Waitemata
District Health Board

Best Care for Everyone

# Suburethral sling for women

*What you need to know*

**The information contained in this booklet is intended to assist you in understanding your proposed surgery. Not all of the content may apply to you. Feel free to discuss any issues and questions you may have about your surgery with the medical and nursing staff looking after you. If required, your nurse will arrange for an interpreter to assist with explaining the contents of the booklet. The interpreter can also be present for doctors' consultations. Please bring this book with you to hospital as it is a useful guide.**

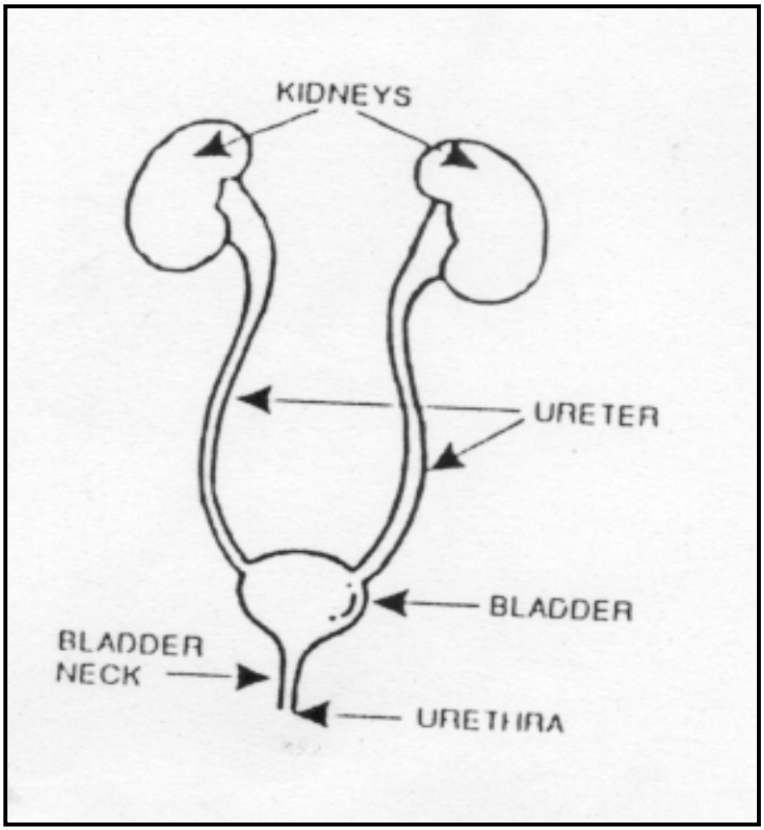
## Maori Health – He Kāmaka Waiora

The He Kāmaka Waiora provider team work with Maori patients and their whānau when they need access to hospital services.

Please talk to your Health Professional if you would like support via this service.

## How Does the Female Urinary System Work?

The urinary system consists of the kidneys, ureters, bladder and urethra. The structures that provide control of urine storage (continence) are the bladder neck, urethral sphincter and pelvic floor muscles.



**The following is a brief outline of the role of each of these:**

**Kidneys**

These organs are situated under your lower rib cage and produce urine.

**Ureters**

These are narrow tubes that transport urine made by the kidneys to the bladder.

**Bladder**

This is a muscular organ situated in the pelvis behind the pubic bone. The function of the bladder is to collect, store and expel urine.

**Urethra**

This is a short tube through which urine leaves the bladder and passes out of the body.

**Bladder neck**

This is the junction between the bladder and the urethra where muscle fibres keep the bladder outlet closed except when passing urine.

**Pelvic floor muscles**

The pelvic floor is the layer of muscle stretching from the pubic bone in the front to the tailbone (coccyx) at the back forming the floor of the pelvis. The pelvic floor muscles are the main support structure for the pelvic organs (bladder, uterus, bowel).

**Urethral sphincter**

The urethral sphincter is a valve. It consists of a muscle surrounding the urethra. The urethral sphincter is very important for continence in women.

**Nerve supply**

When the bladder is full of urine, nerves send a message to the brain. The brain in turn sends a signal to the bladder, pelvic floor muscles and urethral sphincter to 'hold on to the urine' until a convenient time and place is found to pass it. At this time voluntary relaxation of the bladder neck, urethral sphincter and pelvic floor muscles occurs with a simultaneous contraction of the bladder that allows the urine to be expelled. This process is called voiding or micturition.

## What is urinary incontinence?

It is an involuntary loss of urine causing inconvenience.

There are different types of incontinence grouped according to the cause and the symptoms a person experiences. The surgery described in this booklet is performed to improve the symptoms of stress incontinence of urine.

**Stress incontinence**

Stress incontinence is a term used to describe the involuntary leakage of urine from the bladder related to activities such as coughing, sneezing, running and jumping, lifting etc.

This urine leakage is due to a weakness of the urethral sphincter, bladder neck or pelvic floor muscles. This can be associated with a prolapse of the bladder, vagina and/or bowel.

