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. Injections are usually made under local anaesthesia but can be done under general or spinal anaesthesia.

![Diagram showing the injection of urethral bulking agents](image)

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, so as to stop leakage of urine on coughing and sneezing (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 mid-urethral tape slings, like the tension-free vaginal tape (TVT) sling. The effect may wane with time, hence that they may need repeating.

Urethral bulking agents are therefore reserved for patients who can not have other forms of surgery, for example due to anaesthetic reasons, or those who had suboptimal improvement but not cure of stress incontinence after other procedures.
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.

You will be given a frequency volume chart and quality of life questionnaires to complete and bring at your follow up visit. This will enable assessing the benefit of surgery for you.
**What does the operation involve?**

Injections are made during cystoscopy (camera examination of the bladder). There are no incisions (cuts) or sutures. The operation is commonly done while you are awake, using local anaesthesia, though it can be done while you are asleep.

Local anaesthesia is introduced into the bladder through a catheter. You will be asked to sleep on your tummy 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 bad smell of urine. A specimen of urine will be taken and sent to the laboratory for confirmation of infection. You will 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. You may have it emptied with a catheter. If this persist, a nurse will show you how to pass a catheter yourself; which is called 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(s). 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. It helps to forget the need to pass urine and drink and walk as you would normally do. This makes your bladder work as normal.

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:**
Mid-urethral tape slings: these are operations that support the urethra using synthetic tapes, such as the tension-free vaginal tape (TVT) sling. These are minimally invasive procedures that can be done as day case.

**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 tummy. 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.
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:**  
01444 441881 Ext. 4013

**Royal Sussex County Hospital:**  
01273 696955 Ext. 4013

**Urogynaecology Unit at Lewes Victoria Hospital:**  
01273 474153 Ext. 2178

**Useful links:**
