



York and Scarborough  
Teaching Hospitals  
NHS Foundation Trust

# **Bulkamid Treatment for stress urinary incontinence**

Information for patients, relatives and carers

## **Women's Health**

① For more information, please contact:  
Your consultant's secretary  
Telephone 01904 72631313



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This booklet has been developed using content from Speciality European Pharma Limited’s patient leaflet on Bulkamid, published January 2017. Used with permission.

## **What is stress urinary incontinence?**

Stress urinary incontinence is the unintentional passing of urine during activity or exertion. It is caused by a weakness of the pelvic floor muscles.

## **How common is stress urinary incontinence?**

Stress urinary incontinence is common, affecting an estimated 30% (about a third or three in ten) of women worldwide. It can have a significant impact on daily life affecting activities, relationships and emotional wellbeing.

# Why does stress urinary incontinence happen?

It can occur at any stage of life. The risk factors include pelvic disorders from giving birth, vaginal prolapse, pelvic floor surgery, ageing, and many neurological conditions.

- Being pregnant and giving birth are the most common causes of weakening of the pelvic floor, particularly if your baby was large, you had an assisted birth (forceps/ventouse), or your labour was prolonged. Although post-natal pelvic floor exercises are important and can help, they do not always prevent urinary incontinence.
- Urinary incontinence and vaginal prolapse is more common as you get older, particularly after the menopause.
- Being overweight can weaken the pelvic floor.
- It is possible to have a natural tendency to develop urinary incontinence.

Often it is a combination of these factors that results in women having urinary stress incontinence.

# **What are the treatment options?**

Stress urinary incontinence is treatable with different options, including:

- Pelvic muscle strengthening with Physiotherapy,
- Medication including continence pessaries,
- Bladder neck / Urethra (bladder water pipe) bulking,
- Minimally invasive surgery involving artificial mesh sling tapes e.g. TVT, TVT-O, Single Incision Slings etc.,
- Natural body tissue (Fascial) slings tapes,
- Colposuspension operation, either as major open surgery or laparoscopic (keyhole) surgery,
- Artificial urethral sphincter operation.

Please discuss these options with your doctor or nurse.

The focus of this leaflet is Bulkamid bladder neck and urethral bulking.

## **Are there any alternatives to treatment?**

There are other options you can try to relieve or manage symptoms, including using incontinence pads, doing pelvic floor exercises and losing weight.

## **What is urethral bulking?**

Urethral bulking is the injection of a bulking agent, like Bulkamid, into the urethra (water pipe) to add volume to the tissue. This supports the closing mechanism of the urethra and provides better control of urine when you cough, laugh, exercise or change position.

## **What is Bulkamid?**

Bulkamid is a soft gel consisting of 97.5% water and 2.5% polyacrylamide. It has been shown to maintain its shape and volume years after implantation, providing long term relief from urine leakage.

## **How successful is Bulkamid?**

Our experience shows that about half to three quarters of women who receive Bulkamid report to be cured or significantly improved.

Recent data from studies has shown the effect can last up to seven years in some women. If the effect of Bulkamid is insufficient following the first injection a top-up injection can be given to help achieve satisfactory relief of symptoms.

# Is Bulkamid treatment safe?

Bulkamid has been used to treat women with stress urinary incontinence over the past 10 years. During that time few complications have been reported and there have been no long term complications. However, as with any invasive procedure, complications may occur.

Complications can include:

Common (up to one in 10):

- Mild burning on passing urine for a short time (almost all patients)
- A small amount of blood in urine for a short time (almost all patients)
- Failure to stop or improve urinary stress incontinence (between one in two and one in five patients)
- Slow flow of urine (around one in 10).
- Water infection requiring antibiotic treatment (around one in 10)
- Recurrence of urinary incontinence within 12 months and possible need for further injections (around one in 10)



Rare:

- Need to pass urine more frequently and urgently, sometimes with leakage (between one in 10 and one in 50)
- Inability to empty your bladder for which you may need to start self-catheterisation (between one and two in 100)

Serious:

- Anaesthetic problems including reaction to anaesthetic drug, heart attack and death (less than one in 250)

Other complications that could occur include:

- pain related to the procedure

These complications are usually temporary, and if they occur, usually disappear within a few days.

Before treatment we will ask you to sign a consent form (reference FYCON164-1 Bladder neck bulking with Bulkamid® injection) confirming that you understand the details of the treatment and wish to go ahead. A copy of the form will be kept in your patient notes and you will be offered a copy for your records.

## **How is Bulkamid treatment performed?**

Bulkamid is a minimally invasive procedure which will be completed in approximately 15-20 minutes. The procedure will usually take place in day surgery or an outpatient treatment clinic.

Before the procedure, you can discuss whether to have a local or general anaesthetic with their doctor.

Most patients who undergo a Bulkamid procedure under local anaesthetic feel no more than a slight scratch as the needle enters the urethral (water pipe) wall, as well as a sensation of bladder filling. It is usually very well tolerated.

The procedure itself involves placing three or four deposits of Bulkamid into the wall of the urethra (water pipe) with the aim of stopping urine leakage

## **Recovering after Bulkamid operation**

You will normally be able to go home on the same day after passing water following the procedure. You should be able to return to your normal activities within 24 hours subject to your doctor's advice and personal considerations.

## **Further information**

Please ask your doctor or nurse for further information about the other options, if you would like to consider them further.

## **Tell us what you think of this leaflet**

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Mr O A Adekanmi, Consultant Gynaecologist and Obstetrician, The York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 72

## **Teaching, training and research**

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

## **Patient Advice and Liaison Service (PALS)**

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email [pals@york.nhs.uk](mailto:pals@york.nhs.uk).

An answer phone is available out of hours.

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