

TRANSURETHRAL INJECTION OF BULKING AGENT (BULKAMID™)

There are various surgical options for women who have urinary stress incontinence. Most women will have some improvement with pelvic floor physiotherapy. For women who continued to be troubled by their incontinence after physiotherapy, surgery may be an option.

Transurethral injection may be offered to certain women depending on the results of the urodynamic studies. It may also be suitable for some women who for medical reasons cannot undergo more invasive procedures or are planning further child bearing.

Transurethral injection is a simple procedure. No incisions are required as it is performed using a small medical telescope is passed through the urethra (the tube that passes urine from the bladder). A bulking agent (such as Bulkamid™- a synthetic dermal filler) is then injected into the urethra at the level of the bladder neck. This closes the opening and reduces the urinary leakage.

Studies have found this operation to cure or significantly improve stress incontinence in about 50% of women. The procedure may need to be repeated in 6-12 months time.

The procedure takes about 30 minutes and you will usually only be in hospital for the day or overnight.

What happens during surgery?

- The surgery is performed under general or regional (spinal) anaesthetic.
- A cystoscopy (a telescope to look inside the bladder) is used to view the bladder and urethra.
- A needle is used to inject the bulking agent until the urethra appears “closed”.

Are there any complications?

- Some women continue to have stress incontinence following the surgery or the stress incontinence returns at a later time. Studies indicate that the incontinence returns in approximately 50% of women over 2 years. While some women are cured, most find that the volume of incontinence is reduced but may not be completely dry.
- Difficulty passing urine following surgery and the need to leave a catheter in place for a number of days. This resolves spontaneously in almost all cases (more than 90% of cases).
- Some stinging or burning on passing urine initially or some blood in the urine for a day or two after the procedure.
- The injection may need to be repeated in the next 6-12 months due to “shrinking” of the injected material.

- Symptoms of urgency incontinence (when you need to pass urine it feels very urgent and you need to rush to the toilet) may develop or worsen following the surgery and may need other treatments including long term medication.
- General risks of having an operation including the anaesthetic, pain and discomfort, infection in the surgical site or urinary tract, clots in the legs which can travel to the lungs, lung infections, stroke and heart attack.

Recovery time

- Most women stay in hospital for the day or overnight only.
- You are advised to increase your fluid intake for 24 hours after the test to prevent urinary tract infection. If you are concerned that you may have an infection, please see your own local doctor or call Dr Higgs' rooms.
- Some women will have minor discomfort after the procedure and need some pain relief (usually paracetamol will be all that is required).
- You will be able to return to normal activities the next day.

If you have concerns following the surgery, please phone Dr Higgs' rooms on 07 53155361 or contact Buderim Private Hospital (07 5430 3303) and ask to speak to a nurse on the surgical ward (Ward 1A or 4B).