There may be students and observers present during your consultation as part of their ongoing training. Please let the staff know if you do not wish any students to be present during your attendance.

Please ask a member of staff if you would like a chaperone present during your procedure.

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Town Lane,
Kew,
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Mersey and West Lancashire Teaching Hospitals
NHS Trust

Urethral bulking to treat stress urinary incontinence

Patient information

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس‌پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أُخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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About this leaflet

The information provided in this leaflet should be used as a guide. You should ask your gynaecologist about any concerns that you may have.

You should take your time to read this leaflet. A page is provided at the end of the leaflet for you to write down any questions you may have. It is your right to know about your planned operation/procedure, why it has been recommended, what the alternatives are and what the risks and benefits are. These points should be covered in this leaflet. You may also wish to ask about your gynaecologist's personal experience and results of treating your condition.

Please visit the weblink provided below to help understand risks.

https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pi-understanding-risk.pdf

British society of urogynaecology (BSUG) database

In order to better understand the success and risks of surgery for prolapse and incontinence, BSUG has established a national database. All members of the society are asked to enter all procedures that they carry out onto the database and you may be asked to consent to this for your operation. The data collected is being used to develop an overall picture of what procedures are being performed throughout the United Kingdom, together with complications and outcomes. Individual surgeons can also use it to evaluate their own practice.

Notes

Notes

What is urethral bulking?

The procedure can be done under local anaesthetic or general anaesthetic. A general anaesthetic will mean you will be asleep during the entire procedure. The procedure will be performed in an operating theatre. A telescopic camera (cystoscopy) examination of your bladder and urethra is carried out initially. The bulking agent is injected into the tissues around the urethra either through the telescope or alongside the telescope.
If you are having general anaesthesia, you should refrain from eating and drinking for 6-8 hours prior to your cystoscopy.

Urethral bulking involves the injection of a substance into the walls of the urethra (tube from your bladder through which your bladder empties) at 3 or 4 different sites around the urethra to improve the seal and prevent leakage of urine. There are several varieties of bulking agents however we use Bulkamid, this is a urethral bulking agent that is used to treat stress urinary incontinence (SUI). It is a smooth, water-based gel which remains in the body over time without causing reactions in the surrounding tissue. The Bulkamid procedure consists of 3-4 injections into the wall of the urethra (this is the tube that allows urine to leave the bladder). By adding additional volume to the wall of the urethra, it helps prevent urine from leaking out of the bladder during normal daily activities.

Are there any risks?

The risks of complications with this procedure are low. They include:

- Urinary tract infection
- Bleeding
- Injury to the bladder or urethra

There are also individual risks involved if you have a general anaesthetic. If you would like more information about the specific level of risk, speak with your doctor or anaesthetist.

What to expect afterwards

You may have a temporary mild burning feeling when you urinate, and you may see small amounts of blood in your urine. A warm bath or the application of a warm damp washcloth over your urethral opening may relieve the burning feeling. These problems should not last longer than a few days. Tell your doctor if bleeding or pain is severe or if problems last longer than this.

There is a small risk of developing a urinary tract infection after the cystoscopy (camara into the bladder). It is advisable to drink extra fluid after the procedure, about 3 litres (12-13 cups) of water evenly spaced over the next 24 hours. Your doctor may give you an antibiotic to take to prevent an infection. If you have signs of an infection including pain when urinating, fever or chills, smelly or cloudy urine then call your doctor.

You should normally be well enough to return to work the day after your cystoscopy and Bulkamid injections but ask your anaesthetist if you are safe to drive or operate machinery if you have had general anaesthesia.

Other bulking agents are made of a fluid which is not absorbed by the body and it is pressure caused by the fluid itself that provides the bulking.

As there is no inflammation the fluid does not disappear and may therefore be effective for longer reducing the need for repeat injections. There is as yet, however, not enough information about long-term success rates to be absolutely sure about this.

Please list below any questions you may have after reading this leaflet.

1)……

2)……

3)……

Please describe what you expect from treatment.

1)……

2)……

3)……

During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department sister/charge nurse if you have questions or concerns.

Special instructions

Contact information if you are worried about your condition:

- Your own GP/Practice nurse
- Urogynaecology Cancer Nurse Specialist (CNS) (01695) 656953

Other useful telephone numbers/contacts:

- NHS 111
- Stop Smoking Helpline (Sefton) – 0300 100 1000
- Stop Smoking Helpline (West Lancashire) – 0800 328 6297

What condition does urethral bulking treat?

