Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

# Bulkamid

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# Bulkamid

## Patient Information

## Gynaecology Department

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# Bulkamid is one of the treatment options for stress incontinence

## What is stress incontinence?

The muscles of the pelvic floor support the bladder neck and usually help keep it closed or open as necessary. Stress incontinence usually happens when these muscles become weak, so when there is sudden extra pressure “stress” on your bladder, it cannot stay closed as it should and some urine leaks out. This leakage happens during normal everyday activities, and most often when you cough, sneeze, laugh, exercise, or change position. Whether you leak a small or large amount of urine, stress incontinence can be embarrassing and distressing.

Stress incontinence can be triggered by pregnancy, childbirth, or the menopause but sometimes there is no clear cause for it.

## Do I need treatment?

What you do about stress incontinence will depend on how far it affects you and what you feel you can cope with as well as your general health.

## What treatments are available?

Practical advice from a continence nurse specialist on managing your daily life such as:

- Adjusting your daily routines to help you cope better
- How you can help yourself by losing weight if you are overweight
- Managing a chronic cough if you have one
- Giving up smoking

## Physiotherapy

Special physiotherapy exercises to make your pelvic floor muscles stronger and improve control of your bladder.  These carry up to 70% chance of improving or curing symptoms. It is usually recommended that a programme of physiotherapy be undertaken prior to considering any surgery.

## Alternatives

### Tablets

A tablet called Duloxetine (Yentreve) can help stress incontinence for some people though it only works whilst you are taking it and does not suit everyone.

### Vaginal devices

There are various devices that can be placed within the vagina to support the bladder neck and help prevent stress incontinence.  One is a ring that is left in place for up to 6 months and others are used by you on a daily basis removing them at night.

### Surgery

Not everyone with stress incontinence needs an operation. Whether you choose to have surgery will depend on how far stress incontinence affects your daily life and what you feel you can cope with. You may want to consider surgical options if other things (such as exercises to help strengthen the muscles in the pelvic floor or vaginal devices) have not helped.

Surgical procedures for stress incontinence are not usually suitable if you still plan to have children or think you might want to in the future. Before any surgical procedure you will be asked to attend for tests on your bladder (urodynamic studies) to confirm that the problem is stress incontinence and therefore likely to be helped by surgery.

Surgical options available in Wigan and Leigh are:

- Colposuspension
- Fascial sling
- Bulkamid (urethral bulking agent)

A colposuspension is a fairly major operation which can usually be carried out using key-hole surgery and has an 80-85% success rate.

A fascial sling is a major abdominal operation which uses tissue taken from your abdomen to make a sling which can be inserted to support your bladder. It has similar success rates to a colposuspension.

Bulkamid has a lower cure rate than other procedures but there are fewer complications, and it does not require an anaesthetic. It can be performed in an outpatient clinic with a recovery time of only one to two days and is suitable even if you plan further children.

Each procedure is described in its own leaflet.

## Bulkamid

Bulking agents are a relatively non-invasive, using local anaesthetic, surgical treatment option for stress incontinence and an alternative to major surgery. Bulking agents are injected into the wall of the urethra (tube passing from your bladder to the outside through which you pass urine) to improve the sealing mechanism of the bladder. The treatment takes about 15 to 20 minutes and involves no hospital stay or lengthy recovery period.

Bulking agents can be offered to women who are reluctant or not medically fit enough to have more major surgery or sometimes those who are planning to have more children. This does not rule out the possibility of another surgical treatment at a later date.

The bulking agent used in this Trust is Bulkamid. Unlike some other bulking agents this is permanent. Enzymes within the body do not break it down and it is not reabsorbed by the body. It is soft and does not induce scarring around it and no allergies have been reported. It has been used in plastic surgery and to make contact lenses for over 10 years.

The procedure is carried out in the outpatient department at Leigh Infirmary. Some local anaesthetic jelly is squeezed into the urethra (tube from bladder to outside) 5 minutes before the procedure is commenced. Two local anaesthetic injections are given around the area. A small tube with a camera attached (cystoscope) is placed into the urethra and some fluid is put into the bladder. Four injections of Bulkamid are placed into the urethral wall via this cystoscope.

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.

Following the procedure, you will wait in clinic until you pass urine. If your bladder does not feel fully empty after you have passed urine your bladder will be scanned to check it has emptied properly and then you will be able to go home. As the local anaesthetic can make you feel a little wobbly after the procedure, we recommend that someone comes with you and that you avoid driving until the following day.

Sometimes a single treatment is not sufficient and one further treatment some months later is needed.

If you have managed to empty your bladder in clinic it is very rare for you to have any problems later but if you, do it is important to seek help before you become too uncomfortable.

Please phone Swinley Ward on 01942 822016 to let them know you need to come up and then attend the Gynaecology emergency room on Swinley Ward, Wigan Infirmary.

## Benefits

Overall, it is reported to cure or substantially improve stress incontinence in 60-70% 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 very stable over that time.

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

## Complications

There are very few reported complications.

- You may experience discomfort and pain while passing urine after the procedure. This should resolve after 24 hours and can be managed with mild pain killers.
- A urine infection may occur, but you will be given a short course of antibiotics to attempt to prevent this.
- There might be a small amount of blood staining of the urine for a day or two.
- Difficulty in passing urine.  Rarely you may experience difficulty in passing urine after the procedure.  This usually resolves within the first 24 hours and your bladder may need to be emptied with a catheter during that time.  Very rarely, you may need to go home with a catheter for a few days.  You will then have to return to the ward for the catheter to be removed and to make sure that your bladder is emptying properly.
- The procedure may not completely cure your stress incontinence but, in this case, there is an option to repeat the procedure.

## Recovery

There should be minimal discomfort after the procedure and a full recovery would be expected within one to three days.  There are no limitations on activities following it. Improvement in urinary leakage would be expected almost immediately.

## Contact details

If you have any questions or concerns, please contact:

**Hanover Women's Healthcare Unit** telephone number 01942 264962 or 01942 264963 (Monday to Friday 9:00am to 4:30pm)

**Swinley Ward** on 01942 822016



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