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## **MID URETHRAL SLING OPERATION - Patient Information**

There are many surgical options for women with stress urinary incontinence who have not responded to physiotherapy or medications. Mid urethral sling is offered to women with stress incontinence who need support to the urethra to stay dry. This operation can be performed alone or in combination with other procedures such as vaginal repair or hysterectomy.

**Mid urethral sling surgery is a relatively new operation. The advantages are:**

- A quick recovery time.
- It is quite simple.
- It can be performed under any type of anaesthetic, general, spinal or local.
- You usually only need to stay in hospital for a short time (often day case or overnight).
- There is very little pain afterwards compared to other operations.

**What happens during surgery?**

- You will have one small incision (1-2cm) in your vagina and two (1cm) on your lower abdomen or inner thigh.
- A special tape is looped under your urethra to provide support.
- At the end of the operation the surgeon looks inside your bladder with a medical telescope to check the bladder (cystoscopy).
- The operation takes less than 30 minutes to perform.
- You will be given a dose of antibiotic.

**How do I know if this operation is for me?**

Urodynamic testing is done to confirm the diagnosis and that there is no other cause for your incontinence. This test will also help your surgeon make an informed decision with you about the suitability of this operation for you.

**How successful is the operation?**

About 85% of women with stress incontinence are cured or have significantly improved at eight-year follow up. In up to 50% of cases, urgency is also improved.

**Can there be any complications?**

There can be complications with any type of surgery but serious complications are rare with this operation. The risks are:

- A small risk of perforation of the bladder, urethra or blood vessels when the tape is inserted.
- Between one and five women in a hundred will have trouble going to the toilet and may need a catheter after the surgery until normal bladder emptying is established.
- Uncommonly division or adjustment of the tape is required (approx. 1 in 70).
- Between five and ten women in a hundred will develop an irritable bladder which usually improves after 1-3 months. Occasionally urgency and urge incontinence may be worse requiring medication.
- Urine infection requiring antibiotic treatment.
- With any synthetic material there is a risk of erosion or poor healing, however, this has been rarely reported with a series of over 500,000 performed worldwide.

**Recovery time**

Most women return home on the same or following day, once you are feeling well and are passing urine with no problem. If you need pain relief, tablets are usually enough. It is important to rest after the operation and allow the area to heal. Generally it is recommended:

- You restrict activity for six weeks.
- After two weeks do light activity only.
- Avoid heavy lifting, including shopping bags, washing baskets and children, for six weeks and ideally limit this to <5kg for three months.
- Abstain from sexual activity for 4-6 weeks.
- Avoid playing sport for four weeks.

You will have a routine postoperative follow up after six weeks, please ring the rooms on 9419 9699 to make an appointment after your discharge from hospital.

**Dr. De Souza will be happy to answer any questions you have, and can give you more specific advice.**