injections, although further injections can be given.
- **Infection.** Urine infections are relatively common following surgery for incontinence.
- **Voiding difficulty:** *It is rare to have trouble emptying the bladder after a urethral*

- **bulking procedure.** 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).
- **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 very 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

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

**If you require any further information or explanation, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.**

## CONTACT DETAILS

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

**Warrell Unit Nurses: (during office hours only)**

 (0161) 701 6150 or 701 6776

**For urgent out of hours enquiries please ring the Emergency Gynaecology Unit**

 (0161) 291 2561 (24 hours). EGU is located at Wythenshawe Hospital (entrance 15)



<https://mft.nhs.uk/saint-marys/services/gynaecology/urogynaecology/>

## Other sources of information

-  Bladder & 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)