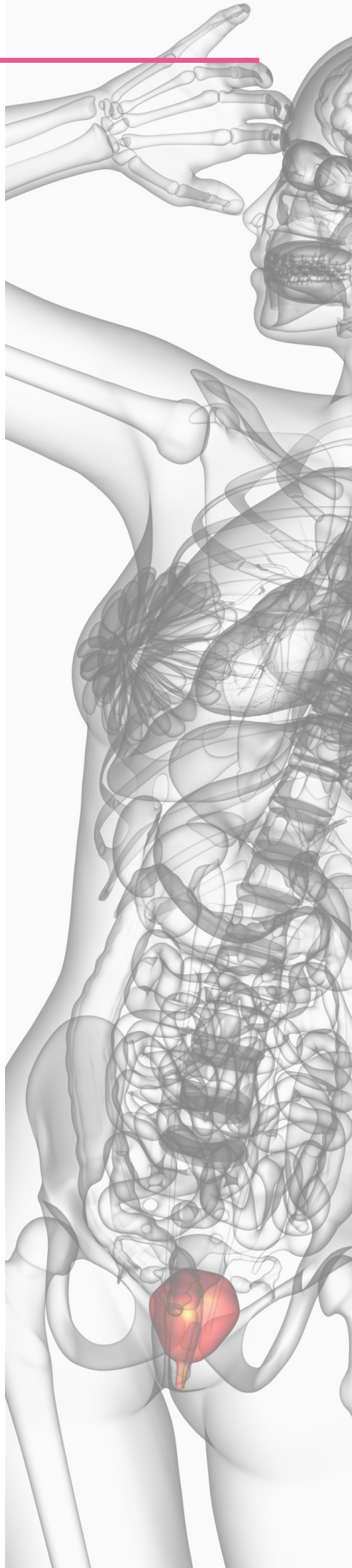
Urethral Bulking

THE UROGYNAECOLOGICAL SOCIETY OF AUSTRALASIA



Aim

Urethral bulking is a procedure for the treatment of stress urinary incontinence (SUI), which is urine leakage with coughing, sneezing, laughing and activity. SUI is caused by a lack of support of the urethra (tube from the bladder) and reduced function of the urethral sphincter. Urethral bulking involves injecting a bulking agent around the urethra to narrow the urethra and reduce leakage. It is not used as a first-line treatment for SUI and is most commonly used in women where other procedures have not been effective and the urethra is fixed or severely scarred. It is also useful in women who are not fit enough for surgery or anaesthetic.

The bulking agents currently available in Australia and New Zealand are Bulkamid (water-based gel) and Macroplastique (a silicone elastomer). Other materials have been used as bulking agents over the years, but have had high rates of complications.

Before you have a urethral bulking for SUI procedure, your gynaecologist will organise urodynamics testing, which provides important information about the way your bladder functions and determines whether urethral bulking is an appropriate option for managing your SUI.

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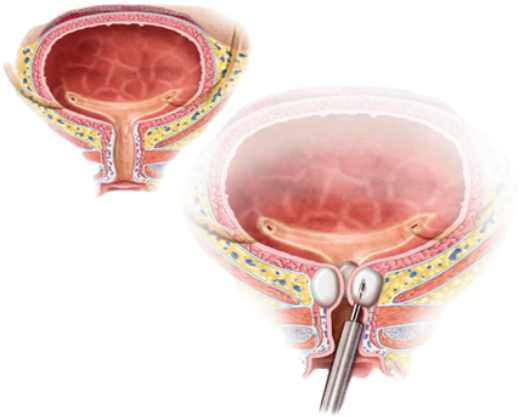
Surgical technique

