The British Association of Urological Surgeons

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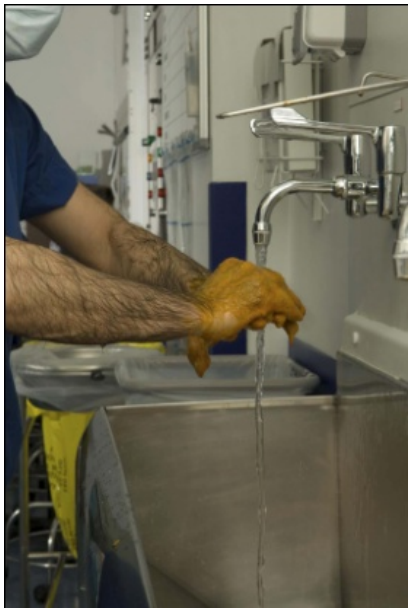
CYSTOSCOPY AND URETHRAL BULKING INJECTIONS
INFORMATION FOR PATIENTS

What evidence is this information based on?

This booklet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and other sources. As such, it is a reflection of best urological practice in the UK. You should read this booklet with any advice your GP or other healthcare professional may already have given you. We have outlined alternative treatments below that you can discuss in more detail with your urologist or specialist nurse.

What does the procedure involve?



Telescopic examination of the urethra and bladder with injection of silicone (or another substance) around the urethra to add bulk for urinary control. The urethral tissue is expanded by the injection so that the opposing walls sit closer together. This allows better control of your urine when you cough, sneeze or strain.

The agent used may be permanent or absorbable and can be made from a variety of sources (e.g. silicone or collagen from your own body).

What are the alternatives to this procedure?

Non-surgical treatment is recommended for all women as a first line, before any form of surgery is considered. Options include:

- **Pelvic floor exercises**: the most effective non-surgical treatment - many women who are trained to do these exercises by a physiotherapist do not require surgery;
- **Drug treatment**: duloxetine tablets may be a suitable option for some women;
- **Continence pessaries**: devices placed inside the vagina or urethra may be useful for managing urine leakage, especially during physical exercise; and
- **No treatment**: if the leakage is not troublesome, no treatment may be needed.

If non-surgical options (above) are unsuccessful, or not appropriate, the following surgical interventions may be considered:

- **Synthetic vaginal mesh tape**: synthetic tape (rather than the body's own native tissue) is used to "cradle" the urethra from below. Foreign material placed into the body can occasionally cause a reaction;
- **Autologous fascial sling procedure**: similar to synthetic mesh tape placement but using a piece of fascia (the tough fibrous coating around your muscles), usually taken from your thigh or tummy; and
- **Colposuspension**: an abdominal operation (either open or keyhole) to lift the vagina underneath the urethra (waterpipe) using permanent synthetic stitches.

Additional leaflets for all these procedures are available from your urologist or specialist nurse. Further information about incontinence can be found at: http://www.nhs.uk/conditions/Incontinence-urinary/Pages/Introduction.aspx.

What should I expect before the procedure?

A pre-operative assessment will be performed to ensure that you are fit enough to undergo anaesthetic and surgery. At this, you may expect:

- Routine blood tests, a heart tracing (ECG) & a chest X-ray (if indicated);
- Review of your up-to-date list of medications (drugs);
- If you are taking any blood-thinning tablets, you will be told whether these need to be stopped before surgery;
- Advice you about starving before surgery;
- If you are taking certain medications, you will be told whether to take them on the day of your operation; and
- MRSA swabs will be taken.

You will usually be admitted on the same day as your surgery. Once you have been admitted, you will be seen by members of the medical team which may include the consultant, specialist registrar, house officer and your named nurse.

You may be given an injection of a drug (Clexane) to thin your blood slightly and reduce the risk of thrombosis (blood clots) in your legs or lungs. You will be given elasticated stockings to improve the blood flow in your legs and prevent thrombosis. You may be given a mild laxative to clear your bowels.

You will be asked not to eat and drink for six hours before surgery. Immediately before the operation, the anaesthetist may give you a pre-medication which will make you dry-mouthed and pleasantly sleepy. At the time of the anaesthetic, you will normally be given antibiotics into a vein to prevent infection and you may be given a course of antibiotics to complete after your surgery.

