Notes

RUH **Information for Patients**

Sling procedure for urinary stress incontinence

Aysha Qureshi
Version 1, June 2010
Review date June 2013

Date of publication: June 2010
Ref: RUH GYN/002

RUH

What is the procedure?

A sling procedure is an operation to help women with stress incontinence – the leakage of urine while coughing, sneezing, laughing or running. Stress incontinence is caused by a weakening of ligaments supporting the urethra (the tube that carries urine from the bladder at voiding).

What does the procedure involve?

The operation involves creating a supporting hammock by placing a tape under the urethra. This will include examining the bladder with a camera during the procedure. The tape is made up of a permanent biocompatible mesh which is placed under the urethra by using specially designed instruments. This offers support to the urethra and restores continence by avoiding leakage during sudden increases in intra-abdominal pressure (e.g. coughing, sneezing).

How is the procedure done?

The procedure is mostly done under general anaesthetic while you are asleep and occasionally under spinal or local anaesthetic if indicated. The operation takes 30 minutes and is performed in the operating theatre. A small cut is made in the vagina. Two other small (0.5cm) cuts are made either on the abdomen, just above the pubic area, or in the creases between the thigh and the pubic area.

What are the chances of success?

Worldwide more than 1.4 million women have been treated with this procedure. It restores continence in about 80/100, with a further 14/100 having improved bladder control but not completely cured. In the short term this operation is as successful as any

Healthcare Associated Infections

How can I help to reduce Healthcare Associated Infections?

Infection control is important to the wellbeing of our patients, and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand rub (special gel) available at the main entrance of the hospital and at the entrance of every ward before coming into and leaving the ward or hospital. In some situations hands may need to be washed at a sink using soap and water rather than using the hand rub. Staff will let you know if this is the case.

Sources for information in this leaflet

1. Royal College of Obstetricians and Gynaecologists (RCOG) Guidelines, *Surgical Treatment of Urodynamic Stress Incontinence, October 2003.*
2. Guidance on the use of *Tension free vaginal Tape for Stress Incontinence.* National institute for Clinical Excellence (NICE), February 2003.

Useful Contact Numbers

Charlotte Ward, RUH
01225-824434

Mrs Qureshi's Secretary
01225-824655

Mr Porter's Secretary
01225 -824657

This leaflet explains most common side effects that some people may experience. However it is not comprehensive. If you experience other side effects or have queries please feel free to ask your doctor, your hospital consultant or the nursing staff on the wards. We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information leaflet please contact Mrs Qureshi's Secretary if you need an interpreter or the document in another language, large print, Braille or an audio version please let us know.

major procedure used for controlling bladder leakage but has a shorter hospital stay and a quicker recovery. This procedure has been available over 15 years and follow-up studies show that most patients continue to benefit in the long term.

There are a small group of women for whom the operation is not successful. This is more likely if anyone has had previous surgery to the bladder, is overweight or has ongoing constipation or a chronic cough.

What should I expect before the procedure?

You will normally have an appointment for a pre-assessment either on the day of your consultation with the clinician, or 10 days prior to your admission, to assess your general fitness, to screen you for MRSA and to perform some baseline investigations. This is a time to ask any questions that you may have or to raise any concerns with the nurse practitioner doing the assessment.

What happens on the day of the operation?

You will be asked to come into the hospital on the day of the operation. You will be asked not to eat or drink anything from midnight of the night before until your operation is completed. You will be seen by the anaesthetist and the surgeon (or a senior member of the surgical team). They will explain to you the purpose of the operation and what will happen during the operation along with the risks associated with it. You will be asked to sign a consent form if you have not already done so. This is also another opportunity for you to ask any further questions about any aspect of the operation that you are still unsure about.

What are the risks?

- **Bladder perforation** - During the operation, the needles used to position the mesh correctly may accidentally pierce the bladder. This occurs in 4/100 women. The bladder is always checked to ensure this has not occurred. If it does happen the needle will be removed and repositioned, a tube (catheter) will be placed in your bladder to drain the urine for 24-48 hours for which you will need to stay in the hospital. This has no long term effects on you or the success of the operation.
- **Bleeding -** Occasionally a small blood vessel is punctured in the path of the needles. This causes some bruising which will heal by itself. Rarely there can be severe bleeding (1/100 women). If this happens it would be necessary to open up your abdomen to stop the bleeding.
- **Bladder infection -** This causes symptoms of burning on passing urine. This happens in approximately 1/5 patients within the first 6 weeks after the operation. When diagnosed by your doctor you will be advised to take a course of antibiotics to clear it.
- **Passing urine frequently before the operation -** The sling operation is unlikely to improve these symptoms and also needing to rush to the toilet with urgency. These symptoms are likely to continue or may be made worse by the surgery.
- **Voiding difficulty –** Some women find their bladder is much slower to empty after the operation. This normally improves over time. Rarely the bladder does not work properly after the operation. If this happens you will be taught to put a catheter in your bladder, to empty it yourself (intermittent self-catheterisation). This happens in about 1/100 women and usually resolves by itself within 3-4 months.

