millions of women all over the world suffer from stress urinary incontinence (SUI). Urinary incontinence itself is recognised as both a health problem and an economic burden, with a negative impact on quality of life, sexual and interpersonal relationships, psychological well-being and social interactions [1].

There is a wide spectrum of treatment options available for SUI, which range from conservative therapies (e.g. pelvic floor muscle training, electric stimulation, change in fluid intake and drug therapy) to surgical treatment [2]. The most widely used surgical treatment for SUI is the mid urethral sling (MUS) procedure [2]. A minimally invasive treatment option for SUI is the injection of a urethral bulking agent (UBA) [3].

SUI is characterised by urethral hypermobility (HM) and/or intrinsic sphincter deficiency (ISD) and is the inability of the urethra to provide adequate urethral closure pressure, preventing involuntary loss of urine during increases in abdominal pressure. While SUI due to HM and/or ISD has different etiologies, results have shown that the efficacy of UBA treatment is similar in ISD patients with or without HM [4,5].

Bulk agents have been around for many years as a treatment for SUI. As far back as the end of the 19th Century reports can be found of per urethral paraffin injections [6]. Since then various materials have been used, including autologous fat, polyacrylamide hydrogel, collagen, pyrolytic carbon-coated autologous fat, polyacrylamide hydrogel, paraffin injections [6]. Since then various reports can be found of periurethral treatments date far back as the end of the 19th Century. Bulking agents have been around for over a century [7].

The International Consultation on Incontinence Questionnaire-Short Form (ICIQ-SF) is a validated, user-friendly quality-of-life measure that is applicable in clinical and research settings [8]. The ICIQ-SF was specifically designed to be used in women with SUI, particularly in research studies on various treatments for SUI. The ICIQ-SF is a validated, user-friendly quality-of-life measure that is applicable in clinical and research settings [8]. The ICIQ-SF was specifically designed to be used in women with SUI, particularly in research studies on various treatments for SUI. The ICIQ-SF was specifically designed to be used in women with SUI, particularly in research studies on various treatments for SUI.

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References: