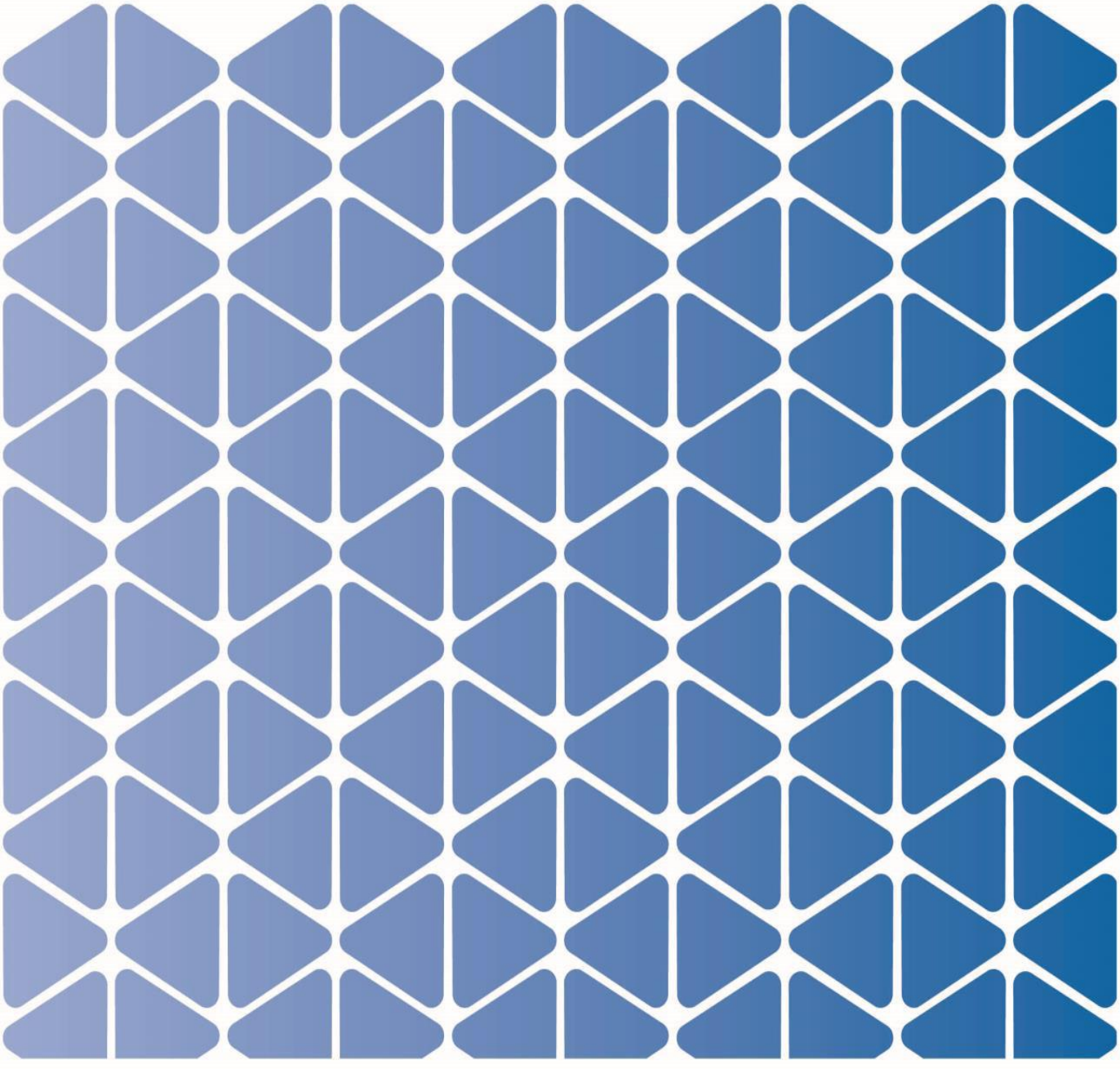
NHS
Worcestershire Acute Hospitals NHS Trust

PATIENT INFORMATION

Bulkamid™ Peri Urethral Injections Under Local (or General) Anaesthesia



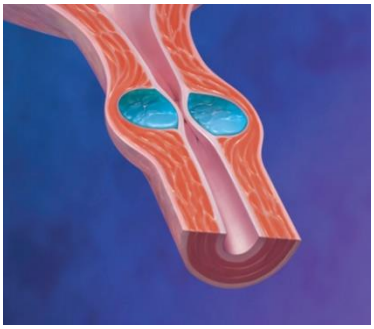
Introduction

Bulkamid™ injections are a treatment for stress urinary incontinence in women. Bulkamid™ is a polymer gel and the body easily accepts these substances. No allergic reactions have been noted. 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. It has been used in plastic surgery and to make contact lenses for over 10 years. It acts to bulk out the urethra and make it more difficult for urine to pass.

This procedure is offered to patients with stress incontinence (i.e. leakage on activity such as exercise or coughing/sneezing) who have not responded to pelvic floor exercises. The success rate of this procedure is 60-70%. That is 6 to 7 out of 10 women will stop leaking with activity or notice a significant improvement in their bladder control with markedly less wetting during activity.

What technique is used?

The procedure is usually performed under local anaesthetic but can be performed under general anaesthetic in certain circumstances. Three to four injections of Bulkamid™ are placed along the urethral wall (see illustration). Once in place, Bulkamid™ causes better closure, helping in the prevention of urine leakage.



How can I prepare for the procedure?

If you suffer from frequent water infections, to prevent cancellation on the day, please contact us for a prescription of prophylactic antibiotics (antibiotics you take in advance to stop an infection) for the 3 days before your surgery date.

Please let us know if you are taking any regular medicines and if you have any allergies to any medicines. If you are taking antiplatelet medicines (such as aspirin or clopidogrel) or any anticoagulant medicines (such as warfarin or rivaroxaban), then you may need to stop them temporarily before you have the injections. This will be assessed and discussed with you before the day of the procedure.

What happens on the day of my procedure?

On the day of your procedure, the surgeon/specialist nurse will confirm the procedure to you and consent you for this procedure. A quick test of urine will be performed to make sure that you do not have any urinary infection prior to the procedure. You will be asked to complete some simple questionnaires.

If your procedure is to be performed under local anaesthesia, you will be asked to change and lie on a special couch. Local anaesthetic will be placed into the urethra down a small telescope. It is likely that you will feel a small scratch as each injection is placed. 85% of patients report no problem with pain. The whole procedure takes less than 10 minutes if done under local anaesthetic and you can return to work the following day.

If you have the procedure under a *general anaesthetic*, you will be told when and for how long you need to starve, you should expect to be in the hospital for half a day. We would suggest taking 48-72hrs before returning to normal activities.

What discomfort and after effects may I experience?

You will feel a small amount of discomfort initially, but this will soon cease.

Your Consultant or Specialist Nurse will ensure that you pass urine before leaving. You will usually have a bladder scan after voiding to ensure your bladder is reasonably empty.

You will be given an antibiotic tablet to take. During the first 30 days do not use tampons, and avoid sexual intercourse in the first week. You will be given a follow up appointment for review.

What are the risks and complications?

The most common complications are:

- Short term difficulty in passing water and affects approximately 5-10% of patients treated. A temporary catheter may be required for 48hrs. In the vast majority of patients voiding the recommences. A very small percentage may have ongoing issues for a few weeks but long term problems passing water are very rare.
- *New onset of urinary urgency* symptoms have been reported in 1-3% of patients.
- Patients with *pre-existing urgency* can expect this to improve in up to 40% of cases but worsen in 3-5% of cases.
- Temporary discomfort on passing urine occurs in up to 2% of women
- Temporary bloodstaining of the urine occurs in up to 2% of women.
- Post treatment urinary tract infection (cystitis) can occur in up to 5% of women.

- Reactions to local anaesthetic agent - these are uncommon. Please make your Consultant or Specialist Nurse aware of any previous reactions you may have had to anaesthetic agents.

If the injections are not successful, you may be offered a second course of treatment, or may wish to consider one of the other surgical alternatives. These will have been discussed with you in clinic previously.

What are the alternative treatments or options available?

Pease seek the advice of your Consultant before your operation if you wish to discuss any of these further and in more detail. The type of appropriate surgery and the particular risks of surgery do partly depend on each individual, and not all surgery is suitable for all patients.

Contact Details:

Urogynaecology Specialist Nurses:

01905 733437 or wah-tr.urogynaenursing@nhs.net

Cath Joyner, Mr Moran & Mr Rai's secretary: 01905 760655

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.