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BULKAMID® INJECTION AS A SALVAGE TREATMENT OPTION IN PATIENTS WITH RECURRENT STRESS URINARY INCONTINENCE: MEDIUM TERM OUTCOMES FROM A TERTIARY UNIT

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Introduction

The outcomes for Bulkamid® as a primary procedure for stress urinary incontinence (SUI) have been well reported. However, the outcomes for patients with previous failed SUI surgery are less known. The aim of our study is to identify the factors which could predict the outcomes of Bulkamid® as a salvage treatment alternative.

Materials and Methods

Data collected prospectively between 2017-2021 was analysed retrospectively. Data including demographics, urodynamic parameters and previous anti-incontinence procedures were analysed. Outcomes were assessed with number of pads, and were categorised as dry, improved or wet according to patient satisfaction.

Results

Results are shown on Table 1. Eighteen patients mean age of 63 (range 32-88) years were treated with a mean follow up 17 (range 2-52) months. Thirteen patients had one set of injections and five had two. The overall success rate was 33%(11% dry,33% improved,56% failed) with 75% successful after one injection and 25% after two. Seven of 18 patients with Type III SUI had a 57% chance of success (14% dry and 43% significantly improved after the first injection), whereas no improvement was observed in 5 patients with Type IIA/IIB.The success rate for patients with one previous procedure was 43%(29% dry,14% improved), whereas the success rate for patients with two or more previous procedures was poor (0% dry, 27% improved).Injection of more than 2.2ml of Bulkamid® had better outcomes.

Conclusions

The success rate of Bulkamid® as salvage therapy was significantly lower than reported in the literature as primary therapy. Patients with multiple previous procedures did less well than those with a single previous procedure. Interestingly, patients with Type III SUI did better than those with persistent Type IIA/IIB, and those with previous slings seemed to do better than those with colposuspension, which may suggest that bulking injections treat sphincteric deficiency better than hypermobility.