

Urethral Bulking Procedure

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An operation for stress incontinence

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Obstetrics and Gynaecology
Patient information

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Urethral Bulking Procedure

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About this leaflet

We advise you to take your time to read this leaflet, any questions you have please write them down on the sheet provided (towards the back) and we can discuss them with you at our next meeting. It is your right to know about the operations being proposed, why they are being proposed, what alternatives there are and what the risks are. These should be covered in this leaflet.

This leaflet firstly describes what Stress Incontinence is, it then goes on to describe what alternatives are available within our trust, the risks involved in surgery and finally what operation we can offer.

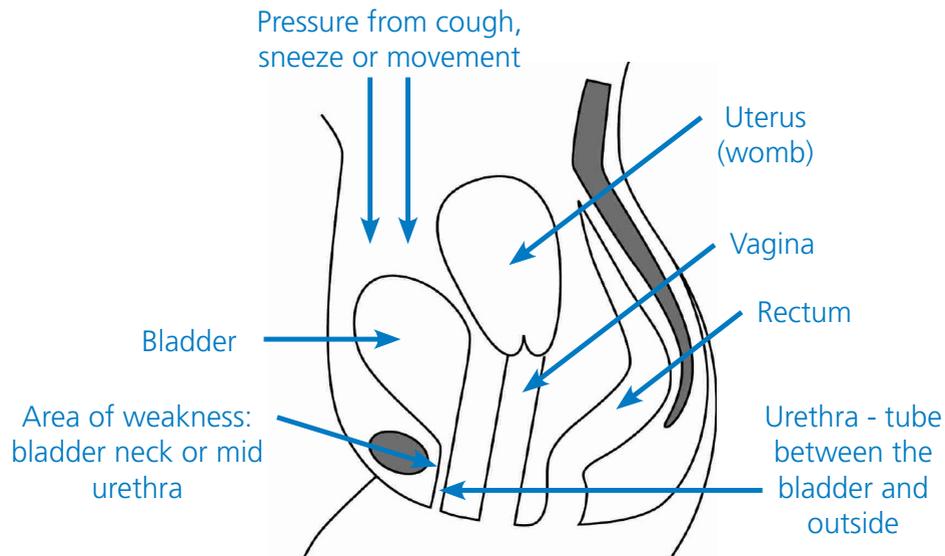
What is stress incontinence?

Stress incontinence is the leakage of urine usually caused by an increase in pressure in the abdomen (tummy) e.g. such as when coughing or sneezing (see figure 1 on following page). due to a weakness in the support of the urethra (urine pipe), and bladder neck.

The pressure in the abdomen rises when one coughs, sneezes, bends down, etc and results in urine leakage. This can cause distress and limit your quality of life.

This weakness is usually caused by childbirth in the first instance when the pelvic floor muscles and ligaments (attachments) are damaged. Further weakening occurs as one goes through the menopause because the quality of the supporting tissues deteriorates.

Figure 1: Your anatomy - side view of a woman in an upright position showing pressure above the bladder and a weak bladder neck.



It must be understood that these operations will not cure all urinary symptoms. They will only help urinary symptoms caused by a weakness in the urethra (urine pipe) and bladder neck. Many urinary symptoms we see in clinic have other causes.

Are there any alternatives to surgery?

Do nothing – if the leakage is only very minimal and is not distressing then treatment is not necessarily needed.

Pelvic floor exercises (PFE) - The pelvic floor muscle runs from the coccyx at the back to the pubic bone at the front and off to the sides. This muscle supports your pelvic organs (uterus and bladder) and your bowel. Any muscle in the body needs exercise to keep it strong so that it functions properly. This is more important if that muscle has been damaged. PFE can strengthen the pelvic floor and correct or reduce stress incontinence. PFE are best taught by an expert who is usually a Physiotherapist. These exercises have little or no risk and even if surgery is required at a later date, they will help your overall chance of becoming continent.

Devices - There are numerous devices (none on the NHS) which essentially aim to support or block the urethra. The devices are inserted either into the vagina or the urethra. They are not a cure but their aim is to keep you dry whilst in use, for example during 'keep fit' etc.

Alternative operations

Please read the leaflets below from our online patient information site to know what other operations are available for Stress Incontinence.

www.southtees.nhs.uk/services/gynaecology-services/leaflets

1. Retropubic-midurethral sling (no.42)
2. Transobturator- midurethral sling (no.41)
3. Colposuspension (no.32)
4. Autologous fascial sling

The benefits of the urethral bulking procedure

The improvement from this procedure is within a week or two. About 60% patients find an acceptable improvement, and a further 20% will find an improvement after a top-up procedure (ie a second procedure). It is not unusual that some patients who have improved are not completely dry. Recent data has shown the effect can last up to 7 years. Top-up procedures can be performed and the procedure repeated at a later date if necessary.

