

Department of Urology

Patient Information Sheet

Cystoscopy and Bladder Neck Bulking

Using a telescope technique, a substance is injected into the area around the opening of the bladder

This procedure involves a telescopic inspection of the bladder and urethra (water pipe) A synthetic substance is injected into the area around the bladder opening to strengthen the bladder neck and help reduce urinary leakage.

This information sheet was developed and agreed by our Urology Team. Information within this sheet was obtained from various sources including; the Urology Team, the British Association of Urological Surgeons, other NHS Trusts and Department of Health Websites.

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What are the intended benefits of this procedure?

The procedure is designed to treat stress urinary incontinence. It has a success rate of 50-60% and, occasionally, the effect can wear off, usually after about two years, when the injections can be repeated.

What are the alternatives to this procedure?

Observation, physiotherapy, sling (or 'tape') procedures, colposuspension

What are the most frequently occurring events or serious risks of this procedure?

Common (greater than 1 in 10)

- Mild burning or bleeding on passing urine for a short period afterwards.
- Urinary infection requiring antibiotics
- Failure to improve incontinence
- Recurrence of symptoms at a later date
- Inability to pass urine afterwards requiring a short period of catheterisation

Occasional (between 1 in 10 and 1 in 50)

- Sensitivity reaction to the injectables

Rare (less than 1 in 50)

- None

What sort of anaesthetic is used?

Usually a spinal or general anaesthetic is used. Your Consultant or Specialist Nurse will be able to give you further information on which anaesthetic you are likely to require.

What does the procedure involve?

A telescope is passed into the urethra and up into the bladder to check before starting injections. The Urology Doctor will inject small amounts of collagen or silicone in the region where your urethra and bladder join.

If this is being performed under a full anaesthetic, you will be assessed for your general health before the procedure at a 'Pre-Assessment' clinic and given all the information required to prepare you for an anaesthetic.

This procedure is often performed as a day-case and rarely requires a stay overnight in hospital unless you are alone or have other medical conditions.

What happens after the procedure?

If you are having this done as a day case, you will be allowed home as soon as you have passed water. You will pass some slightly bloodstained urine at first and this may sting slightly. Over the next 24 hours, try to drink plenty of non-alcoholic fluids, to flush your system and reduce these after effects (we suggest 2-3 litres or 6-8 pints).

What else should I look out for?

If you develop a fever, increased bleeding or pain on urination you should contact your GP. If you become unable to pass urine at all, you should come to the Accident and Emergency Department here at Kingston Hospital.

Who should I contact for more information?

- **The Specialist Urology Nurses:**

Sue Sill & Chris Backhouse
020 8934 3547

Yvonne Haffenden, Lin Williams & Suzy Waight
Urodynamics - 020 8934 3038

- **The Urology Ward – Alexandra 020 8934 3152**

- Your Urology Consultant.