The procedure is designed to treat stress urinary incontinence, which is often referred to just as stress incontinence. It has been approved by the National Institute for Health and Care Excellence (NICE)

There are a number of reasons for urinary incontinence (leakage of urine) and stress incontinence is one of these. It happens when there is a lack of support around the opening of the bladder, allowing urine to leak out if any pressure (stress) is put on the bladder such as when coughing, lifting or exercising. Urethral bulking is unlikely to improve any other type of urinary incontinence.

Before considering surgery

It is recommended that you should have tried pelvic floor exercises for at least 3 months, supervised by a trained women's health physiotherapist before considering surgery.

Although urodynamic tests are not absolutely essential before the first surgery that is tried to treat stress incontinence, they are often carried out to confirm that you do have stress incontinence. These tests should however be carried out before repeat surgery or if you also have symptoms of urgency.

Discussion at a Multidisciplinary Team (MDT) meeting is considered good practice before carrying out surgery for stress incontinence. Your medical notes and the results of any tests are reviewed at the MDT meeting which is attended by urogynaecologists, specialist nurses and physiotherapists as well as urologists in many hospitals. Taking into account any preferences you have expressed, a team decision is made as to whether your proposed treatment is appropriate.

How is urethral bulking done?

The procedure can be done under local anaesthetic or general anaesthetic. A general anaesthetic will mean you will be asleep during the entire procedure.

The procedure may 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. The bulking agent is injected into the tissues around the urethra either through the telescope or alongside the telescope.

Other operations which may be performed at the same time

- Surgery for prolapse of the uterus or vagina.

You should also refer to an information leaflet about any planned additional procedure.

Benefits of urethral bulking

- This procedure can lead to a cure or improvement in stress incontinence.
- It is a minor procedure.

Treatment is often carried out with local anaesthetic. This may be performed in clinic without an admission to hospital in some units. It is suitable for women who are not medically fit for a general anaesthetic.

If the stress incontinence is not bothersome, treatment is not necessarily needed. Incontinence may or may not get worse over time, but it is not easy to predict if this will happen.

More information

Look at websites such as:

www.nhs.uk/conditions/urinary-incontinence/surgery/

Patient UK at: http://patient.info/health

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

Duloxetine

This is a medication that can help reduce incontinence. It needs to be taken continuously as stopping the drug will result in the leakage returning. Some women find that it causes unacceptable side effects. It is not usually recommended as a first line treatment, but is an option to consider if you do not want to have a surgical procedure or are unfit to do so.

Risks

Specific risks of urethral bulking

Bulking agents are not as successful as other surgical procedures in curing stress incontinence. Occasionally, the first treatment does not provide sufficient bulking and further bulking is required a few weeks later. You may find the following after your procedure:

- Small amounts of bleeding when you pass urine for up to a few days.
- Discomfort around the bladder for a few days.
- Urine infection immediately after the procedure. You may be given some antibiotics to try and prevent this.
- Difficulty emptying the bladder can occur. This generally settles quickly without any intervention, but occasionally requires a catheter to help the bladder empty for one or two days. Rarely it can be more prolonged.
- Rarely infection at the bulking site causing an abscess.

Other risks which do not apply to all bulking agents.

- Migration (moving) of the bulking agent (particulate agents).
- Absorption of the bulking agent (particulate agents).
- Inflammation around the injection site.

General risks of surgery and anaesthesia (if urethral bulking is done under general anaesthetic)

Anaesthetic risk

This is very small unless you have specific medical conditions, such as a problem with your heart or breathing. Smoking and being overweight also increase any risks.

What can I do?

Make the anaesthetist aware of medical conditions such as problems with your heart or breathing. Bring a list of your medications. Try to stop smoking before your operation. Lose weight if you are overweight.

Bleeding

There is a risk of bleeding with any procedure, but this is minimal for urethral bulking.

What can I do?

Please let your doctor know if you are taking a blood-thinning tablet such as warfarin, aspirin, clopidogrel or rivaroxaban as you may be asked to stop them before your procedure.

Alternative treatments
Non-surgical

Devices

There are a number of devices (an example of a vaginal ring is shown below) which can be inserted to block the urethra.

