

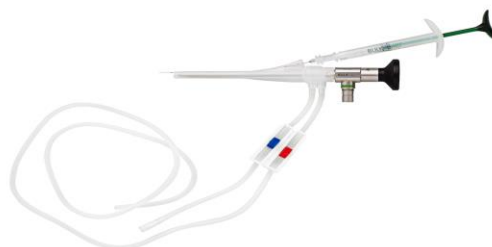
Outpatients Urethral Bulking (Bulkamid) for Urinary Stress Incontinence

What is Bulkamid?

Urethral bulking is a relatively non-invasive surgical treatment option for stress incontinence and an alternative to surgery. This treatment has been around for many years (with different substances) and involves injecting the bladder neck (through the urethra) with a bulking substance which obstructs the flow of urine. The Bulking we use is called Bulkamid. It is soft and does not induce scarring around it and no allergies have been reported.

See below: Bulges following urethral injection

Urethral bulking apparatus



Why would I need this procedure?

Stress incontinence is the leaking of urine with exercise, coughing, sneezing and laughing. Bulking agents are injected into the tissue around the urethra or bladder neck making the tissue thicker and improving the sealing mechanism of the bladder. Urethral injection in comparison to sling surgery is a minor and less invasive procedure that takes shorter time to perform, needs minimal anaesthetic and is associated with much less potential complications.

It is chosen in your case because of one of the following:

- You have not yet completed your family.
- You are at a particular high risk from anaesthesia and surgery.
- You have a residual incontinence after a sling procedure
- You have a mixed urinary incontinence with severe urgency.
- Incontinence is combined with bladder emptying problems.

What are the potential risks and side effects?

There are few reported complications.

- You may experience discomfort and pain while passing urine after the procedures. This usually resolves after 24 hours and can be managed with mild pain killers such as paracetamol.
- A urine infection may occur and you may need to obtain antibiotics from your GP if you suspect this.
- It is possible you may experience difficulty in passing urine after the procedure. This usually resolves spontaneously but occasionally you may need to have a catheter in your bladder for up to 3 days. We will know immediately and will require action before you go home.

- The procedure may fail to cure your stress incontinence. In this case there is an option to repeat the procedure but, even so, we cannot always guarantee to cure your incontinence.

What are the expected benefits of treatment?

To control the stress incontinence with a 65% to 82% satisfaction rate. It is not designed to help with urinary frequency and, urgency or urge incontinence however they may improve.

Alternative treatments

- No treatment: The continence will continue.
- You will have already trialled conservative treatment by modifying your lifestyle i.e. reducing caffeine and you will also have completed a course of Pelvic Floor Muscle Training with little benefit.
- Sling procedures.

On the day of your procedure?

Before the procedure your urine will be tested to exclude any infection. If infection is present it will need to be treated and the procedure may have to be rebooked.

You will be given painkillers orally and also an anti-inflammatory suppository 30 to 60 minutes before the procedure. Local anaesthetic gel is inserted into the urethra before the procedure is commenced. A small tube with a camera attached (cystoscope) is placed into the urethra and some fluid is instilled into the bladder. Three or four injections of bulkamid are placed into the urethral wall via the cystoscope. The procedure takes 15 minutes.

Before you go home

Following the procedure you will be expected to pass urine and your bladder will be scanned to check it has emptied properly. You will go home shortly after.

What should I do when I go home?

You should expect mild discomfort and slightly blood stained urine after the procedure and this should settle after a few days. There are no limitations on activities and improvement in urinary leakage would be expected almost immediately, but it can take up to 6 weeks for the implant to fully settle.

Will I have to come back to hospital?

You will receive a telephone review by the specialist nurse after 6 to 8 weeks.

When can I return to work?

You can return to work the next day.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Sources of information

You will find additional patient information on the British Society Uro-gynaecology website below www.bsug.org - or contact Clinical Nurse Specialist – Tel: (01323) 413877.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: (01323) 417400 Ext: 5860 or by email at: esh-tr.patientexperience@nhs.net.

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 01424 755255 Ext: 2620

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:
Enter names and job titles

Mr Hosam El-Halwagy, Lead Urogynaecology Consultant
Mrs Kirsty Bray, Clinical Nurse Specialist Urogynaecology

The directorate group that have agreed this patient information leaflet:
Women and Children Directorate.

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Responsible clinician/author: Hosam El Halwagy, Lead Consultant

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