Royal United Hospitals Bath NHS
NHS Foundation Trust

Urinary Stress Incontinence

Sling procedure

What is Stress Incontinence?

Stress incontinence is the leakage of urine during times of increased abdominal pressure or ‘stress’, for example during coughing, sneezing, laughing or running. It is caused by weakening of the ligaments and pelvic floor muscles that support the bladder neck. This can occur through pregnancy, childbirth, menopause, chronic coughing or constipation. It is a common problem but can have a severe impact on quality of life.

What does a sling procedure involve?

A synthetic mesh tape is implanted through the vagina to form a supportive hammock under the urethra, the tube through which urine is passed. This supports the bladder neck and prevents or reduces urine leakage during sudden increases in abdominal pressure (e.g. coughing, sneezing). There are two different types of sling – the TVT or TOT. Your specialist will advise you on which is most appropriate.

How is the procedure done?

The procedure is usually done under general anaesthetic (while you are asleep) but can be performed under spinal anaesthetic if indicated. The operation takes 45 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 (TVT), or in the creases between the thigh and the pubic area (TOT). The sling is inserted using special instruments and the bladder is examined using a fine telescopic camera (a cystoscopy).

What are the chances of success?

Worldwide more than a million women have undergone TVT since 1996. It restores continence in about 80/100, with a further 14/100 having improved bladder control but not completely cured. 10 years after the operation, about 70/100 women will remain continent (dry). This operation is as successful as alternative surgery for controlling bladder leakage but has a shorter hospital stay and a quicker recovery.

There are a small group of women for whom the operation is not successful. This is more likely if you have had previous surgery to the bladder, are overweight or have ongoing constipation or a chronic cough. This procedure is usually reserved for women who have completed their family.

What are the risks?

- **Anaesthetic** – This is generally very safe unless you have specific health problems. The anaesthetist will discuss these with you beforehand.
- **Infection** - The risk of wound or bladder infection is reduced by giving you antibiotics at the time of surgery. Bladder infection causes a burning sensation on passing urine. This happens in approximately 1 in 5 patients within the first 6 weeks after the operation. If this happens your doctor will prescribe a course of antibiotics.
- **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 may be necessary to open up your abdomen to stop the bleeding. Rarely a blood transfusion is advised.
- **Deep Vein Thrombosis or pulmonary –** 4-5/100 women will develop a blood clot in the veins of their leg. Occasionally this can travel to the lungs and be serious, or rarely fatal. The risk is higher if you are overweight, have a history of blood clotting problems or have severe varicose veins. Staying well-hydrated and taking adequate pain relief so that you can mobilise from bed early will help protect against thrombosis. Depending on the level of risk, you may be given supportive stockings or heparin injections.
- **Failure**- 5-10/100 women will not notice a significant improvement after this surgery.
- **Bladder overactivity –** This causes frequency (needing to visit the toilet often) and urgency (needing to rush to the toilet). Bladder overactivity can be made worse by this operation, or occur for the first time following surgery (10-20/100 women). It is important to balance the distress and inconvenience caused by your stress incontinence with any problems of frequency or urgency to decide if this operation is right for you. Your doctor will help you do this.
- **Voiding difficulty –** You may find your bladder is slower to empty after the operation. This normally improves over time. 1/10 women will be unable to pass urine and need a catheter inserted. If this problem continues (1-3/100 women) you will be taught to insert a catheter to empty your bladder (intermittent self-catheterisation). Rarely this problem will persist for more than 10 days and it is necessary to adjust or cut the sling.
- **Bladder or other organ injury** - 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 with a camera. If this occurs, the needle will be removed and repositioned, a 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. Injury to other pelvic organs is rare.

- **Other risks –** These are uncommon. Erosion of the sling into the vagina or bladder occurs in 1-2/100 cases and may need a further operation to cover or remove the sling.

Some women experience discomfort on intercourse but this is uncommon and unpredictable. TOT can cause groin or leg pain in about 2/100 cases.

What are the alternatives to this procedure?

