



Urethral agent for treatment of stress urinary incontinence (Bulkamid)

This leaflet intends to provide information regarding urethral bulking procedures (Bulkamid) used to treat stress urine incontinence in women, and the likely post-operative treatment plan. It will also outline the benefits, risks, and alternatives. You should take your time to read this leaflet.

What is stress urinary incontinence?

The muscles of the pelvic floor support the bladder and usually help keep it closed or open as necessary.

Stress incontinence is the leakage of urine during actions that increase abdominal pressure during normal everyday activities, and most often when you cough, sneeze, laugh, exercise or change position.

This is due to a weakness in the urethra (water pipe), and support of the bladder neck caused by childbirth, heavy lifting, constipation, vaginal prolapse, pelvic floor surgery, ageing, and many neurological conditions.

How common is stress urinary incontinence?

Stress urine incontinence is common, affecting an estimated 30% (or three out of ten) of women worldwide.

What are the treatment options?

Stress urinary incontinence is treatable with different options, including:

- Pelvic floor exercises, weight loss and pelvic muscle strengthening with Physiotherapy,
- Bladder neck / Urethra (bladder water pipe) bulking,
- Natural body tissue (Fascial) slings,
- Colposuspension operation, either as major open surgery or laparoscopic (keyhole) surgery,
- Artificial urethral sphincter operation.

Please discuss these options with your doctor or nurse. The focus of this leaflet is Bulkamid bladder neck and urethral bulking.

What is urethral bulking agent?

Bulking agents are a relatively non-invasive surgical treatment option for stress incontinence and an alternative to major surgery. The operation involves injecting a bulking agent into the wall of your urethra (waterpipe) using a small telescope at 3 or 4 different sites around the urethra to improve the seal and prevent leakage of urine.

The bulking agent used in this Trust is Bulkamid. This is a soft gel consisting of 97.5% water and 2.5% polyacrylamide. It has been shown to maintain its shape and volume years after implantation, providing long term relief from urine leakage.

How is bulkamid treatment performed?

The treatment takes about 15 to 20 minutes and involves no hospital stay or lengthy recovery period. But it might take longer due to busy Outpatient department (OPD) schedule.

- The procedure can be done under local anaesthetic or general anaesthetic. A general anaesthetic will mean you will be asleep during the entire procedure.
- It can be performed in an operating theatre or a treatment room within an outpatient department.
- A telescopic camera examination of your bladder and urethra is carried out initially.
- Three or four deposits of bulkamid are injected into the tissues around the urethra either through the telescope or alongside the telescope. The procedure may be uncomfortable, and your bladder may feel rather full. Women sometimes describe a sensation of stinging as the Bulkamid is injected but this wears off soon afterwards.

Recovering after bulkamid operation:

- You will be given oral antibiotics after the procedure.
- You will normally be able to go home on the same day after passing water following the procedure and there are no limitations on activities following it.
- You should be able to return to your normal activities within 24 hours subject to your doctor's advice and personal considerations.
- There should be minimal discomfort after the procedure and a full recovery would be expected within one to three days.
- Improvement in urinary leakage would be expected almost immediately but there might be the recurrence of urinary incontinence within 12 months and possible need for further injections (around one in 10).

Will i have to come back to hospital?

You will have a specialist nurse review after 2 weeks.

Benefits of urethral bulking

 Suitable for women who are not medically fit for a general anaesthetic	 May be performed in clinic without admission to hospital in some units
 Cure or improvement in stress incontinence (50-60 % of success rate at 24 months)	 Minor procedure and can be carried out with local anaesthetic

Risks can include

COMMON (UP TO ONE IN 10)	RARE
Mild burning on passing urine for a short time (almost all patients)	Need to pass urine more frequently and urgently, sometimes with leakage (between one in 10 and one in 50)
A small amount of blood in urine for a short time (almost all patients)	Inability to empty your bladder for which you may need to start self-catheterisation (between one and two in 100)
Failure to stop or improve urinary stress incontinence (between one in two and one in five patients)	
Water infection requiring antibiotic treatment (around one in 10)	

References

1. NHS choices at <http://www.nhs.uk/pages/home.aspx>
2. Patient UK at <http://patient.info/health> o International Urogynaecology Association (IUGA) patient information leaflet – Urethral Bulking at http://c.ymcdn.com/sites/www.iuga.org/resource/resmgr/leaflet/Urethral_Bulking.pdf
3. The British Association of Urological Surgeons (BAUS) patient information leaflet – Urethral Bulking at http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Urethral%20bulking.pdf
4. The British Society of Urogynaecology (BSUG) patient information leaflet – Urethral bulking to treat stress urinary incontinence <https://bsug.org.uk/budcms/includes/kcfinder/upload/files/Urethral%20bulking%20BSUG%20Mar%202018.pdf>

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