Editorial comment: Urethral injections for female stress incontinence

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This up-to-date review [1] of the field by three people with very long experience in the area puts things in perspective. These agents work, less well than might be hoped, but they work. They do not change the urethral closing pressure, they do not work in the distal urethra, and they are not very often obstructive. As such they seem to defy the 'uniform theory of incontinence' now in vogue. I wish they lasted longer and perhaps they will, as new agents are developed.

One of the reasons why new agents are continuously introduced into what is now a depressed market worldwide, is because collagen is expensive. That in itself contributes to a static market, as our colleagues in less-developed countries simply cannot use these materials because of their cost. That also means that new agents can be expected to provide a return on investment if they are successful. As collagen is biodegradable a material that is not would be expected to have an advantage in terms of durability; whether it will remains to be seen. Carbon beads and silicon gels were developed to be better agents than collagen, and perhaps in terms only of duration of effect, they are.

However, there are two aspects to the effects of any bulking agent used for urethral dysfunction; one is the material and, as Appell *et al.* [1] point out, the other is the host environment. Very similar initial responses are noted for collagen, carbon-coated beads and silicone gels.

Durability is another matter, but until relatively recently carbon beads were difficult to inject and silicone unavailable in the USA. The newer agents, hydroxyl apatite and dextranomer microspheres, are interesting and hopefully will improve the results with bulking agents. I expect that the durability will improve, but the agents themselves probably cannot compensate for host-tissue factors, which are as yet poorly characterized.

CONFLICTS OF INTEREST

None declared.

REFERENCE

1 **Appell RA, Dmochowski RR, Herschorn S.** Urethral injections for female stress incontinence. *BJU Int* 2006; **98** (Suppl. 1): 27–30

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