

Synchronous Intravesical Botox® And Periurethral Bulkamid® Injections: An Effective And Lasting Solution For MUI In Hispanic Women

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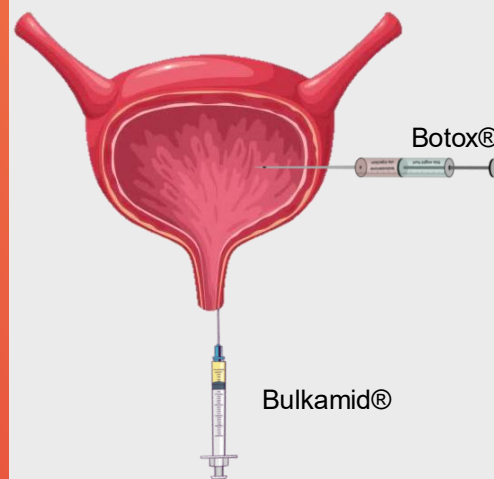
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Background:

- Approximately 16% of women experience mixed urinary incontinence (MUI), significantly impacting quality of life.
- Intravesical onabotulinumtoxinA (Botox®) is effective for urgency urinary incontinence (UUI), while polyacrylamide hydrogel (Bulkamid®) has shown efficacy in stress urinary incontinence (SUI).
- Although both modalities are used for MUI, limited data exist on their combined use in Hispanic women.
- Our objective was to evaluate the efficacy of synchronous intravesical Botox® and Bulkamid® injections in Hispanic women with MUI.

Methods:

- We retrospectively reviewed female patients who underwent combined intravesical Botox® (100 units) and periurethral Bulkamid® injections in a single operation for MUI between January 2024 and August 2025.
- Data included demographics, body mass index (BMI), prior incontinence interventions, overactive bladder (OAB) medications, and pre- and postoperative postvoid residual (PVR). The primary outcome was self-reported complete symptom resolution 3–5 weeks post- procedure.



Botox® + Bulkamid® injections appear to be safe and effective for Hispanic women with MUI, with ↑ discontinuation rate of OAB medications.

Results:

Characteristic	N=25	Percentage
Mean Age	52.7	
Hispanic	18	80%
BMI (kg/m ²)	34.2	
SUI>UUI	8	35%
UUI>SUI	10	40%
SUI=UUI	7	28%
Prior Intravesical Botox®	4	16%
Prior PFPT	3	12%
Prior Sacral Neurostimulation	1	4%
+SEST	12	48%
Post-Op Retention	1	4%
CR at 3-5 weeks	13	52%
CR at 3-5 months	7	29%
CR at 12 months	4	16%
Mean Pre-Op PVR (ml)	15.4	
Mean Post-Op PVR (ml)	65.9	
Post-Op Meds	3	13%
Repeat Botox®	1	4%
Repeat Botox® + Bulkamid®	1	4%
Bulkamid® + PFPT	1	4%

Conclusion:

- Synchronous intravesical Botox® and periurethral Bulkamid® injections improved self symptoms in 100% of our patients with MUI, with 60% experiencing complete symptom resolution within 3–5 weeks. A 16% remained symptom-free at the 12-month follow up.
- Only one patient developed Post-Op urinary retention. There was a slight increase in the mean Post-Op PVR with uncertain clinical impact.
- Eighty-seven percent were able to discontinue OAB medications. Larger randomized studies are warranted to confirm the safety and efficacy of this combined approach.