Suburethral sling for incontinence

What is a Suburethral Sling?

• A suburethral sling is a minimally invasive vaginal operation to help treat certain types of urinary incontinence.
• The sling is polypropylene mesh (type of plastic) and acts as a new ligament to strengthen the support structures of the bladder, which may have become weakened or damaged by pregnancy, childbirth, age or hormonal changes.
• This lack of support can result in women leaking urine when they cough, sneeze or exercise.

How does the Suburethral sling work?

• This tape is approximately 1cm wide and acts as a scaffold so that your tissue can grow into it.
• It is inserted through a small incision underneath the urethra (the tube that runs from the bladder outwards) so that when you cough and sneeze the tape is able to close off that tube.
• There are different variations - the tape can either come just behind the pubic bone, slightly above the hairline on the abdomen or in the groin.
• The procedure takes approximately 15 minutes and involves small puncture incisions either in the groin or just above the hairline. More recently exit less tapes have been developed.
• The tape is not stitched in as it fixes itself within your tissues but the incision is closed in the vagina.
• A cystoscopy is performed to make sure that the tape has not accidentally entered the bladder.
• Antibiotics are given to prevent infection of this mesh.

What is the success rate?

• Current evidence would suggest that depending on the nature of your incontinence you may expect up to an 85% chance of either curing or improving your symptoms significantly.

Complications

• Major complications seem to be rare for this procedure.
• Injury to the bowel or a major blood vessel occurs in less than 1 in 1,000 procedures.
• Not being able to pass urine normally occurs in approximately 5% of cases. This usually resolves in the first few days. The bladder may need to be drained with a catheter during this time.
• A small percentage of cases, less than 1%, will continue to have difficulty passing urine.
• This usually resolves within 2-3 weeks. If it continues the tape may need to be divided. This does not necessarily mean that the operation will not work.
• Occasionally the mesh may work its way through the vaginal tissues which is called a mesh protrusion, which although not serious can be a nuisance. This can resolve by itself, but may need to be repaired in theatre.
• Erosion of the mesh into other organs occurs very rarely.

• Pain, pelvic, groin, vagina or with sex can occur and although usually settles can persist and be hard to treat.
• In rare cases further surgery to remove the mesh may be required.
• Other complications include infection of the mesh and bruising following the operation.

What happens immediately after your operation?

• It is important to be up and about as soon as possible to allow your bladder to function properly.
• Every time you wish to empty your bladder the nurses will check how much is left behind (called a residual) with an ultrasound to make sure that it is emptying properly.
• Discharge will normally be the next day.
• Vaginal discharge may occur for to 3-4 weeks and is usually light red or brown as the wound heals and your stitches dissolve.
• Occasionally stitches fall out of the vagina during the healing phase, which is quite normal.

**After your operation**
• Most women notice an improvement of their incontinence soon after the operation although further improvement can be seen for up to four months following surgery.
• It is not unusual to experience some increased frequency of urination following surgery, a little bit of burning and stinging.
• It is important if you think you are developing an infection or if you feel that you can’t pass urine properly to contact your doctor or your GP.
• Occasionally in the first few months after your operation you may experience sudden urges to pass urine which may result in incontinence. This usually settles with time and maybe related to problems you had prior to the operation.

**Pain Relief**
• Paracetamol (up to 8 a day) two every 4-6 hrs. In addition, for the first 48-72hrs, it is worthwhile taking a non-steroidal anti-inflammatory such as Ibuprofen (as per dose on packet), if you have had no problems with it before.

**Proper Bladder Emptying!**
• It is important to empty your bladder properly. Some women strain without realising it. It is important that you sit and lean forward on the toilet with your feet well supported so that your pelvic floor is able to relax properly.

**What should I do after my operation?**

**List of do’s and don’t’s**
- Avoid constipation.
- Drink normally; avoid excessive alcohol, coffee and fizzy drinks
- Do not use tampons post operatively, use ultrathin pads or pantyliners.
- After the first 2 days go for short walks and gradually increase the distance walked.
- Do not make a bed for 2 weeks
- Do not change the bed linen for 6 weeks
- Start your pelvic floor exercises within 7 days if they can be done comfortably.
- Do not hang out heavy washing for 6 weeks
- Have a rest during the day
- Drink normal volumes of water
- **Do not lift anything over 5kgs for 4 weeks**
- No heavy housework (including vacuuming and sweeping) or gardening for 6 weeks
- Do not have sexual intercourse for 6 weeks
- Return to work within 2-6 weeks depending on your work commitments

**Follow-Up**
Your post operative appointment will be in 6 – 8 weeks after the operation.

Contact your doctor if you have problems such as:
Burning or difficulty passing urine
Increased vaginal bleeding or passing clots
Smelly or offensive vaginal discharge
Pain that is not relieved by Panadol or Panadeine
You develop a temperature or become unwell!

Please discuss any concerns you have before surgery with your doctor.

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