

Information Protocol for Urethral Bulking for Urinary Incontinence

Name: _____ First name: _____ Date of birth: _____

Dear patient,

This page should provide you with information, not worry you. It is only part of the information you will receive. The planned intervention will be discussed with you in person. Please ask about anything that is unclear or seems important, and don't hesitate to say if you would prefer not to know too much about the forthcoming procedure.

Reasons for Urethral Bulking

You suffer from stress incontinence and have chosen to have the most minimally invasive procedure available. Urethral bulking is not covered by statutory health insurance.

Alternatives

Non-surgical options include pessary treatment or drug treatment with an antidepressant (duloxetine). This increases the pressure in the urethra and therefore treats incontinence. Tiredness and an unpleasant feeling of nausea in the first weeks of treatment are the main side effects. Pelvic floor physiotherapy is another alternative. In terms of surgery, a sling procedure is a possibility. Your doctor has decided against this due to its success or increased risks.

Surgical method

The surgery takes the form of bulking of the urethra at the outlet from the bladder with a permanent substance. The substance is injected under visual control (cystoscopy) and leads to a slight narrowing. The procedure is generally carried out under local anaesthetic and takes a few minutes.

Success rate

Bulking reduces urine loss on physical stress in approx. 70% of cases and also has positive effects on irritable bladder syndrome. In rare cases, a second injection is required to improve the result.

Risks and complications

Serious complications are very rare. An infection of the bladder or urethra may make the administration of antibiotics necessary. Bleeding from the puncture site with haematoma and difficulty passing urine occur rarely, most often in patients taking blood thinners. In such situations, it may be necessary to place a catheter. Despite proper patient positioning and correct equipment connection, pressure-related and other damage to nerves and soft tissues can occur as very rare complications. Only rarely do these leave permanent symptoms (e.g. numbness, painful sensations) or scars.

After the operation

You will be kept on the ward for a few hours and your residual urine (the amount of urine left in the bladder after urination) will be monitored. After the operation, you should not expect any pain. Sometimes, the bladder can be a little irritated by the procedure, and you may need to urinate more frequently than normal. This generally stops after 1-2 days. Very rarely, bladder relaxing medication is required. After the procedure, you may exercise, swim and have sexual intercourse. It helps to drink sufficient quantities (approx. 2 litres per day).

Cost

Urethral bulking is not a standard benefit covered by health insurance and requires a confirmation of coverage in advance. We have received this and informed you of the coverage or any costs you must still cover.

Cost coverage Your health insurance covers _____% of the cost
The fee you must pay is estimated at _____CHF.

Your questions:

Explanatory consultation

Interpreter:

Proposed operation:

Doctor's notes on explanatory consultation (waiver of explanation stating reason, individual risk factors: age, heart disease, obesity, etc.).

Alternative treatment possibilities:

Date:

Time:

Duration of explanatory consultation:

Treatment Order

Dr _____ carried out an explanatory consultation with me. I have understood the explanation and could ask any questions I had. I have been given a copy of the consultation protocol. I consent to the planned procedure, including any discussed changes and extensions that may be found necessary during the operation.

Place, date

Patient:

The text on the front page has been discussed with the patient, any questions answered, and a copy of this information protocol has been given to the patient.

Date, time

Doctor:

Outline of the operation

(surgical method, incision, what will be removed, reconstructed etc. side designation left/right)