This procedure is a very low risk procedure which can be done under local anaesthetic in the outpatient department.

This means you may get back to: physical activity – running, dancing, gym etc, horse riding, gardening, resume sexual relations within a day or two, if you have had to stop.

This also means you may have renewed confidence so that:

- You can e.g. go shopping etc without fear of leaking
- You do not have to worry about damp patches on clothing, in the car etc
- You do not have to worry about unpleasant odours

Risks of surgery

Although rare, complications can include pain related to the procedure, a small amount of blood in the urine, delayed urination, painful urination, and/or urinary tract infection. These complications are all temporary and if they occur should resolve within a few days. Retention of urine (being unable to wee) can occur very rarely and this can require learning to catheterise yourself (insert a small tube to drain the urine) on a regular basis.

The substance used – Bulkamid

Bulkamid 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. Bulkamid has treated over 80,000 women with stress urinary incontinence in 25 countries over 10 years. During that time few complications have been reported and there have been no long term complications. However, as with any invasive procedure complications may occur.

How the operation is performed

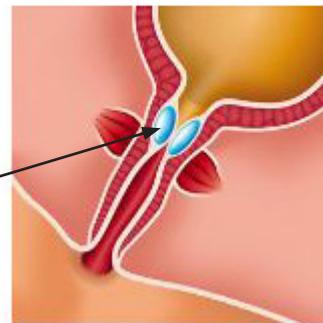
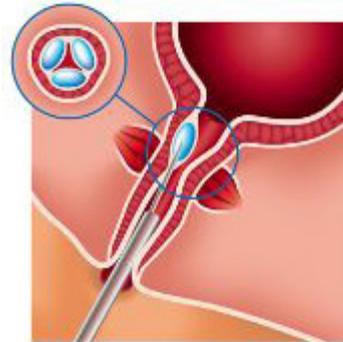
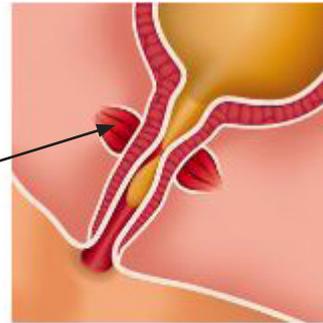
Bulkamid is a minimally invasive procedure which will be completed in approximately 20 minutes. The procedure will usually take place in day surgery or outpatients' clinic and patients will normally be able to go home on the same day.

Prior to the procedure patients will discuss whether to have a local or general anaesthetic with their doctor. The local anaesthetic involves the administration of an anaesthetic gel into the urethra (wee pipe), and anaesthetic injections each side of the urethra.

Most patients who have undergone a Bulkamid procedure under local anaesthetic feel a slight scratch as the needle enters the urethral wall and then a pressure sensation as the substance is injected. Very rarely a patient may not be able to tolerate the discomfort and we will abandon the procedure and discuss doing it under GA.

The effect of injection of the bulking agent:

Sphincter muscle – unable to prevent bladder leakage.



Bladder neck tighter after procedure.



Kit used for insertion of bulking agent:

Once the procedure starts 3 or 4 deposits of Bulkamid (1.5 – 2ml total volume) will be placed into the urethral wall through a cystoscope (camera in the bladder) until internal cushioning (coaptation) of the urethra is achieved.

The cystoscope is removed leaving your bladder partially filled with fluid so you will want to empty your bladder soon after the procedure. We will check you empty your bladder adequately before you go home. After the operation you will be given a single dose of antibiotic to reduce the risk of infection.

After the operation

You should be able to return to normal activities within 24 hours. There may be however a slight sting as you empty your bladder and some blood in the urine which should settle within 1 to 2 days.

We will check you empty your bladder and that you feel well enough to leave the department after your procedure. We suggest you do not drive yourself home after the procedure in case you feel unwell during the journey and it is best to spend the rest of the day quietly recuperating rather than go back to heavy exertion on the day of the procedure.

You will have an appointment with the specialist nurse approximately three months after the procedure to check if you are happy with the results of the procedure. If you get a urinary infection after the procedure please see your GP for treatment. If you have any more serious complications such as urinary retention or bleeding that does not settle within the first week please call your consultants secretary within office hours or contact the accident and emergency department out of office hours if you are concerned.

Mr Ballard's secretary at the Friarage Hospital: 01609 763075

Mr Ballard & Mr Khunda's secretary at The James Cook University Hospital: 01642 854681

Things I need to know before I have my operation

Please list below any questions you may have, having read this booklet, that will help you decide whether you want an operation.

