

Information for patients and carers

Urethral Bulking for Urinary Stress Incontinence Bulkamid



What is Stress Incontinence and Urethral Bulking?

Stress incontinence is a leakage of urine during activities such as coughing, sneezing, laughing, or exercise.

Urethral bulking is a minimally invasive treatment for urinary stress incontinence and may be recommended if:

- You have not completed having your family
- You are at high risk from anaesthesia or major surgery
- You have residual incontinence after sling surgery
- You have mixed incontinence with severe urgency
- You have bladder emptying problems alongside incontinence

What is Bulkamid?

Bulkamid is a soft bulking agent that can be injected into the bladder neck via the urethra. This helps improve the sealing mechanism of the bladder and reduce leakage. Bulkamid does not cause scarring and has no reported allergic reactions.

Benefits

- Stress incontinence is improved in 60-70% of cases
- The procedure is quick (about 20 minutes) and can be completed in the outpatient setting
- Minimal anaesthetic requirement – the procedure is completed using local anaesthetic

- Short recovery time (1-3 days) with no limitations of physical activities afterwards

Risks and side effects

- Mild pain or discomfort may be experienced when passing urine, however this usually resolves within 24 hours
- You may notice a small amount of blood in your urine for a day or two after the procedure
- It is possible for a urine infection to occur; however, you will be given a short course of antibiotics to prevent this
- Temporary difficulty passing urine is possible following this procedure. This is infrequent and usually resolves by itself, but you would be instructed how to empty your bladder using an intermittent catheter at home. You would then return to the Gynaecology Department after 1 week for further assessment
- The procedure may not completely cure incontinence; a repeat treatment may be needed

Alternatives

- No treatment (incontinence persists)
- Lifestyle changes and pelvic floor exercises (these are usually tried first)
- Sling surgery - an autologous fascial sling operation creates a sling underneath the urethra (water-pipe from the bladder to the outside) using a strip of your own tissue (fascia) taken from the wall of your abdomen.

- Colposuspension - this is an operation which uses stitches to support the neck of the bladder so that it can't move about and cause stress incontinence.

Patient Decision Making Choice

- Patient decision aid about choice of procedure for stress urinary incontinence (**NICE**).



<https://www.nice.org.uk/guidance/ng123/resources/surgery-for-stress-urinary-incontinence-patient-decision-aid-pdf-6725286110>

- Synthetic Vaginal Mesh Tape Procedure (**BSUG**) (current nationwide pause).



https://bsug.org.uk/budcms/includes/kcfinder/upload/files/info-leaflets/SUI%20Mesh%20Tapes%20Leaflet%20Version%2024_160517%20BSUG%20RCOG%20logo%20v2.pdf

- Urethral Bulking (**BSUG**).



<https://bsug.org.uk/budcms/includes/kcfinder/upload/files/Urethral%20bulking%20BSUG%20Mar%202018.pdf>

- Colposuspension (**BSUG**).



<https://bsug.org.uk/budcms/includes/kcfinder/upload/files/Colposuspension%20Apr%202018.pdf>

- Autologous Fascial Sling (**BSUG**).



<https://bsug.org.uk/budcms/includes/kcfinder/upload/files/Autologous%20fascial%20sling%20BSUG%20Mar%202018-2.pdf>

On the day of procedure

- You will be asked to provide a urine sample to test for any infection
- You should take some over-the-counter pain relief one hour prior to your appointment time. Paracetamol and/or Ibuprofen are advised
- Your observations (blood pressure, pulse, oxygen saturations) will be checked prior to commencing the procedure
- Local anaesthetic gel is applied to the area
- Bulkamid is injected via a small camera (cystoscope) into the urethral wall

- The appointment usually lasts for around one hour

After the procedure

- You will stay in the department to recover for 20 minutes or until you have passed urine. You will have your blood pressure checked and be offered refreshments in our recovery area
- You will need to pass urine before being discharged. If this proves difficult, you will be instructed on how to empty your bladder using an intermittent catheter
- You may experience mild discomfort, which can be managed with over-the-counter medications
- You should not expect any restrictions to your usual activities
- You will be provided with antibiotics to take for 3 days following your procedure

Improvement is usually immediate but can take up to 6 weeks.

Follow-up

You will receive a telephone follow up with our Urogynaecology Specialist Nurse after 6–8 weeks.

Return to work

You can usually return to work the next day.

Important Information

- You can withdraw consent at any time
- For more details, visit www.bsug.org.uk

Contact details

Urogynaecology Secretary: **01772 521757**

Urogynaecology Specialist Nurse-contact the Gynaecology Outpatients

Department on **01772 524386**

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

www.lancsteachinghospitals.nhs.uk/veteran-aware

<https://bepartofresearch.nihr.ac.uk/>

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www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

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Our patient information group review our leaflets regularly, if you feel you would like to feedback on this information or join our reading group please contact on email address:

patientexperienceandinvolve@LTHTR.nhs.uk

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