Gloucestershire Hospitals NHS Foundation Trust

Patient Information

Urethral bulking agent (Bulkamid®) for the treatment of stress incontinence

Introduction

Urethral bulking is designed to treat stress urinary incontinence and has been approved by the National Institute for Health and Care Excellence (NICE).

This leaflet gives you information about the procedure, the risks and possible complications.

What is stress incontinence?

Stress incontinence is one of the types of urinary leakage (urinary incontinence) which happens when the bladder is put under any pressure (such as coughing, lifting or exercise). It is caused when the opening of the bladder is weak or unsupported.

What is urethral bulking?

Urethral bulking is only suitable for stress incontinence and involves an injection of a jelly like substance, at 3 or 4 different sites, into the walls of the urethra (tube from your bladder) to improve the seal and prevent leakage of urine. This is a permanent procedure.

There are several varieties of bulking agents available. At Gloucestershire Hospitals NHS Foundation Trust we use Bulkamid® which is a polymer gel that is easily accepted by the body. There have been no reports of allergic reactions to Bulkamid®.

Enzymes within the body do not break the gel down and it is not reabsorbed by the body. The gel is soft and does not induce scarring around it. It acts to bulk out the urethra and make it more difficult for urine to leak.

The success rate of this procedure is about 60% meaning that 6 out of 10 women will stop leaking or notice a significant improvement in their bladder control with less wetting.

Reference No.
GHPI1583_08_23
Department
Gynaecology
Review due
August 2026

Patient Information

What needs to be considered before the procedure?

- It is recommended that you should have tried pelvic floor exercises for at least 3 months, supervised by a trained women's health physiotherapist.
- You have had urodynamic tests - these are tests on your bladder, often carried out to confirm that you do have stress urinary incontinence.
- Discussion at a Multidisciplinary Team (MDT) meeting is considered good practice before carrying out surgery for your stress urinary incontinence. Your medical notes and the results of any tests are reviewed at the MDT meeting which is attended by urogynaecologists, specialist nurses and physiotherapists. The team will take into account any preferences you have expressed before a decision is made as to whether the proposed treatment is appropriate for you.

How is urethral bulking carried out?

- Currently the procedure is usually carried out in an operating theatre under a short general anaesthetic (while you are asleep). Alternatively, the procedure may be offered at an outpatient clinic under a local anaesthetic.
- A telescopic camera examination of your bladder and urethra is carried out before the procedure.
- The bulking agent is then injected into the tissues around the urethra either through the telescope or alongside the telescope.

Stress urinary incontinence is the result of weakening of the closing mechanism.

Under local anaesthesia 3 to 4 deposits of Bulkamid® gel are injected into the wall of the urethra.

This bulking effect stops urine from passing.

Patient Information

What are the benefits of urethral bulking?

- Cure or improvement in stress incontinence.
- A minor procedure without making a cut.
- Suitable for women who are not medically fit for a general anaesthetic.

What are the risks and possible complications of urethral bulking agent?

- Less successful compared to other larger surgical procedures.
- First treatment may not provide sufficient bulking and further bulking is required a few weeks later.
- Pain at the time of injection if done under local anaesthesia. It is likely that you will feel a small scratch as each injection is placed.
- Small amounts of bleeding when you pass urine for a few days.
- Temporary discomfort around the bladder which may last for a few days.
- Urine infection immediately after the procedure. Your urine will be tested before the procedure to rule out any infection. You may require antibiotics if an infection develops. A chest infection may also develop if the procedure is performed under a general anaesthetic.
- Difficulty in emptying the bladder can happen. This usually settles quickly without any intervention but can sometimes require a catheter to help the bladder empty. This would only be for a few days.
- Urinary urgency symptoms have been reported in 1 or 2 people out of every 100 patients following the bulking procedure.
- Rarely, infection at the bulking site causing an abscess.
- General anaesthetic risk - this is very small unless you have specific medical conditions, such as a problem with your heart or breathing. Smoking and being overweight also increase any risks.

Patient Information

What are the alternative options?

Non-surgical

Do nothing
If the stress incontinence is not bothersome, treatment is not necessarily needed. It is not easy to predict if incontinence will get worse over time.

Devices
There are a number of devices which can be inserted to block the urethra. The devices are inserted into the vagina. Devices inserted into the urethra are not recommended. These devices are not a cure but are used with the aim to keep you dry while in use, such as during exercise. Some women find inserting a tampon useful, although care should be taken not to leave the tampon in place for too long as this can be harmful, leading to infection.