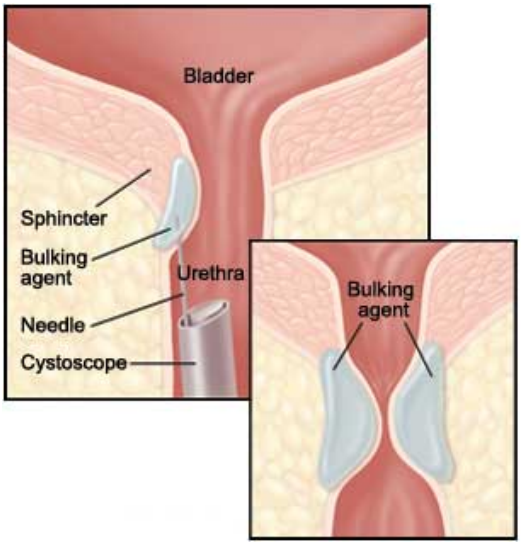
Please be sure to inform your surgeon in advance of your surgery if you have any of the following:

- an artificial heart valve.
- a coronary artery stent.
- a heart pacemaker or defibrillator.
- an artificial joint.
- an artificial blood vessel graft.
- a neurosurgical shunt.
- any other implanted foreign body.
- a regular prescription for a blood thinning agent such as warfarin, aspirin, clopidogrel (Plavix®), rivaroxaban, prasugrel or dabigatran
- a previous or current MRSA infection.
- a high risk of variant-CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone).

At some stage during the admission process, you will be asked to sign the second part of the consent form. This gives your permission for the procedure to take place. It shows you understand what is to be done and confirms that you wish to proceed. Make sure that you discuss any concerns and ask any questions you may still have before signing the form.

What happens during the procedure?

Either a full general anaesthetic (where you will be asleep) or a spinal anaesthetic (where you are unable to feel anything from the waist down) will be used. All methods minimise pain. Your anaesthetist will explain the pros and cons of each type of anaesthetic to you.



A telescope (cystoscope) will be passed into the bladder through the urethra (water pipe) to check the bladder. Following this, the injections are given through the telescope to narrow the urethra (water pipe), making it less likely to leak urine.

What happens immediately after the procedure?

You should be told how the procedure went and you should:

- ask the surgeon if it went as planned;
- let the medical staff know if you are in any discomfort;
- ask what you can and cannot do;
- feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team; and
- make sure that you are clear about what has been done and what happens next.

You may experience some nausea or, occasionally, vomiting. We will give you drugs to relieve these symptoms if they occur.

If you have had a spinal anaesthetic, a six-hour period of rest in bed is usually recommended. After that, we will encourage you to move around as much as possible. You will be allowed to eat and drink soon after your operation.

The average hospital stay is less than one day.

Are there any side-effects?

Most procedures have possible side-effects. But, although the complications listed below are well-recognised, most patients do not suffer any problems.

Common (greater than 1 in 10)

- A need to go to the toilet frequently, due to a feeling of urgency (needing to rush to the toilet), sometimes associated with leakage.
- Inability to empty your bladder completely, requiring the use of a catheter to drain any urine you leave behind (intermittent self-catheterisation); you will be taught this before your procedure.
- Infection of the urine (or at the injection site) requiring antibiotics.
- Slow urine flow.
- Failure of the procedure to resolve the leakage.
- Need for a repeat procedure.
- Pain on passing urine.
- Recurrence of the leakage, even after several years of symptom relief.

Occasional (between 1 in 10 and 1 in 50)

- Blood in your urine; usually self-limiting and settles without further treatment.

Rare (less than 1 in 50)

- Injury to the surrounding tissues (e.g. bowel, blood vessels).
- Erosion of the bulking agent into the urethra or bladder.
- Migration of the bulking agent into other body tissues.
- Reaction of the body to foreign material that might cause unknown medical problems.

Hospital-acquired infection

- Colonisation with MRSA (0.9% - 1 in 110).
- Clostridium difficile bowel infection (0.01% - 1 in 10,000).
- MRSA bloodstream infection (0.02% - 1 in 5000).

Please note: The rates for hospital-acquired infection may be greater in "high-risk" patients. This group includes, for example, patients with long-term drainage tubes, patients who have had their bladder removed due to cancer, patients who have had a long stay in hospital or patients who have been admitted to hospital many times.

What should I expect when I get home?

When you are discharged from hospital, you should:

- be given advice about your recovery at home;
- ask when you can begin normal activities again, such as work, exercise, driving, housework and sex;
- ask for a contact number if you have any concerns once you return home;
- ask when your follow-up will be and who will do this (the hospital or your GP); and
- be sure that you know when you get the results of any tests done on tissues or organs which have been removed.

When you leave hospital, you will be given a "draft" discharge summary. This contains important information about your stay in hospital and your operation. If you need to call your GP or if you need to go to another hospital, please take this summary with you so the staff can see the details of your treatment. This is important if you need to consult another doctor within a few days of being discharged.

