

Bladder neck injections to treat stress leakage of pee (incontinence)

Department of Urogynaecology

Information for Patients

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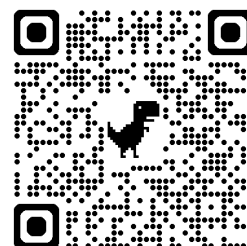
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What is stress leakage of pee?

Stress leakage of pee is caused by weakness of the ring of muscle (sphincter) around the pee pipe (urethra). As the sphincter is weak, it cannot close off the pee pipe tightly. This leads to leakage of pee when you do something that causes an increase in tummy pressure. So, coughing, sneezing, laughing, lifting something heavy, running or jumping causes leakage. This can affect how you feel physically and emotionally.

What are bladder neck injections?

- We inject a bulking agent ([Bulkamid](#)) around the pee pipe to bulk it up. This makes the pee pipe tighter and reduces leakage when you cough or laugh.
- We are guided by a telescope camera
- We can do it with you awake with local anaesthetic or asleep under general anaesthetic. It depends on your circumstances
- The injections take less than 20 minutes to do. We expect you to go home the same day
- Bladder neck injections are usually quick with a quick recovery. They do not work as well as other treatments you will read about in this leaflet. It works in 5 to 7 out of 10 women but becomes less effective over time You may need to have repeat injections.



Options for treatment without an operation

- **Pelvic floor exercises** help strengthen the pelvic floor muscle. This creates a tighter

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seal around the pee pipe and reduces or stops leakage. These exercises work best when they are supervised by specialist nurses or physiotherapists. You need **at least 3 months** before you know if they are working. You are strongly advised to try supervised exercises before thinking about surgery.

- **Do nothing.** If leakage is not too bad and does not bother you much then treatment is not needed. You can come back and see us if it gets worse.
- **Losing weight** can help reduce leakage by reducing tummy pressure. Losing weight will also make any surgery you may need safer and more effective.
- **Devices** such as pessary or tampons can be inserted into the vagina to compress and close off the pee pipe. You are taught how to insert and remove them so that they can be used when needed.

Risks of bladder neck injections

There are risks of complications with all surgery. The risks below are increased if you

- are overweight
 - have had tummy or vaginal operations before
 - have scarring in the pelvis or
 - have other medical conditions.
- **Anaesthetic risk.** If you have the procedure under general anaesthetic, there are very few risks unless you have specific medical problems. We will discuss this with you
 - **Heavy bleeding.** There is a risk of bleeding with any operation. Heavy bleeding is uncommon. It is very rare that we have to give blood to patients (transfuse) to replace blood loss.
 - **Infection.** Infection where the injection is given or a pee infection can occur. We treat this with antibiotics. It is common to see a small amount of blood in the pee after your injection. This settles in 24 to 48 hours
 - **Failure to cure leakage.** The injections may not work in up to 5 out of 10 women. This may happen straight after the injections or after some time. You may need repeat injections or you can think about other operations or treatments.
 - **Deep vein thrombosis (DVT) or pulmonary embolus.** This is a clot in the deep veins of the leg or in the lung. It is rare after a minor procedure like this. A serious problem sometimes occurs when a clot in the leg travels up to the lungs. The risk of clots is reduced by using special stockings and keeping active.
 - **Bladder over activity.** Any operation to tighten up the bladder neck can make it sensitive or overactive. This leads to symptoms such as urgency (needing to rush to the toilet) and frequency (needing to pass pee many times). This can be a new problem or may worsen if it was present before your operation. It occurs in about 5 in 100 women.

- **Difficulty peeing.** About 1 in 10 women will have difficulty peeing after the injections. This usually settles within a few days but a catheter is needed during this time. More unusually, the difficulty peeing does not settle and you might need to learn to empty your bladder manually with a small catheter tube that you insert yourself about 4 times a day. This is called intermittent self catheterisation.
- **Pain when peeing** which usually settles in 24 to 48 hours.
- Pain relief is not usually needed
- **Need for further injections. We use [Bulkamid](#) injections.** The effect of the injection will usually wear off with time but it can last for up to 7 years. You may need repeat injections after this time

After the procedure

You will be taken back to the ward or recovery area to be monitored. You will usually be able to go home on the same day if you are feeling well and passing pee normally. You should have someone drive you home after the procedure even if you have only had local anaesthetic.

You will have a follow up appointment in about 3 months which may be on the telephone or in person.

Other treatment options - surgery

- **Fascial sling.** This is a major operation. You have a cut across your lower tummy. You also need a small cut in the vagina. We take a strip of strong tissue (fascia) covering your tummy muscles and use it to support the pee pipe. It is effective in 8 out of 10 women but can cause more difficulty passing pee compared with other operations.
- **Colposuspension.** This is a major operation. You have a cut across your lower tummy. We put stitches on either side of the pee pipe to support it. Dissolvable stitches or permanent stitches may be used. It is effective in 7 out of 10 women.

Note: It is important to remember that all the operations mentioned only work well for stress leakage. They generally do not work well for overactive bladder (OAB) symptoms. OAB symptoms include having to pass pee many times during the day or night, a very strong and sudden need to rush to the toilet and leakage as you are trying to get there. These problems may remain or get worse after surgery.

All the operations mentioned also carry a small risk of difficulty peeing afterwards. This is due to swelling from the injections. It is usually a short term problem. It may mean you need to have a catheter (tube and bag to drain pee) while waiting for it to settle. This will be removed when you have recovered and you will be asked to provide your first passed pee sample to staff after removal of catheter.

At home after the operation

Keeping active is important as this reduces the risk of clots in the legs and lungs.



Bath or shower as normal.

You should be able to return to normal activities, drive and work as soon as you have recovered from the anaesthetic if you had one. This will take about 24 hours.

You can start having sex as soon as it is comfortable.

British Society of Urogynaecology (BSUG) database

We will ask for your consent to collect anonymous information about your surgery and recovery. The information is stored in a secure online database. The information collected helps us assess and monitor our practice and guides future treatments for incontinence.

Multidisciplinary team meeting

We may talk about your urinary problem, tests and operation at a meeting before your surgery. This is to confirm that your planned treatment is best for you. Sometimes we may need to change the original plan. We will discuss this with you.

More information

You can find more information about bladder neck injections at:

<https://bsug.org.uk/budcms/includes/kcfinder/upload/files/Urethral%20bulking%20BSUG%20Mar%202018.pdf>



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