Further information

Incontact
Tel: 0870 770 3246
Email: info@incontact.org
Website: www.incontact.org

The Continence Foundation
Tel: 0845 345 0165
Email: continence-help@dial.pipex.com
Website: www.continence-foundation.org.uk

- **Contact after leaving hospital –** If you have any problems you should contact your GP in the first instance, if it is urgent contact your local Emergency Department. Nursing staff on the ward will always be happy to answer any queries that you may have within the first seven days of the operation.

Follow up

We will arrange to check up on your progress by either a postal questionnaire, a telephone call by a continence nurse specialist or a follow up clinic appointment at the hospital.

If it is diagnosed immediately after the procedure, the tape can be "loosened".

- **Passing urine frequently after the operation –** 8 in 10 women develop bladder spasm which means they have to rush to the toilet and may leak urine if they can't make it. This usually settles down with time but if it persists long term, you may require treatment with tablets.
- **Mesh erosion –** The sling is a foreign tissue and there is a risk of it wearing through or eroding into the vagina. When this happens it can cause a vaginal discharge. This can usually be resolved by either trimming the mesh or re-stitching it inside the vagina. This occurs in less than 1/100 patients. In very rare circumstances there can be a reaction to sling material which will require removal of the sling.

What are the alternatives to this procedure?

You should only have the operation if you have tried conservative management without significant improvement and stress incontinence badly affects the quality of your life.

- **Lifestyle changes –** Weight reduction if you are overweight will improve the symptoms of stress incontinence to a certain degree. Treatment of any cause of excessive strain on your pelvic floor like chronic cough and constipation should be undertaken.
- **Pelvic floor exercises –** These are usually the first step for managing mild symptoms of stress incontinence; the exercises have to be done everyday and a trial of at least three months is recommended. You will be referred by your doctor or the hospital consultant to womens' health physiotherapists to teach you these exercises. They are shown to have improvement in seventy percent of cases.

- **Injection of a bulking agent around the bladder neck can prevent it opening to early –** This procedure may be quite successful on a small selective group of patients where the operation cannot be performed. The effect of these bulking agents can wear off and become less effective and hence the need for the procedure to be repeated.
- **Conventional major surgery (Colposuspension) -** This may achieve a similar success rate (80%-90%) to TVT but there is usually a four to six day stay in the hospital and six weeks off work with a slower recovery. It is rarely performed in special circumstances.

What will happen after the procedure?

After the operation we will take you to the recovery room. Once you are awake and breathing on your own we will take you back to the ward. You may have:

- A mask supplying oxygen
- A narrow tube in your vein to replace lost fluid.
- A catheter (tube) draining urine from the bladder until you are able to go to the toilet yourself.

Most women experience some pain or discomfort for the first few days after the operation. We will offer you painkillers in the form of injections, suppositories or tablets to help with this. The anaesthetist will discuss pain relief with you before you have your surgery.

The nurses will check the amount of urine passed and the amount left behind in the bladder with a bladder scanner on two to three occasions on the day of surgery. If this is satisfactory you will be able to go home on the same day. If you need to have a catheter, you will stay in hospital overnight and the catheter will be removed the following morning.

Most women go home on the same day as the operation or stay in the hospital for just one night. If you have had additional surgeries, you may need to stay in for three to four days. You must arrange for an adult to take you home in a private car or taxi.

As it is a short stay at the hospital you are not expected to open your bowels before discharge. It is very important to avoid constipation; try to eat fresh fruit and vegetables to avoid any excessive strain on the recently operated area.

Getting back to normal

Recovery is much quicker as major incisions are avoided. Recovery after the sling procedure can take up to four weeks. Most patients stay two to four weeks off work, depending on the nature of their work.

- **Everyday activities -** You should be fit enough for your usual activities within two weeks of surgery. You should avoid heavy lifting and sports for six weeks to allow the wounds to heal and the mesh to settle into place.
- **Sex -** You are advised to wait four to six weeks before resuming sexual intercourse, to allow time for healing. If you previously leaked urine during intercourse, the operation might make this better but unfortunately this may not always be the case.
- **Driving –** Provided you are comfortable sitting in a car seat and can perform an emergency stop without pain or discomfort, it is safe to drive. We recommend short distance driving initially, gradually building up to longer journeys. Please check with your insurance company as they might have strict guidelines and timeframes with regards to driving and liability after major surgery.