You may require pain-killing tablets at home for the first few days, and it may take a day or two at home before you are comfortably mobile.

You are advised:

- not to douche your vagina or have sex for at least a month after surgery;
- not to carry heavy weights (more than 5kg/10lbs) for a month;
- to take a day or two off work; you may need longer if your work involves physical activity; and
- your recovery is likely to take longer if you develop an infection or other complications(s).

What else should I look out for?

You should seek help from your doctor (or the surgeon/ward/department looking after you) if you experience:

- a foul-smelling vaginal discharge;
- a high fever (take your temperature at home if you suspect this);
- pain on passing urine;
- difficulty passing urine; or
- pain ± swelling of your calves.

Are there any other important points?

Different hospitals have different policies for reviewing patients after this type of surgery. In general, you should expect to be given a clinic appointment 6 weeks after the procedure to review your recovery.

You may also be contacted over the phone by a nurse specialist to discuss your recovery and your bladder symptoms. All hospitals, however, would wish to see you again if you are worried or concerned about anything.

Make sure you keep a record of your operation date, your Consultant Urologist, the hospital telephone number and which ward you were in.

Driving after surgery

It is your responsibility to make sure you are fit to drive following your surgery. You do not normally need to tell the DVLA that you have had surgery, unless you have a medical condition that will last for longer than three months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to give you advice on this.

You should avoid driving for 24 hours, and it may be longer before you feel ready to drive. You should not drive until you are confident that you can execute an emergency stop safely, without any discomfort.

Is any research being carried out in this area?

Before your operation, your surgeon or specialist nurse will tell you about any relevant research studies taking place. In particular, they will tell you if any tissue that is removed during your surgery will be stored for future study. If you agree to this research, you will be asked to sign a special form giving your consent.

All surgical procedures, even those not currently undergoing research, are audited so that we can analyse our results and compare them with those of other surgeons. In this way, we learn how to improve our techniques and results; this means that our patients will then get the best treatment available.

What should I do with this information?

Thank you for taking the trouble to read this booklet. If you want to keep a copy for your own records, please sign below. If you would like a copy of this booklet filed in your hospital records for future reference, please let your urologist or specialist nurse know. However, if you do agree to go ahead with the scheduled procedure, you will be asked to sign a separate consent form that will be filed in your hospital records; we can give you a copy of this consent form if you ask. I have read this booklet and I accept the information it provides.

Signature..... Date.....

Other sources of information

Further information about urethral bulking procedures can be obtained from the sources below:

1. NICE guidance – intramural urethral bulking procedures for stress urinary incontinence in women.
   http://www.nice.org.uk/guidance/ipg138/resources/information-for-the-public-304250221

2. Urethral injection therapy for urinary incontinence in women.
   Kirchin V, Page T, Keegan PE *et al*.
   Cochrane Database Syst Rev 2013 Feb 15;2.

3. Nonsurgical outpatient therapies for the management of female stress urinary incontinence: long-term effectiveness and durability.
   Davila GW.
   Adv Urol 2011; doi: 10.1155/2011/176498.

4. Clinical management of urinary incontinence in women.
   Hersh L & Salzman B.
   Amer Fam Phys 2013; 87(9): 634-40.

How can I get information in alternative formats?

Please ask your local NHS Trust or PALS network if you require this information in other languages, large print, Braille or audio format.

Most hospitals are smoke-free. Smoking can make some urological conditions worse and increases the risk of complications after surgery. For advice on stopping, contact your GP or the free **NHS Smoking Helpline** on **0800 169 0 169**

Disclaimer

While we have made every effort to be sure the information in this booklet is accurate, we cannot guarantee there are no errors or omissions. We cannot accept responsibility for any loss resulting from something that anyone has, or has not, done as a result of the information in this booklet.

The NHS Constitution
Patients' Rights & Responsibilities

Following extensive discussions with staff and the public, the NHS Constitution has set out new rights for patients that will help improve your experience within the NHS. These rights include:

- a right to choice and a right to information that will help you make that choice;
- a right to drugs and treatments approved by NICE when it is considered clinically appropriate;
- a right to certain services such as an NHS dentist and access to recommended vaccinations;
- the right that any official complaint will be properly and efficiently investigated, and that patients will be told the outcome of the investigations; and
- the right to compensation and an apology if you have been harmed by poor treatment.

The constitution also lists patients' responsibilities, including:

- providing accurate information about their health;
- taking positive action to keep yourself and your family healthy.
- trying to keep appointments;
- treating NHS staff and other patients with respect;
- following the course of treatment that you are given; and
- giving feedback (both positive and negative) after treatment.

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