

URETHRAL BULKING FOR WOMEN WITH URGENCY URINARY INCONTINENCE ON STANDING.

Hypothesis / aims of study

Urethral bulking is a recognised procedure for the treatment of stress urinary incontinence, as it acts by increasing the resistance to flow within the urethra and by increasing functional urethral length.

Some patients present with urinary urgency and urgency urinary incontinence mainly on standing. The reason for this is thought to be urine entering the urethra and provoking the bladder contraction (voiding reflex) leading to a sensation of urgency and urgency urinary incontinence (1). These patients do not complain of urgency and associated incontinence when sitting or recumbent. They respond poorly to bladder retraining, pelvic floor exercises and anticholinergic therapy. The rationale for the use of urethral bulking in this group of patients is that it prevents the initial entry on urine into the distal urethra that provokes the voiding reflex.

To assess the outcome of urethral bulking in the management of women presenting with urgency and urgency urinary incontinence on standing.

Study design, materials and methods

A retrospective review of 28 transurethral bulking procedures carried out on 23 women between June 2002 and March 2008. A review of the case-notes and operation sheet was carried out to obtain the demographics, presenting complaints, history of previous pelvic or continence surgery, urodynamic assessment, type of, type of anaesthesia and operative complication. Self reported outcome was obtained at post operation clinic follow up.

Results

- The mean age of the patients was 74 years (range 44 – 90).
- 83% of the procedure was carried out under local anaesthesia. The urethral bulking agents used were collagen (Contigen®) or Ethylene Vinyl Alcohol dissolved in Dimethyl Sulfoxide (Tegress® or Uryx®)
- There was no intra-operative or immediate postoperative complication.
- The mean length of follow up was 6 months (range 1.5-18)
- 39% of the women were continent or reported improvement in incontinence episodes, 47% experienced no change in symptoms, while 2 were lost to follow up.

Interpretation of results

The number of women treated with suburethral bulking for urgency urinary incontinence on standing who reported dryness or improvement in incontinence episode is comparable to results obtained when used for treatment of stress urinary incontinence (2).

Concluding message

Urethral bulking for the management of patients with urinary urgency and urgency urinary incontinence on standing is safe. The result of 39% of the women reporting dryness or improvement in incontinence episode in this diagnostic and therapeutically challenging group of patients, is comparable to results obtained when used in the established management of stress urinary incontinence.

References

1. Mostwin JL. Clinical physiology of micturition. In: Cardozo L, Staskin D. (eds.). Textbook of Female Urology and Urogynaecology. 2nd ed. Milton Park, UK; Informa healthcare; 2006. p.143
2. Monga AK, Stanton SL. Continence surgery now: The role of periurethral collagen. Contemp Rev Obstet Gynaecol 1995; 7: 29-35

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Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	No
This study did not require ethics committee approval because	Restrospective review of clinical data
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	No