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

- **Lifestyle changes –** Weight reduction if you are overweight, and stopping smoking 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 the first step for managing stress incontinence. The exercises are done everyday and a trial of at least three months is recommended. Your doctor or hospital consultant can refer you to a women's health physiotherapist to teach you these exercises. They reduce incontinence in seventy percent of women.
- Even if you decide to have surgery, these measures are important to increase the success and lifespan of the sling.
- **Injection of a bulking agent around the bladder neck -** This is quite successful on a small select group of patients where TVT cannot be performed. The effect of these bulking agents can wear off and become less effective with time and hence the need for the procedure to be repeated.
- **Colposuspension -** This traditional and more major surgery has similar success rates (80-90/100) as TVT but with a prolonged recovery period of about six weeks.

What should I expect before the procedure?

You will normally have an appointment for a pre-operative assessment either on the day of your clinic consultation, 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 should not eat anything from midnight of the night before your operation, and to drink clear fluids until 6am on the day of your surgery. This may vary if your operation is scheduled for the afternoon. You will be seen by the anaesthetist and 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 another opportunity for you to ask any further questions about any aspect of the operation that you are still unsure about.

What will happen after the procedure?

After the operation we will take you to the recovery room and then 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 to help with this. The anaesthetist will discuss pain relief before you have your surgery. Some light vaginal bleeding and discharge is also normal for up to a few weeks, but if this is heavy or you are unwell please see your doctor.

How long will I stay in hospital?

The nurses will check the amount of urine you pass and the amount left behind in the bladder with a bladder scanner on two to three occasions after 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. Occasionally we send you home with a catheter and see you back on Charlotte ward in 3-4 days for trial without catheter (TWOC) If you have had additional surgery you may need to stay longer. You must arrange for an adult to take you home in a private car or taxi. Do not drive or make any important decisions in the first 24hours

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.

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.

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 or sometimes with your doctor. We will specify this before discharge

Getting back to normal

Recovery is quicker than traditional major surgery because large incisions are avoided, but any operation can make you feel tired. Rest when you need to but do not take to your bed as keeping mobile will maintain your muscle strength, protect you from deep vein thrombosis and reduce the risk of chest infection.

- **Caring for your wounds -** Your skin will heal in about 5 days and the stitches or glue will dissolve. It is better to shower than bathe for 3 weeks to reduce infection risk. Avoid using tampons or swimming for 6 weeks.
- **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.
- **Getting back to work -** Most patients stay two to four weeks off work, depending on the nature of their work.
- **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, are not taking any sedative medications and can perform an emergency stop without pain or discomfort, it is safe to drive but only after the first week. 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 surgery.
- **Pelvic floor exercises –** Pelvic-floor muscles support your pelvic organs (prevent prolapse), tightly close your bladder and bowel (preventing incontinence) and improve sexual satisfaction.

  To identify your pelvic-floor muscles, imagine you are trying to stop yourself from passing wind or urine, whilst also squeezing tightly inside your vagina. You should feel your muscles 'lift and squeeze'. You can start these immediately after surgery and build up gradually, aiming for ten long squeezes, up to 10 seconds each, followed by ten short squeezes. Try to repeat this 3 times a day and make it a lifetime habit. Some women remember by always doing their exercises during another activity, like cleaning teeth or washing up.
- **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 be able to answer many queries that you may have within the first seven days of the operation.

Further information

The Continence Foundation
Tel: 0845 345 0165
Email: info@continence-foundation.org.uk
Website: www.continence-foundation.org.uk

Royal College of Obstetricians & Gynaecologists
www.rcog.org.uk/information-for-you-after-a-mid-urethral-sling-operation

International Urogynaecology Association
http://c.ymcdn.com/sites/www.iuga.org/resource/resmgr/brochures/eng_sui.pdf

Sources of information in this leaflet

Information for you after a mid-urethral sling operation for stress urinary incontinence, Royal College of Obstetricians and Gynaecologists, 2010.

Urinary Incontinence: the management of urinary incontinence in women. CG171. National Institute for Clinical Excellence (NICE), September 2013.

Summaries of the Safety/Adverse Effects of Vaginal Tapes/Slings/Meshes for Stress Urinary Incontinence and Prolapse. York Health Economics Consortium & MHRA, November 2012.

Operation for Stress Incontinence: Midurethral Tapes. British Society of Urogynaecologists.

Useful Contact Numbers

Charlotte Ward	**Mrs Qureshi's Secretary**	**Mr Porter's Secretary**
01225 824434	01225 824655	01225 824657

This leaflet explains most of the side effects that 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.

Things I want to ask before my operation:

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