Dr Caroline Dowling
UROLOGIST
www.urologyworks.com.au

Pubovaginal Slings for the management of Stress Urinary Incontinence

There are many surgical options for women with stress urinary incontinence (exertion related leakage, i.e. if you exert yourself, you leak) who have not responded to physiotherapy medications. Pubovaginal slings are offered to women with stress incontinence who need support to the urethra (tube through which the urine passes from the bladder to the outside) to stay dry. This operation can be performed alone or in combination with other procedures such as vaginal repair.

A fascial pubovaginal sling is usually recommended when the incontinence is severe or when the patient is young or we *wish to avoid using synthetic material or "mesh" such as is used in the mid urethral slings*. There are some conditions also where the fascial sling is used to protect another repair that has been performed or where there is an abnormality of the urethra.

- It is very effective, i.e. more than a 90% cure rate for stopping stress incontinence
- There are very few associated problems
- After four weeks patients can return to normal activity, including sport of any kind
- Hospital stay required – 2-4 days
- A general anaesthetic is generally given or occasionally a regional anaesthetic is used

How do I know if this operation is for me?

Urodynamics 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. You should also read the ACSQHC guide for women seeking treatment for SUI
https://www.safetyandquality.gov.au/sites/default/files/migrated/Treatment-Options-SUI-Consumer-Info.pdf

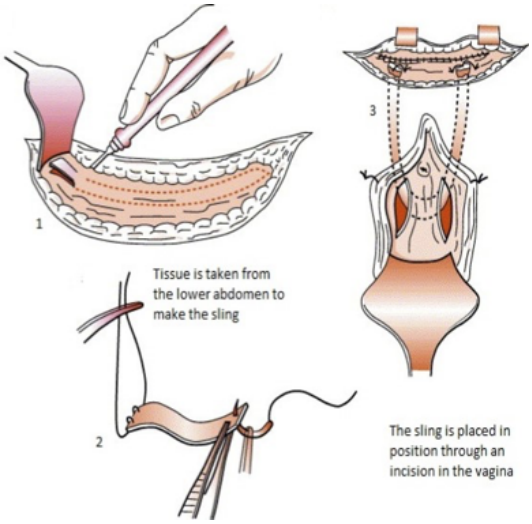
What occurs during the operation?

This operation involves a vaginal and abdominal (on your tummy, low down just above the pubic hair) incision. A strip of tough material is taken from the covering of your abdominal muscles. This is called *rectus fascia.* That fascia is then tied to a special string type of material to enable the sling to be brought around and the urethra in such a way that, when you cough and move, the sling tightens and closes the urethra to stop leakage. Sometimes this tissue is taken from the thigh (*fascia lata*) if there are reasons to not use the tummy.

What to expect post-operatively

- An abdominal wound is required – usually 8cm – therefore lifting and activity involving the abdominal muscles needs to be limited for at least four weeks after surgery.
- In the first two weeks post operatively, difficulty emptying the bladder is common although some women pass urine without difficulty. Long term voiding trouble is rare but can occur. In less than 5% of patients this would need a loosening or cutting of the sling or temporarily need to pass their own catheter to completely empty their bladder.
- Sling related discomfort, i.e. discomfort relieved by bending the knees up, is not uncommon in the short term after the sling. This usually resolves gradually over the weeks following surgery and no other sling discomfort is associated. Ongoing pain is rare.

- The operation cures exertion related leakage. It does not cure all associated urge (the strong desire to pass urine) incontinence and sometimes, especially if the incontinence was severe, urge incontinence may occur for the first time. This usually settles and is treatable.
- There is usually some vaginal discharge for 2-3 weeks while the stitches are dissolving. After that intercourse is possible again depending on how comfortable you otherwise feel.



Can there be any complications from the procedure?

- A small risk of entering the bladder, urethra or blood vessels when the sling is passed from the abdomen to the vagina. Rarely this would require further surgery for this problem, or any other reason encountered at the time of sling placement.
- Between one and five women in one hundred 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.
- Uncommonly division or adjustment of the tape is required (around 1 in 70).
- Between five and ten women in one 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.

Recovery Time – separate discharge instructions are given after surgery

Most patients return home after 2-4 days, 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 pools for 4-6 weeks
- Avoid playing sport for four weeks
- NO driving for 2-4 weeks