

# URETHRAL BULKING

Urethral bulking is a relatively non-invasive surgical treatment option for stress incontinence. Bulking agents are injected into the tissue around the urethra or bladder neck making the tissues thicker and improving the sealing mechanism of the bladder.

The bulking I use is called Bulkamid. It is soft and does not induce scarring around it and no allergies have been reported.

## **On the day of the 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 need to be rebooked.

You will be given painkillers to take 30-60 minutes before 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 injections of Bulkamid are placed into the urethral wall via this cystoscope. The procedure takes 10-15 minutes.

Once you have passed urine your bladder will be scanned to check it has emptied properly and then you will be able to go home.

## **Care at home**

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

## **Risks Involved**

There are few reported complications.

- You may experience discomfort and pain while passing urine after the procedure. 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.
- There might be a small amount of blood in your urine for a day or two.
- Difficulty in passing urine.
- 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 around a week.
- 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 guarantee to cure your incontinence. Other symptoms such as urinary frequency and urgency are often not improved by urethral bulking.

## **Benefits**

Overall it is reported to cure or substantially improve stress incontinence in 50-60% of women. There are not yet any long term studies of success but studies of women one to two years after the procedure suggest that the results are stable over that time.

It is not designed to help urinary frequency, urgency, or leakage due to urgency. However, they may improve.

### **Alternatives to this procedure**

- Pelvic floor muscle physiotherapy: a combination of pelvic floor exercises and lifestyle modifications can be a suitable alternative to surgery.
- Medication: Duloxetine is a drug treatment for stress incontinence in women – but has limited success and its side-effects are often troublesome
- Mid Urethral Tape Surgery (TVT): a minimally invasive surgical procedure usually performed as a day case. This uses a synthetic tape and has a success rate of 85-90%. It usually requires 2 weeks off work.