

## BLADDER NECK INJECTIONS FOR STRESS URINARY INCONTINENCE; A RETROSPECTIVE COHORT STUDY

### Hypothesis / aims of study

Bladder Neck Injections (BNI) are a minimally invasive treatment for Stress Urinary Incontinence (SUI) involving the injection of an agent into the urethral wall. This study looked at the efficacy of Bladder Neck Injections as a treatment for Stress Urinary Incontinence at a tertiary treatment centre.

### Study design, materials and methods

Retrospective electronic case note review of all cases of BNI (n=59) from 2012-2014.

### Results

10 patients (17%) failed to return for follow-up and are excluded from further analysis (n=49).

29 (59.2%) of women had symptoms of Stress Urinary Incontinence (SUI) and 20 (40.8%) had Mixed Urinary Incontinence (MUI) i.e. SUI and Overactive Bladder Symptoms. There was a significant prevalence of co-morbidities.

The average Maximal Urethral Closure Pressure (MUCP) for all patients who had urodynamics performed was 35cmH<sub>2</sub>O (range 2-98cmH<sub>2</sub>O) suggesting an element of Intrinsic Sphincter Deficiency (ISD) in this cohort.

27 patients (55%) reported significant improvement in symptoms following treatment. Mean treatment duration was 20 weeks (range 2 weeks to 2 years). 22 patients (45%) reported no improvement in symptoms. 9 of these patients had 'top-up' BNIs with 4 reporting improvement in symptoms. Overall success rate was 63%.

Post-operative complications were reported by 10 patients (20.4%). 8 patients (16%) experienced urinary retention post-procedure, most settling within the first week.

2 patients (4%) experienced urethral pain which settled with expectant management.

The standardised disease-specific QoL ICIQ-SF was used. Analysis of correctly completed pre- & post-treatment sets showed a reduction in scores reflecting symptom improvement following treatment (15.9 vs 9.89).

### Interpretation of results

The overall success rate for treatment was 63% with the average duration of success being 20 weeks. This was a difficult cohort of patients to treat given the significant prevalence of co-morbidities.

### Concluding message

Our findings are similar to current literature, that BNIs have limited success rates and duration of success, however given the cohort of patients treated it remains a treatment means when other options are limited.

### Disclosures

**Funding:** NONE **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** Retrospective case note review **Helsinki:** Yes **Informed Consent:** No