

P1

OUTCOME OF THE USE OF INTRA-URETHRAL BULKING INJECTIONS IN PATIENTS WITH PRIMARY VERSUS SECONDARY STRESS URINARY INCONTINENCE

H. J. Bekarma, J. E. T. Jones, A. Hamed, B. T. Little
University Hospital Ayr, UK

Introduction & Objectives

Intra-urethral bulking agents are used to treat stress urinary incontinence and are becoming popular due to the 'mesh crisis' and the desire of women to have less invasive surgery, with the compromise that efficacy may be reduced.

Materials & Methods

83 women were injected between 2012 and 2019 in one urology department. Information was collated about demographics, urodynamics, volume and number of injections, anaesthesia, ICIQ-SF scores pre and post op and outcomes of surgery and subsequent treatment.

Results

83 patients with UD-proven SUI had at least one treatment of 3 or 4 injections. Women ranged from 25 to 85 years old, average 57.8. 84.3% procedures were under general anaesthesia and 15.7% under local. Women were classified as either primary or secondary based on previous treatments. 51/83 patients had pre and post-operative ICIQ-SF scores. The average was 16.7 pre and post 8.8. 17/83 women were assessed clinically, 11/17 having subjective improvement, 6/17 no benefit documented. 15 patients were lost to follow-up. In total 91.2% improved symptomatically. 69/83 women had injections as primary treatment and 14/83 for secondary SUI having previously had a colposuspension, autologous fascial sling or trans-vaginal mesh. 21/69 primary women only required 1 injection to improve their symptoms. 48/69 went on to have at least 1 further injection (maximum 5). Only 2/69 progressed to further surgery (colposuspension). 9/14 secondary SUI patients required 1 injection for symptom improvement. 5/14 required further injections, 3/5 finally improving. Overall, 12/14 showed benefit. For all patients, 30/83 patients managed with one injection - 53/83 needed multiple.

Conclusions

We have demonstrated that intra-urethral bulking injections are effective in both the management of primary (97.1%) and secondary (85.7%) stress incontinence. Women should be advised that efficacy may be reduced if used as a secondary treatment and that multiple injections may be required.

Reference:

1. Spyroulis C, Sokolova I, Bekarma H, Kawasami S, Agur W. Does the use of patient decision aid (PDA) influence the patterns of surgery for stress urinary incontinence? Abstract EUGA 2018