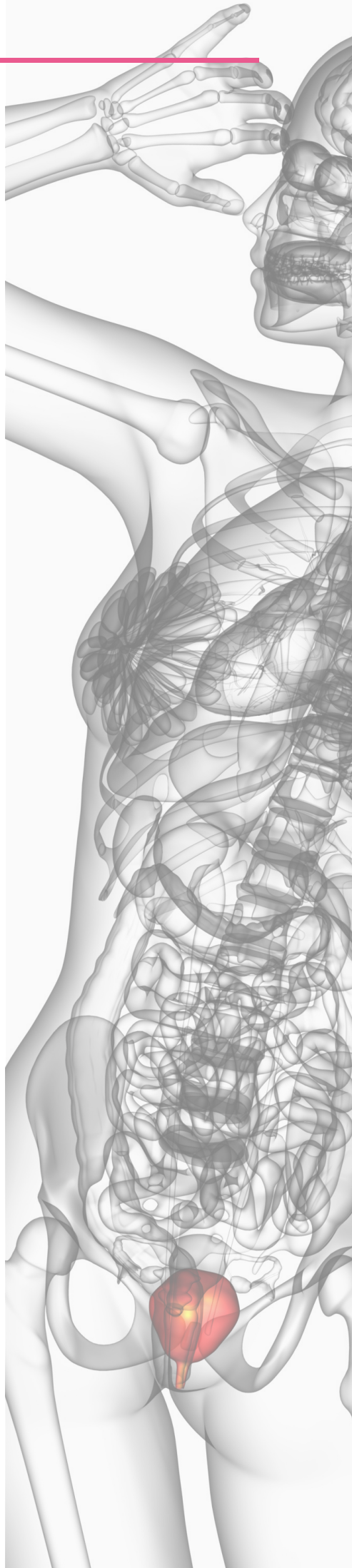
The procedure can be performed under a local or general anaesthetic as a day procedure. As seen in the diagram, the bulking agent is injected via a cystoscope (a telescope that enters the urethra). The agent is injected at the upper part of the urethra to the point where it joins the bladder. Success rates (cure or improvement) for urethral bulking are around 40–50%. Top-up or repeat doses are usually required.

Urethral bulking complications include the following:

- Pain, Bleeding and anaesthetic risks A small amount of blood in the urine and burning pain when passing urine are common in the first 24 hours. Please let your surgeon if you are taking any aspirin or blood thinning agents. Anaesthetic risks can occur with any gynaecological surgery.
- Infection: Urinary tract infection can occur whenever an instrument is inserted into the urethra and bladder. Your gynaecologist will give you a single dose of an antibiotic during the procedure. If you develop burning pain on passing urine that persists for more than 24 hours, see your local doctor as a urinary tract infection may have developed. Rarely, a localised infection (abscess) can form in the urethral wall where the agent was injected.
- Urinary retention: difficulty emptying the bladder after urethral bulking may occur, but is a temporary problem caused by swelling around the urethra. Your gynaecologist will check that you are able to empty your bladder properly before you go home – this is called a trial of void (TOV).
- Recurrent SUI: if SUI develops again after urethral bulking, a further injection can be performed. This is required in around 30% of patients within the first 2 years of the procedure.



Demonstrates normal open urethra on the left with upper urethra closed after the injection on the right.



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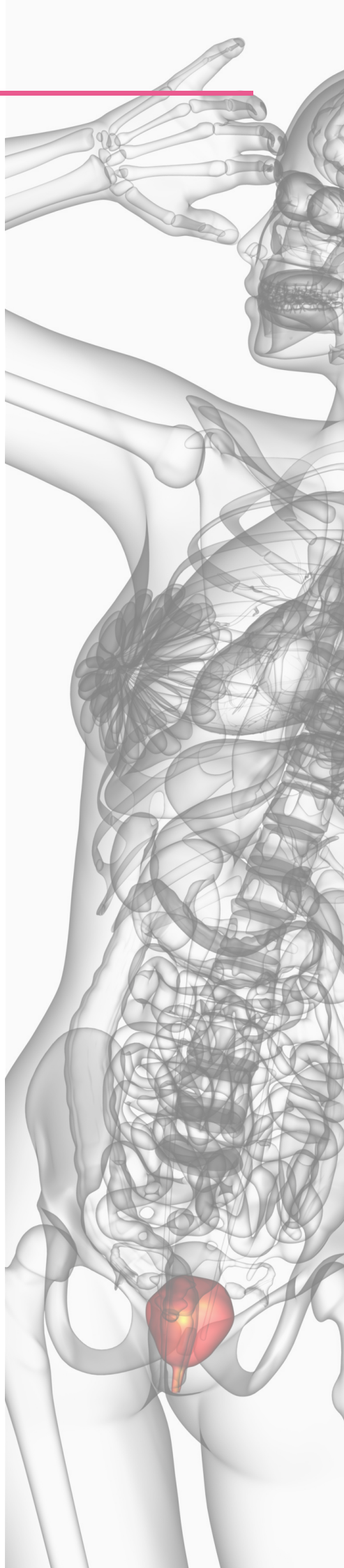
Recovery

Most women will be discharged home on the same day as the procedure. Maintaining a good fluid intake and using Ural can help with these symptoms. If they persist for more than 24 hours, please see your local doctor as a urinary tract infection may have developed. Ongoing pain or fever is unusual and you should contact your gynaecologist. Recovery at home is usually straightforward with minimal pain and you can return to your normal daily activities as soon as you feel well enough.



This statement has been developed by the Urogynaecological Society of Australasia (UGSA).