

### **Bulkamid treatment for urinary incontinence**

#### **Transition from Collagen to Bulkamid**

For commercial reasons Bard®, the manufacturer of Collagen for intra-urethral use, has ceased its manufacture as of 1/7/2011. An alternative injectable Bulkamid has been shown to be effective in clinical trials. To our knowledge there are no new complications nor adverse effects of this agent relative to Collagen

#### **What is Bulkamid**

Bulkamid hydrogel is a transparent polyacrylamid gel consisting of 97.5% non-pyrogenic water and 2.5% cross linked polyacrylamide. It is bio-compatible, non-reabsorbable, migration resistant, non allergenic and micro-particle free. Tissue hardening is unlikely to occur.

#### **What problem does it fix or improve?**

There are many causes or types of urinary incontinence. Some people with stress incontinence have a urethra which is open at rest even when the bladder is only partly full. In this condition exertion can cause urine to fall or spurt through the urethra. These leakages are not always felt when they occur, but can be demonstrated by tests called fluoroscopic urodynamics.

Women or men with stress incontinence may respond to this treatment. It is very common to improve with Bulkamid injections but only particular sub-types are likely to have a response which gets rid of their leakage entirely. The sub-type is determined with urodynamic testing and Dr O'Connell and staff will inform you of the probability of it being effective in your case.

#### **How does it help exertion related leakage (also known as stress incontinence)?**

The goal of therapy is to bring about an effective seal of the inner lining of the urethra so that all surfaces on the inner aspect of the urethra are closed or "coated". Normally the urethra is closed at rest and only opens when the bladder contracts. This latter process is generally not affected by injecting into the top part of the urethra just below the bladder neck.

You may have other urinary problems that also require treatment or need to be considered separately such as medications for an overactive bladder, or antibiotics for infection.

#### **Where is the procedure performed?**

The procedure takes place in the Day Procedure Unit at Melbourne Private Hospital under local anaesthetic. No fasting is required and there are no restrictions to activities afterwards.

**If you are taking anti-coagulation medication (e.g. Warfarin), you should cease this five days prior to the Bulkamid treatment. It is important that you discuss this with the doctor who prescribes this medication for you.** You are able to drive yourself home from hospital.

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**What is involved in the procedure?**

Using a cystoscopic set specifically engineered for Bulkamid injections, a small cystoscope (a very small flexible telescope approx. 3mm in diameter) is passed into the bladder. You will be able to watch your treatment on the television monitor. In addition to the anaesthetic gel that has been given, a precise pin pointed injection of local anaesthetic is placed in the urethral wall. At this location, when you are comfortable (within a few seconds), the Bulkamid is placed. A dose of antibiotic will also be given prior to the procedure to prevent infection.

**How long does the procedure take?**

The procedure takes approximately 15 minutes, however, allowing time for admission and discharge from the Day Procedure Unit you should allow *approximately* one hour.

**Are there any complications?**

After any telescopic procedure there can be a little bleeding. Thus there may be a slight amount of blood in the urine. This settles within a day or two. Some minor discomfort may also be associated but significant discomfort is rare. Occasionally urgency or even urge incontinence occurs after a Bulkamid injection. This usually settles spontaneously although sometimes treatment is required, this is almost always short term.

**How many injections will I have to stop the problem?**

It is possible to predict how many injections will be required to some extent and the effect that is likely. You will be given guidance about this prior to your treatment.

**What is the follow up after an injection?**

You will be given a questionnaire at the time of the procedure which you are asked to complete and return to Dr O'Connell. Upon receipt of this information she will assess your progress and you will be notified by mail of her recommendations.