



Urology Consultants, Ltd.

Center for Continence Care and Pelvic Medicine

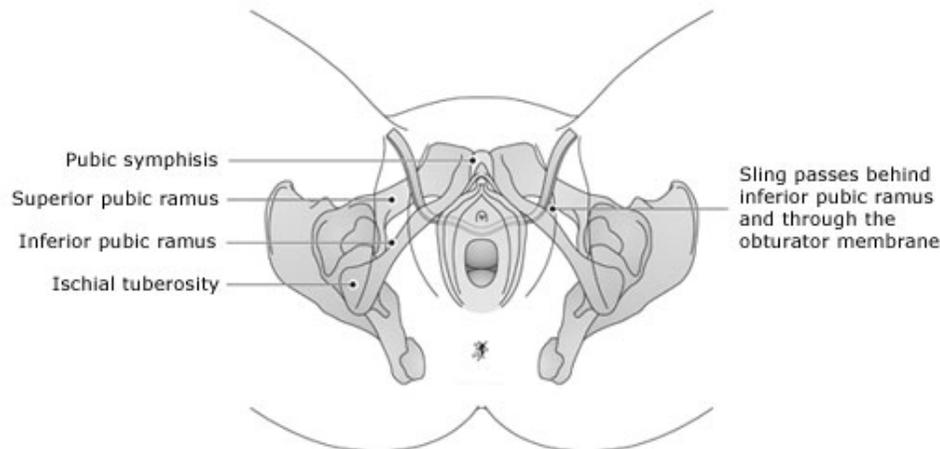
URETHRAL SLING FOR STRESS INCONTINENCE

What is it?

A minimally invasive, outpatient procedure to treat stress urinary incontinence.

How is it done?

The procedure is done in the operating room usually under sedation with local anesthesia, but it also can be performed under general or spinal anesthesia. Three small incisions are made: A less than 1-inch incision in the vagina and 2 mini incisions between the labia and inner thigh. In some cases, only a single vaginal incision is made. A ribbon of mesh is then placed under the urethra and brought out through the inner thigh incisions using specially designed instruments. The sling is then adjusted to the proper tension. The incision in the vagina is closed with dissolvable suture and the incisions in the inner thigh are closed with skin glue. The procedure usually takes around 15 minutes and you can usually go home within an hour or two.



How does it work?

The sling lies under the urethra acting as a “hammock”. When abdominal pressure increases, as with a cough, sneeze, or athletic activity, the sling provides support to keep the urethra closed, preventing loss of urine.

What are the risks?

- *Failure to correct incontinence* – This procedure is successful in treating stress incontinence in 92% of patients. A small percentage of patients may continue to have leakage which is greatly improved, but are not completely dry. Complete failure is rare. If the procedure fails to make you dry, you may need to be re-evaluated to determine the cause. Medications, pelvic floor muscle exercises, or another procedure may need to be done in the future.

- *Bleeding* – This risk is low. You will be asked to stop aspirin, Coumadin, Plavix, and other medicines that interfere with blood clotting a week before the procedure. After the procedure, you may experience bleeding similar to a light period for a day or two and may want to use a pad to protect your clothing. You should not have heavy vaginal bleeding or blood in the urine. The chance of requiring a blood transfusion is extremely low.
- *Infection* – This risk is low and you will be given antibiotics following the procedure.
- *Urinary retention* – If the sling is too tight, the tissues around the urethra swell, or if the effects of the anesthesia do not wear off right away then you may have difficulty emptying your bladder. This risk is small and the majority of patients are sent home without a catheter. If you can't void easily you may go home with a catheter for one or two days. In rare cases (less than 2%) a second procedure to loosen or cut the sling may be necessary.
- *Sling exposure in the vagina* – Rarely, the vaginal skin may not heal well over the sling and your partner may feel the sling during sexual relations. This may require a second procedure to remove the exposed sling. If a large segment needs to be removed, it may cause the procedure to fail.
- *Injury to the bladder or urethra* – This risk is also small. A cystoscopy may be performed at the time of the procedure to visualize the bladder or urethra.
- *Hip and leg pain* – The sling is placed through the inner thigh muscles. You may experience some soreness lasting a few days.
- *Urinary urgency/urge incontinence* – This procedure treats stress incontinence (leaking with coughing, sneezing, activity). It will not treat urge incontinence (also known as overactive bladder). If a major part of your problem is urge incontinence, you should discuss this with your doctor before surgery. A minority of women may have new onset urgency following the sling procedure. This resolves in most, but in some medication or other therapies may be required.

What are the restrictions following the procedure?

The sling is not sewn into place; instead there are small openings in the sling to allow the body's tissues to grow into it over time. For this to happen you will be asked to limit your activity until your thigh soreness resolves (usually 3-4 days). You may want to wait a week or two before participating in more high intensity exercises. If soreness returns you may need to limit your activities a bit longer to give your body more time to heal. You may shower, but no baths, pools, or hot tubs for 2 weeks. We ask that you refrain from intercourse and tampons for 4 weeks after the surgery. You may notice some of the absorbable suture pass out of the vagina as it dissolves – this is normal.

Most women have minimal discomfort following the procedure. About one third do not require anything more than Tylenol. Of course, everyone is different and in some cases patients may have more significant pain afterward. This is usually of short duration (days). You will be given a prescription for pain pills to use if needed.

Other frequently asked questions:

- You do not need to shave or prep at home prior to the procedure.
- The procedure does not need to be re-scheduled if you get your period. However, you will need to use a pad, NOT A TAMPON, during the 4 weeks following the procedure.