

Urethral Bulking for Stress Urinary Incontinence

Urethral bulking is a procedure that involves injecting a material, called a bulking agent, around the walls of the urethra to narrow its width. This can treat stress urinary incontinence (SUI).

About Urethral Bulking

Urethral bulking injections are a treatment for SUI. Injections may also be used for women that still leak after surgery. With a thin camera (called a cystoscope) inserted into the urethra, the doctor uses a thin needle to inject the bulking agent around the walls of the urethra. This helps to hold in urine when you are doing activities like coughing, sneezing, or exercising.

Urethral bulking injections have a 60 to 70 percent success rate. Success may not mean complete relief of incontinence, but most women experience less leakage.

There are different materials used as bulking agents. All of them are made of soft, hypoallergenic beads floating in a dissolvable gel. Ask your doctor which bulking agent will be used for your procedure.

Unfortunately, this procedure is not a permanent cure, and the effects often wear off over time. For women who have successful results, most will require another injection in about 6 to 24 months. These can be done indefinitely.

Even though the injection is near the vagina, it won't cause vaginal pressure or pain, even with intercourse.

These are a good option for women who are not currently interested in surgery, including those who are planning future pregnancy or who have serious medical conditions.

As with other medical procedures, urethral bulking has risks. Discuss these with your doctor before the procedure. Some of the risks include:

- Pain during the injection.
- Blood in the urine right after the procedure—small amounts are a normal, temporary side effect.
- Pain with urination.
- Urinary tract infection (UTI)—fewer than one in ten women who have a urethral bulking injection need treatment for a UTI.
- Difficulty emptying the bladder (called "urinary retention")—women who experience this need to catheterize themselves temporarily. This happens about 10 percent of the time.
- Shifting of the bulking material near the site of injection.

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How the Procedure is Done

Urethral bulking is usually performed in a doctor's office. You do not need general anesthesia or an overnight hospital stay. You can eat and drink normally on the day of the procedure. The actual procedure takes about 20 minutes. However, the entire visit may require one to two hours.

When you arrive, you'll need to give a urine sample. This sample will be checked for signs of UTI. If you have a UTI, the procedure will need to be rescheduled. If you have symptoms of a UTI at home, call the office right away.

Similar to undergoing a pelvic exam, you'll undress from the waist down. You'll lie on the exam table with your feet in stirrups and cover yourself with a sheet. After cleaning your genital area with an antiseptic solution, a numbing gel may be inserted into the urethra prior to the procedure. You may also be given an antibiotic to take by mouth.

Once you are numb, the doctor will begin the procedure. With the cystoscope in the urethra, the doctor injects the bulking agent (often into 2 to 4 sites) using a needle. This can be painful briefly.

Learn The Terms

Urethra: Tube from the bladder to the outside of the body that urine passes through during urination.

Stress urinary incontinence (SUI): Urine leakage with physical activity such as laughing, sneezing, lifting, or exercise.

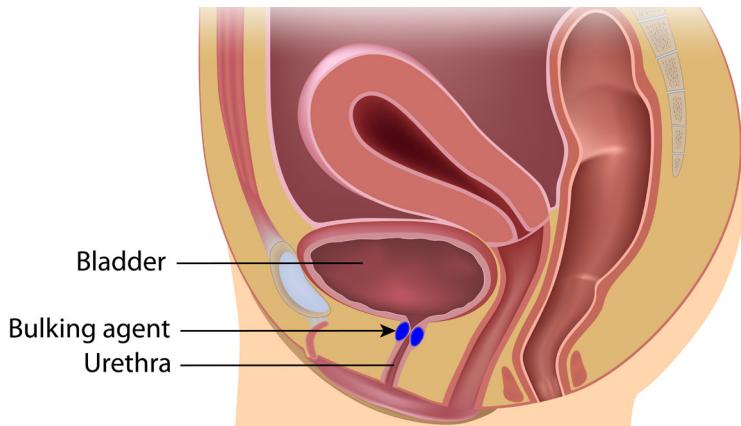
Urethral bulking: Injecting a material (called a bulking agent), around the walls of the urethra to narrow its width and to help reduce leakage of urine with coughing or sneezing.

