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TRANSURETHRAL INJECTIONS OF POLYACRYLAMIDE HYDROGEL (BULKAMID®) FOR TREATMENT OF FEMALE STRESS URINARY INCONTINENCE (SUI) IN DGH SETTINGS

Hypothesis / aims of study

In the UK, approximately 3 million people suffer from urinary incontinence (UI), up to 80% will never seek medical advice for this and 35% of patients view it simply as part of the aging process^[1]. UI significantly impacts women's quality of life and generates high costs to the health service and economy. Supervised pelvic floor physiotherapy, is the first line therapy for UI and if fails then more invasive management is required. From the late 1990's, open colposuspension was the main operative intervention offered in our institution. The development of trans vaginal/trans obturator tapes in the 2000s soon superseded this. However significant controversy now surrounds these procedures and their usage has decreased following formal investigations into complications and safety by the Scottish government. As a result, women are looking for alternative, less invasive operations and the popularity of bulking agents has increased significantly in our local population. The objective of this study was to assess the response to Bulkamid injection in managing patients with UI in DGH settings who failed physiotherapy.

Study design, materials and methods

A prospective study of 43 female patients with urodynamic proven UI between August 2015 and March 2017. 23 had genuine stress incontinence and 20 mixed incontinence. All patients had failed supervised formal pelvic floor physiotherapy. Clinical information was reviewed from patient notes along with pre and post operatively ICIQ-SF scores

Results & Interpretation

The mean age was 54.4 years (range; 25-89). Pre-operatively symptoms showed 17 women to leak mostly on coughing and 26 had continuous leakage with a mean ICIQ-SF score of 12.2 (range 5-16). A successful outcome, as demonstrated by reduced urinary incontinence or resolution of symptoms and reductions in ICIQ-SF was noted in 35 patients, giving a success rate of 81.3%. The mean ICIQ-SF pre and post injection for this group was 11.28 and 1.42 respectively. 32 patients had successful results after the first injection (74.4%) and 3 patients after the second injection. Injections were required to be repeated in 6 patients who had good results after the first injection with an average time of 5 months. 11 patients failed to respond to the initial injection, of which 3 had repeated injections with success. 7 patients were referred for colposuspension and one for pessary insertion. Only 3/43 patients developed post operative complications in the form of acute urinary retention, two after the 1st injection and one after the 2nd injection. All women voided successfully after a period of catheterization and are now continent.

Concluding message

_We have demonstrated that Bulkamid injections can be useful in managing women with UI who fail physiotherapy in an era where controversy and concern surrounds the surgical options currently available.

References

1. http://www.baus.org.uk/patients/conditions/5/incontinence_of_urine.

Disclosures

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