West Suffolk NHS
NHS Foundation Trust

PATIENT INFORMATION

Sling procedure for urinary stress incontinence (synthetic or natural): procedure-specific information

What is the evidence base for this information?

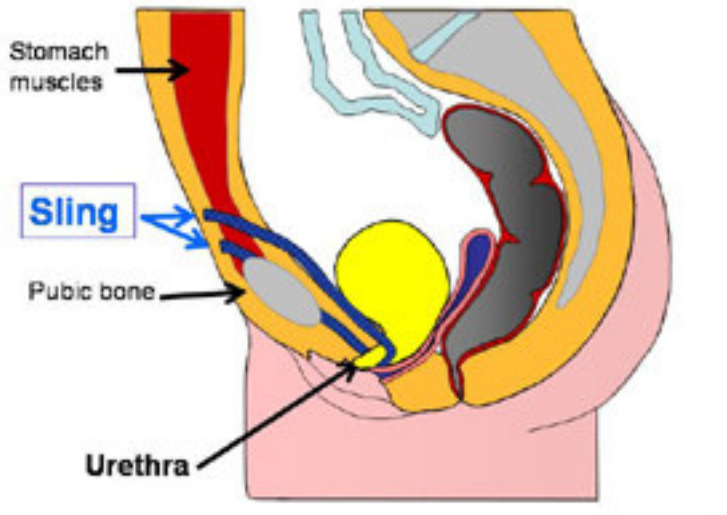
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

This operation involves the creation of a supporting hammock by placing a tape under the urethra for support. This will include a cystoscopic examination of the bladder and a small incision in the vagina

What are the alternatives to this procedure?

Observation, physiotherapy, pads, injection therapy (around the urethra), colposuspension



What should I expect before the procedure?

You will usually be admitted on the same day as your surgery. You will normally receive an appointment for pre-assessment, approximately 14 days before your admission, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations.

After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.

You will be given an injection of a blood thinning agent before surgery, and afterwards until you are adequately mobilised. You will be given intravenous antibiotics at the time the anaesthetic is given, and possibly after surgery too.

You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

Your surgeon will tell you the type of material (donor tissue, natural or synthetic) they will use, and the type of incision required (vaginal or abdominal)

Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection

What happens during the procedure?

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

What happens immediately after the procedure?

A catheter will be placed in the bladder for a day or two (sometimes via a small incision in the skin) and there will probably be a wound drain.

The average hospital stay is 4 days.

Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than 1 in 10)

- ☐ Failure to improve urinary incontinence
- ☐ Recurrence of urinary incontinence at later time
- ☐ Recurring bladder infections due to poor emptying of bladder
- ☐ Infection of incision requiring further treatment
- ☐ Development or worsening of frequency and urgency of urination
- ☐ Retention of urine requiring prolonged catheterisation, self-catheterisation or surgery to remove/divide the sling
- ☐ Pain during intercourse may occur in the short or long term
- ☐ Prolapse of the rectum into the vagina
- ☐ Thigh pain

Occasional (between 1 in 10 and 1 in 50)

- ☐ Perforation of the bladder requiring prolonged catheter or surgical repair
- ☐ Damage to the pipes draining urine from the kidneys to the bladder (the ureters), requiring additional or subsequent surgery
- ☐ Bleeding that may require blood transfusion
- ☐ Erosion of the sling into the urethra requiring further surgery

Rare (less than 1 in 50)

- ☐ Discomfort from the sling in the vagina or from the sutures holding the sling
- ☐ Reaction to the sling material (inflammation, infection or allergic) requiring removal

Hospital-acquired infection (overall chance of contracting infection during stay at the West Suffolk Hospital (all wards included)

(obtained from West Suffolk Hospital Infection Control Data June 2009)

☐ MRSA bloodstream infection (0.0000394 cases per bed day occupancy)

☐ Clostridium difficile bowel infection (0.0004865 cases per bed day occupancy)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after prolonged hospitalisation or after multiple admissions)

What should I expect when I get home?

You will require pain-killing tablets at home for several days and it may take a week at home to become comfortably mobile.

You should avoid driving for at least three weeks, and it may be longer before this is possible.

If you work, you will need a minimum of two weeks off, and it may be significantly longer If your work involves physical activity.

Heavy lifting should be avoided for 6 weeks

Sexual intercourse should be avoided for at least a month.

You may see blood in the urine or vaginal discharge for up to a month after surgery.

When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

What else should I look out for?

If you find it increasingly difficult to pass urine, or If you develop symptoms of a urine infection (burning, frequency and urgency), you should see your doctor promptly.

Are there any other important points?

A follow-up outpatient appointment will be arranged at about 6-8 weeks after surgery.

Is there any research being carried out in this field?

There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

Who can I contact for more help or information?

- Uro-Oncology Nurse Specialist 01284 712735

- Urology Nurse Practitioner for ‘haematuria clinic’, chemotherapy & BCG therapy 01284 712806
- Urology Nurse Practitioner for prostate (transrectal) ultrasound clinic, erectile dysfunction clinic 01284 713229
- Urology Nurse Practitioner for prostate assessment clinic, self catheterisation clinic 01284 713229

Other contacts

Chaplaincy - Telephone: 01284 713486

What should I do with this form?

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know.

I have read this information sheet and I accept the information it provides.

Signature……Date……