The devices are inserted into the vagina. Devices inserted into the urethra are not recommended. They are not a cure, but their aim is to keep you dry whilst in use, e.g. during exercise etc. Some women find inserting a tampon useful, though care should be taken not to leave in place for too long as this can be harmful.

Weight loss

Losing weight has been shown to reduce leakage of urine.

Pelvic Floor Exercises (PFE)

The pelvic floor muscles support the pelvic organs. Strong muscles can help to prevent or reduce leakage of urine. A women's health physiotherapist can explain how to perform these exercises with the correct technique. It is important that you try these to help to manage the symptoms of your prolapse and to prevent it becoming worse. It is also very important to continue with your pelvic floor exercises, even if you have opted for other treatment options. These exercises have little or no risk.

Going home

You are usually only in hospital for one day. If you require a sick note or certificate please ask.

After the procedure – at home

Mobilisation is very important; using your leg muscles will reduce the risk of clots in the back of the legs (DVT).
Bath or shower as normal. You should be able to return to normal activities, work and drive as soon as you have recovered from the anaesthetic, which will usually be about 48 hours.

You can start having sex whenever you wish.

You usually have a follow up appointment anything between 6 weeks and 6 months after the operation. This may be at the hospital with a doctor or nurse), or with your GP or by telephone. Sometimes a follow up is not required.

What to report to your doctor after surgery

- Severe pain
- High fever
- Pain or discomfort passing urine or blood in the urine
- Warm, painful, swollen leg
- Chest pain or difficulty breathing

Infection

There is a small risk of infection with any operation (about 5 to 13 cases in 100 operations). If it occurs, an infection can be at the site of the injections or a urinary infection, and is usually treated with antibiotics. The risk of infection is reduced by routinely giving you a dose of antibiotic during your operation. Chest infections may also occur because of the anaesthetic.

What can I do?

Treat any infections you are aware of before surgery. After surgery, regular deep breathing exercises can help prevent chest infections; the nurses will guide you how to do this.

Deep Vein Thrombosis (DVT)

This is a clot in the deep veins of the leg. Occasionally this clot can travel to the lungs (pulmonary embolism) which can be very serious and in rare circumstances, it can be fatal (less than 1 in 100 of those who get a clot). The risk increases with obesity, severe varicose veins, infection, immobility and other medical problems. The risk is reduced for a short procedure such as urethral bulking and is minimal if the procedure is carried out in an outpatient clinic.

Any risk is significantly reduced by using special stockings and injections to thin the blood.

What can I do?

No action is needed if the procedure is carried out in an outpatient clinic, but the following advice may reduce your risk if you have a general anaesthetic. Stop taking any hormones such as Hormone Replacement Therapy (HRT) 4 weeks before surgery.

These can usually be restarted 4 weeks following surgery, when the risk of blood clots has reduced. Do not arrange surgery the day after a long car journey or flight.

As soon as you are awake start moving your legs around. Keep mobile once you are at home and continue to wear your compression stockings during times when you are less mobile.

Before the procedure - pre-op assessment

If you are to be admitted to hospital for a general anaesthetic, usually you are seen in a preoperative clinic some weeks before your planned operation. At that visit you will be seen by a nurse and possibly also a doctor.

You will be asked about your general health and any medications you take. Your blood pressure will be checked and you may have tests to assess your heart and breathing. Blood tests will be taken to check you for anaemia and other things according to your medical condition.

Swabs may be taken from your nose and groin to make sure that you do not carry MRSA (bacteria that are very resistant to antibiotics and may cause problems after your operation). You may be asked to sign a consent form if this has not been done already.

After the procedure - in hospital

Pain relief

Pain is usually minimal after urethral bulking, but any discomfort can be treated with pain killing tablets.

Drip

This is to keep you hydrated until you are drinking normally, but you are unlikely to need one after urethral bulking.

Catheter

You are very unlikely to have a tube (catheter) draining the bladder.

Eating and drinking

You can drink fluids and eat soon after the operation.

Preventing DVT

You will be encouraged to get out of bed and take short walks around the ward as soon as you are fully awake.

This improves general wellbeing and reduces the risk of clots in the legs. If you have any condition that makes you more likely to get a DVT, you may be given a daily injection to keep your blood thin and reduce the risk of blood clots.