

OP2

EFFICACY OF POLYACRYLAMIDE GEL (BULKAMID®) INJECTION IN PATIENTS WITH MITROFANOFF LEAKAGE AFTER CONTINENT DIVERSION SURGERY: A COMPARISON WITH MACROPLASTIQUE®

I.Loufopoulos, K.Kaprinotis, M. Pakzad, A. Noah, H. Gresty, T. Greenwell, J. Ockrim

Introduction

We have previously published outcomes of polydimethylsiloxane (Macroplastique®) in patients with leakage from their Mitrofanoff channels. Macroplastique® has now been replaced by Bulkamid® hydrogel. We present the outcomes of Bulkamid® injection in the last 5 years and compare it to the previous usage of silicone.

Materials and Methods

We retrospectively analysed data 2016-2021 for patients who had previously undergone Mitrofanoff channel formation and received Bulkamid® injections for incontinence. Effectiveness was assessed by the number of pads used before and after injection. Outcomes were classified as complete success (dry), partial success (>50% reduction incontinence pads) and failure.

Results

Results are shown on Table 1. Eleven female patients had Bulkamid® injection to Mitrofanoff channels due to urinary leakage. Mean age was 45.9 (range 21-67) and median follow-up 16 weeks (range 1-44). Nine patients received Bulkamid® injections once, whilst two patients received twice. Initial injection was partially successful in 4/10 patients (40%) and a second injection in one patient (cumulative success rate 45%), but only one patient was completely dry (9%). Of the five failures, two had revision of their Mitrofanoff channels with success. The five successful injections were given to 4 patients with Monti channels and one with appendiceal channel (3 patients ileocystoplasty and 1 with ileal neobladder). Greater volumes did not improve success rates, as 3/4 successful injections had a volume less than 1.9 ml. Comparison to Macroplastique® showed no statistical difference in the success rates between the two injectable bulking agents.

Conclusions

Bulkamid® injection to Mitrofanoff® channel has a partial response rate (45%) in the management of incontinence through a Mitrofanoff channel, but was curative in only 9%. Success rates for Bulkamid® seem to be comparable to the ones we previously reported for Macroplastique® injections. Bulking may, at least, defer the necessity for major surgical revision.