Cystoscope: A thin tube with a small telescopic camera on the end used to visualize the inside of the bladder. There are two types—flexible and rigid.

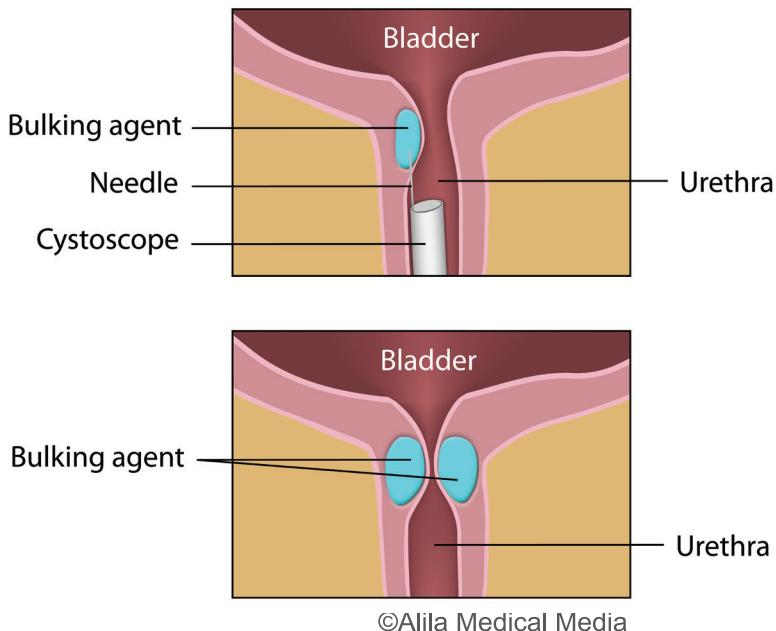
Catheter: Plastic tube temporarily placed to drain urine from your bladder.

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Urethral Bulking Agent



Urethral Bulking Agent Injection



Before you go home, you'll be asked to urinate. Sometimes the injections cause difficulty emptying the bladder. These symptoms occur in less than 10 percent of women. If you cannot urinate, the doctor's assistant will teach you how to catheterize yourself. Typically, this is only needed for a couple of days.

After the Procedure

The injections can take a few days to start working. Don't be alarmed if you're still leaking immediately after the injection. For the first few days after injection you may feel the need to urinate more frequently. You may notice stinging or burning when you urinate and blood in your urine. Your doctor may prescribe or recommend an over-the-counter medicine to relieve the burning. This medicine may change the color of your urine. A warm bath or putting a warm or cool, damp washcloth over your genital area may help to relieve the discomfort.

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There is no need to restrict your activity after this procedure.

Contact your doctor's office if you experience any of the following symptoms:

- Trouble urinating or a sense that the bladder isn't emptying.
- Heavy bleeding, including bright red-colored urine or large clots in the urine.
- Burning with urination, changes to the color or smell of urine, or chills and fever (greater than 101 degrees Fahrenheit).
- Need to urinate more frequently.

Ask when you should schedule a follow-up appointment. At this time, the doctor will reassess your symptoms and possibly consider another injection.

Three Takeaways

- 1. Urethral bulking is a procedure to treat SUI. It involves injection of a bulking agent around the walls of the urethra to narrow its width and help hold in urine.**
- 2. Urethral bulking injections are usually performed at a doctor's office. You do not need general anesthesia or a hospital stay. You can usually drive yourself and can return to work immediately after the procedure.**
- 3. Urethral bulking has a 60 to 70 percent success rate for women with SUI. The effects tend to reduce over time. Many women require repeated injections.**