

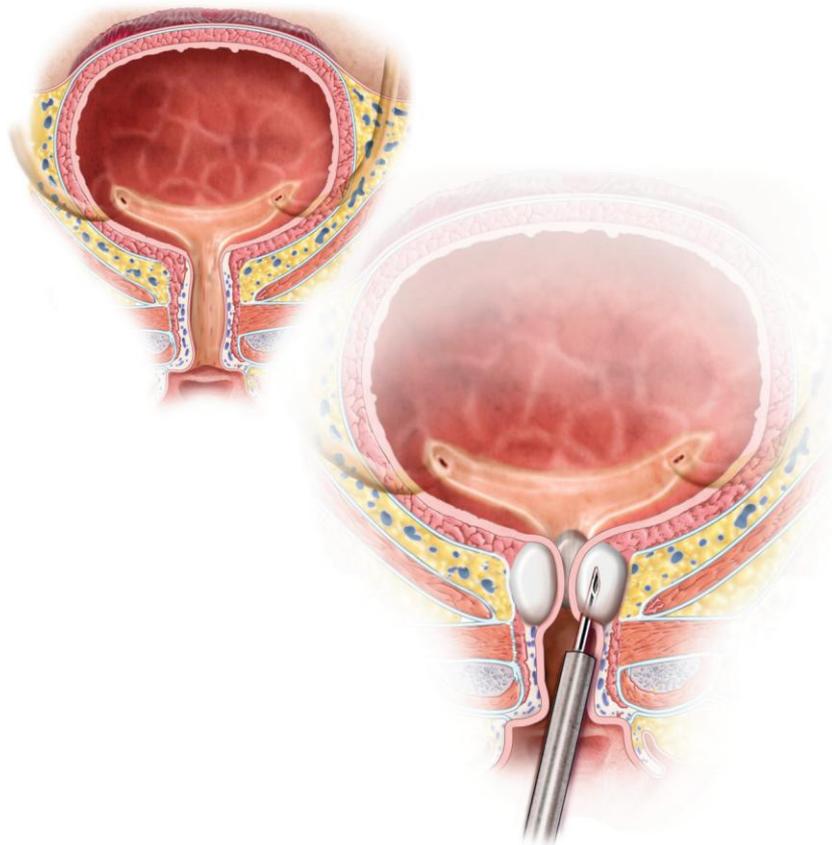


Urethral Bulking

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 can be caused by a weakness in the small muscle around the urethra. Urethral bulking helps restore the strength in this muscle and reduce SUI. 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.

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



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.

- **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.

RECOVERY: Most women will be discharged home on the same day as the procedure. A small amount of blood in the urine and burning pain when passing urine are common in the first 24 hours. 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).

Disclaimer: This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.