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# Mid-urethral Sling operation

There are many surgical options for women with stress urinary incontinence who have not responded to physiotherapy or medications. This information sheet should be read in conjunction with the ACSQHC document on Treatment Options for Stress Incontinence – Information for consumers https://www.safetyandquality.gov.au/wp-content/uploads/2017/02/FINAL-Patient-information-resource-transvaginal-TV-mesh-Stress-Urina....pdf.

Mid urethral sling using synthetic polypropylene mesh 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. It is done when women decide they do not wish to have further conservative treatment for their incontinence such as physio or life style changes.

**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 (TVT or retropubic sling)
- A special tape (polypropylene mesh, I will show you an example) is looped under your urethra to provide lift and support.
- At the end of the operation I look inside your bladder with a medical telescope to check the bladder and urethra (tube to the outside) are not injured(cystoscopy)
- The operation takes less than 30 minutes to perform
- You will be given a dose of antibiotics

**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 make an informed decision with you about the suitability of this operation for you.

**How successful is the operation?**

Over 90% 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.

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**Can there be any complications?**

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

- A small risk of entering the bladder, urethra or blood vessels when the tape is inserted. Rarely this would require further surgery. It may require a catheter for longer after the operation. Open surgery and bowel injury are very rare.
- Between 1-5/100 women will have trouble going to the toilet and may need a catheter for a short period after the surgery until normal bladder emptying is established and uncommonly division or adjustment of the tape is required (approx. 1 in 70) if it is too tight. It is my preference to do this early if you are not voiding well after the procedure.
- Between five and ten women in one hundred will develop an irritable bladder that usually improves after 1-3 months. Occasionally urgency and urge incontinence may be worse requiring medication.
- Urine infection requiring antibiotic treatment.
- Rare failure to address the incontinence – a second procedure with a bulking agent may address this
- With any synthetic material there is a risk of erosion into adjacent organs, exposure (into the vagina or less commonly the urethra) or poor healing, however, this has been rarely reported with a series of over 500,000 performed worldwide. Severe ongoing chronic pain is also rare. There is currently increased concern about using polypropylene mesh for treating vaginal prolapse. Some centres have extended this concern to the use of the material in treating incontinence, however there is a large body of research and long term follow up that would not support its discontinuation. You should discuss this further with me if you have specific concerns about using a synthetic material for your procedure and read the next section on the alternatives for treatment.

**Are there any alternatives?**

There are other options for treating your incontinence including continued physiotherapy, weight loss, other lifestyle changes such as cessation of smoking and topical vaginal estrogen. There are other surgical procedures including using your own tissue (fascia) to make the sling (pubovaginal sling), using a bulking agent or gel or filler in the urethra and using sutures or stitches only to hitch the bladder up from inside the abdomen. I am happy to discuss these with you further.

**Recovery time**

Most women return home on the 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 two weeks and 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 less than 10kg for three months.
- Abstain from sexual activity and swimming for 6 weeks until I have checked the area is healed.
- Avoid playing sport for four weeks.
- NO driving for 2-4 weeks (please consult with me regarding this).