



# Urethral bulking treatment for stress incontinence

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**This leaflet has been provided to answer some of the questions you may have about urethral bulking treatment for stress incontinence and to inform you what to expect on the day and in the following few days after treatment.**

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## **What is stress incontinence?**

You have a condition called “stress incontinence”. This means that when you put “stress” on your bladder, for example by coughing or sneezing, the bladder valve (sphincter) is too weak to hold in the urine and you leak.

Your consultant has arranged for you to have an injection of bulking agent as a treatment for stress incontinence. There are many agents available, including Bulkamid, Urolon and Deflux.

## **How does it work and is it permanent?**

The aim is to bulk up and strengthen the sides of the urethra (the tube that carries urine from the bladder to the outside of the body) so that the sphincter can close with more force.

Studies have found that the injections improve continence however may need to be repeated at 3-4 years.

## **What happens during the procedure?**

The procedure itself takes about 20 minutes and is mostly done under a general anaesthetic (you will be asleep). It is performed via a telescope which is passed on a fine flexible tube through the urethra into the neck of the bladder where the injections are given.

If it is performed under a local anaesthetic; you will be given both a topical cream to numb the area and an injection of anaesthetic before the procedure itself.

## **What are the benefits of this treatment?**

- Less invasive than other forms of continence surgery
- Low complication rates

## **What are the risks of this treatment?**

- Urinary infection
- Urinary retention
- Abscess at the injection site (rare)
- Pain (rare)

## **Are there any alternative treatments?**

Your consultant may have discussed these with you if appropriate but alternative treatments for stress incontinence include the autologous fascial sling and colposuspension, or a urinary diversion surgery

## **What happens immediately afterwards?**

Once you return to the ward you will remain in the department until you have had something to eat and drink and have passed urine.

## **Will there be any discomfort?**

You may experience some stinging or burning when you pass urine for up to 48 hours after the procedure.

## **Aftercare advice**

We recommend that you take anti-inflammatory medication such as ibuprofen for 48 hours after the procedure and you will be asked to increase your fluid intake during this period. You should drink at least 2 litres per day.

Due to the general anaesthetic it is important that someone drives you home and stays overnight after the procedure. It is also advisable to spend a few days taking it easy with no strenuous activity or exercise.

Sexual intercourse must be avoided for one month afterwards.

If any discomfort persists after 48 hours, appears to be getting worse or if you are having difficulty passing urine, you should make an appointment with your GP to ensure that you do not have a urine infection or are retaining urine in the bladder.

## **Who can I contact for more help or information?**

If you have any questions or concerns about your procedure, the Frederick Potts Unit (Urology Department) can be contacted for advice on weekdays between 8.30am – 4.30pm via the Urology Clinical Admin Team (CAT 3a) Tel: 0118 322 8629 or email [rbb-tr.CAT3A@nhs.net](mailto:rbb-tr.CAT3A@nhs.net). Telephone Hopkins Ward on 0118 322 7771 at other times.

[https://www.baus.org.uk/\\_userfiles/pages/files/Patients/Leaflets/Urethral%20bulking.pdf](https://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Urethral%20bulking.pdf)

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