1.
2.
3.
4.
5.
6.

Please describe what your expectations are from surgery. This is very important

1.
2.
3.
4.
5.
6.

Information about the British Society of Urogynaecology Surgical Database (Surgical Register)

The British Society of Urogynaecology (“BSUG”) is a National group of gynaecologists with a special interest and expertise in the treatment of incontinence and prolapse. BSUG is a Registered Charity (number – 1143157).

BSUG has developed a Database of clinical and surgical information which we hope will make procedures as safe and effective as possible. Hospital Trusts and individual Consultants can use this information to look at their practice and make any necessary changes to improve patient care.

We would like your permission to record some important information about you and your operation on the BSUG Database to ensure that we continue to provide the best surgical procedures possible. We emphasise that all information drawn from this will be anonymous so that nobody apart from your Consultant team will have any identifying information about you. Your Consultant team will also hopefully collect information about the outcome of your operation so that it is possible to look at success rates and potential complications associated with individual procedures. National reports looking at operations performed across the UK will also be produced by BSUG but these will contain NO identifying features relating to you personally.

The patient information held in the BSUG database comprises: Name, Hospital Number and Date of Birth (‘Patient Identifiable Data’) together with clinical and surgical information. The ‘Patient Identifiable Data’ is held securely on the NHS computer network (N3) and managed in line with the General Data Protection Regulation (GDPR) (2018).

BSUG uses the services of a specialist information technology company (ICE ICT) to host the BSUG Database. They have agreed to adopt appropriate technical and organisation measures to protect the security of your 'Patient Identifiable Data' and only to process it in accordance with BSUG's instructions.

If you agree to let us enter information about your condition, procedure and outcome on the BSUG database, then you will be asked to sign a specific consent form to make sure you give your agreement. If you do not want your case to be recorded on the BSUG database your care will not be affected in any way.

Please note that you can request access to view your entry on the BSUG database from your consultant team and can request that this is deleted at any time by sending a written notice to your consultant OR to the following address:

BSUG c/o BSUG,
Registered charity no: 1143157,
Royal College of Obstetricians & Gynaecologists
27 Sussex Place
Regents Park
London NW1 4RG.

If you think that there is a problem with the way in which we are handling your data please inform us or you can complain to the Information Commissioner's Office.

BSUG Database Committee 2018

BSUG database Consent

I consent to:

1. The processing of my Patient Identifiable Data and clinical information by BSUG for research and auditing purposes.
2. The disclosure by BSUG of my Patient Identifiable Data and clinical information to its information technology service providers (ICE ICT), where such suppliers have agreed to adopt appropriate technical and organisation measures to protect the security of my Patient Identifiable Data and only to process it in accordance with BSUG's instructions.

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Regents Park
London NW1 4RG.

If you consent to the above please sign in the relevant section on the operation consent form.

Useful contact numbers

The James Cook University Hospital
Appointments Desk: 01642 854861 / 282714 / 854883
Gynaecology Outpatients Dept. (Including Pre-admission Service): 01642 854243
Surgical Admissions Unit: 01642 854603
Gynaecology Unit / Theatre 23: 01642 282745
Women's Health Unit / Ward 19: 01642 854519

The Friarage Hospital
Appointments Desk: 01609 764814
Gynaecology Outpatients Dept: 01609 764814
Pre-admission Service: 01609 764845 / 01609 763769
Surgical Admissions Unit Reception: 01609 764847 Nursing Staff: 01609 764657
From 7am Mondays until 5pm Fridays, Allen POS.D.U.: 01609 764405
From 5pm Fridays until 7am Mondays, Allerton Ward: 01609 764404

Further information

You may find the address and websites useful to obtain more information. We can however bear no responsibility for the information they provide.

Bladder & Bowel Foundation

SATRA Innovation Park, Rockingham Road
Kettering, Northants, NN16 9JH

Nurse helpline for medical advice: 0845 345 0165

Counsellor helpline: 0870 770 3246

General enquiries: 01536 533255

Fax: 01536 533240

Email: info@bladderandbowelfoundation.org

Website: www.bladderandbowelfoundation.org/

References

Pai A, Al-Singary W.

Durability, safety and efficacy of polyacrylamide hydrogel (Bulkamid®) in the management of stress and mixed urinary incontinence: three year follow up outcomes. Cent European J Urol doi: 10.5173/ceju.2015.647

Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care.

However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf.

This service is available, and based, at The James Cook University Hospital but also covers the Friarage Hospital in Northallerton, our community hospitals and community health services. Please ask a member of staff for further information.

If you require this information in a different format please contact Freephone 0800 0282451

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