Weight loss
Losing weight has been shown to reduce leakage of urine.

Pelvic floor exercises (PFE)
The pelvic floor muscles support the pelvic organs. Strong muscles can help to prevent or reduce leakage of urine. A women's health physiotherapist can explain how to perform these exercises using the correct technique. It is important that you try these exercises to help to manage the symptoms of your urinary incontinence and to prevent it becoming worse.

It is also very important to continue with pelvic floor exercises even if you have opted for other treatment options. These exercises have little or no risk.

Duloxetine
This is a medication that can help reduce incontinence. It needs to be taken every day. Stopping the medication will result in the leakage returning. Some women find that the medication causes unacceptable side effects such as nausea and abdominal pain. Duloxetine is not usually recommended as a first line treatment but is an option to consider if you do not want to have a surgical procedure or are unfit to do so.

Patient Information

Surgical

The type of surgery and the particular risks of procedures vary in each person, with some procedures not being suitable for all patients.

On the following pages there is a list of the different surgical procedures considered to treat stress incontinence. Not all of the procedures are available in the Gloucestershire Hospitals NHS Foundation Trust.

Further information about the procedures is available in separate leaflets.

Please seek the advice of your consultant before the operation if you wish to discuss any of these procedures in more detail.

Treatments	Advantages	Disadvantages
Urethral bulking injection	No incisions (cuts). Less pain compared to the other operations. Lower risk of complications compared to other operations. Quick recovery.	Long term success lower than for the other procedures.
Midurethral synthetic mesh tape (e.g. Tension-free Vaginal Tape)	Good chance of curing or improving stress incontinence.	Worsening of urinary urgency. Difficulty passing urine. Mesh complications such as: • Mesh exposure and erosion into vagina, urethra or bladder. • Can cause pain in the pelvis which sometimes persists long term.

Patient Information

Colposuspension (suspension of the neck of the bladder and urethra through the tummy)	Does not involve insertion of mesh. Can be done via key-hole surgery. Success rate similar to a mesh tape. Treats prolapse of the anterior (front) wall of the vagina (cystocele)	Usually requires a general anaesthetic. Worsened urinary urgency similar to a mesh tape. Difficulty passing urine similar to a mesh tape. Higher risk of bleeding than mesh tape. Stitches causing bladder stones if they work their way into the bladder over time. Developing a prolapse of the posterior (back) wall of the vagina (rectocele). Longer recovery.
Autologous fascial sling (a suspension of the urethra and bladder neck using your own tissue). Not available in all hospitals.	Does not involve insertion of mesh. Success rate similar to a synthetic mesh tape.	Usually requires a general anaesthetic. Requires a cut across the bottom of your tummy (not done via key-hole surgery). Longer recovery period. Higher risk of difficulty passing urine than with other procedures. Higher risk of urinary urgency than other procedures. Similar risk of bleeding to colposuspension. Risk of hernia developing through the scar. Not available in our hospital.

Gloucestershire Hospitals NHS Foundation Trust

Patient Information

Contact information

If you have any problems or concerns after going home, please contact your GP for advice. If your GP is not available contact the:

Urogynaecology Nurse Practitioner
Women's Centre
Gloucestershire Royal Hospital
Tel: 0300 422 6246
Monday to Friday, 8:00am to 4:00pm

In an emergency (out of hours only), please contact:

Ward 9a
Gloucestershire Royal Hospital
Tel: 0300 422 6780

Further information

National Institute for Health and Clinical Excellence (NICE)
Website: www.nice.org.uk

Guideline
Website: http://guidance.nice.org.uk/CG171

Patient decision aid
Website:
https://www.nice.org.uk/guidance/ng123/resources/surgery-for-stress-urinary-incontinence-patient-decision-aid-pdf-6725286110

Bladder & Bowel Community
General enquiries: 01926 357 220
Email: help@bladderandbowel.org
Website: www.bladderandbowel.org

British Society of Urogynaecology
Email: bsug@rcog.org.uk
Website: https://bsug.org.uk/pages/information-for-patients/111

International Urogynecological Association (IUGA)
Your Pelvic Floor
Website: https://www.yourpelvicfloor.org/conditions/urethral-bulking/

Content reviewed: August 2023