The pelvic floor is most commonly weakened or damaged by childbirth. Other causes include menopause (loss of oestrogen), chronic straining, chronic cough, obesity, trauma or surgery to the pelvis (as this can damage the nerves to the pelvic floor muscles).

## When should I consider surgery for incontinence?

- If your incontinence is affecting your lifestyle i.e. Is it limiting your activities?
- If physiotherapy and bladder retraining have not improved your symptoms sufficiently
- If your condition is likely to be improved by surgery, as recommended by your urologist

## What surgical procedures may help stress incontinence?

There are several types of surgery for stress incontinence performed at Waitemata District Health Board.

This booklet provides information about the insertion of a suburethral sling.

## What is involved in a suburethral sling?

The aim of this surgery is to support the bladder and urethra to prevent leakage.

A suburethral sling is usually carried out under general anaesthetic or, if you prefer, local anaesthetic in combination with sedation.

The surgery is performed by making two small one cm incisions in the skin of the lower abdomen. A one centimetre incision is made in the vagina just beneath the urethra. A small channel is then cut on each side of the urethra to allow a tape to be positioned. The tape will rest like a hammock under the urethra supporting it during straining so there is no leakage of urine.

A cystoscopy (internal examination of the urethra and bladder) may then be performed with a cystoscope (small telescope). This is to check that the tape is in the correct position and to check the bladder.

The most common choice of a mesh for the sling is a woven suture material called 'prolene'- this looks like very fine fishing line.

The alternative is using a piece of muscle sheath (autologous). This is a strong fibrous layer that covers your abdominal muscles. It is removed from your lower abdomen through a cut approximately 7cm long sutured at the end of the procedure. This type of sling is always done under a general anaesthetic.

At the completion of the operation, your small abdominal skin wounds will be closed with adhesive tape or absorbable sutures. A gauze roll may be inserted as a vaginal pack.

## Vaginal repair

Some women have a prolapse of the vagina due to a loss of support of the pelvic muscles and support fibres – ligaments. This causes a 'hernia' or area of weakness which means the bladder and urethra move with activity. This can cause urinary incontinence, frequency to pass urine with urgency, difficulty passing urine or discomfort.

The vaginal hernia or defect can be repaired at the same time as the insertion of the suburethral sling and is called an anterior vaginal repair or colporrhaphy. The surgery takes longer and so you need to stay in hospital overnight with a catheter which is removed the next day.

## Potential Complications

### During your hospital stay

- Urinary retention – an inability to pass urine (risk about 1%).
- Irritative bladder symptoms – you may pass urine frequently and experience some urgency. These symptoms will mostly improve with time.
- Intra-operative injury to your bladder – the risk of this occurring is very low. The hole in the bladder may require a repair during the operation. Alternatively a catheter will be left in your bladder for slightly longer than usual to allow it to heal naturally (approximately 7 -10 days).

### Ongoing

- Wound infection – you may require antibiotics and occasionally wound dressings to complete the wound healing process.
- Urinary symptoms – you may experience either incomplete emptying or urinary frequency.
- You may experience discomfort during intercourse. It is advised that you refrain for six weeks after surgery.
- You may experience recurrent incontinence.

- Sling exposure / erosion – risk is about 2 in 100 cases. It is when the sling can appear in the wall of the vagina and may occur months or even years after surgery. You may feel a prickling sensation in the vagina or your partner may notice a rough area during intercourse. Sometimes a section of the tape may need to be removed. If you have been discharged from urology, you should ask your GP to refer you back.

- Chronic pain is unusual, occurring in less than 1 in 100 women in our experience. Rarely, pain may not settle and removal of the sling is required

## Length of Stay

This procedure is usually performed as a day case with you returning home the same day. You will require the support of a friend or family member to transport you home and to stay with you for 24hrs. If you experience any difficulties immediately postoperatively it may be necessary for you to stay overnight. Patients who have an autologous sling should expect to stay in hospital for 2-3 days.

## Before Surgery

## Who is available to help?

**Medical staff**

Your surgeon or specialist nurse will explain why you require surgery and what other treatments may be helpful. They will explain the operation, and the risks associated with the surgery. This consultation will occur in the outpatient department.

**Nurses**

It is important that you are well informed before surgery. If you have questions or concerns, please phone the hospital on ph: 4868900 and ask to speak to the urology nurse specialist.

When you are discharged from hospital your nurse will provide advice and practical help for when you go home.

A referral to the district nurse will be made when you leave hospital if you have a urinary catheter.

## Informed consent

On the day of your surgery your doctor will ask you to sign a form to give written consent that you understand what is involved with the operation and for an anaesthetic to be administered.

Our expectation is that you feel fully informed about all aspects of your surgery before giving written consent.

## Tests

**1: Blood samples**
Samples of your blood may go the laboratory to check your general health before surgery.

**2: Midstream urine**
A sample of your urine is sent to the laboratory to check for the presence of bacteria.

**3: ECG**
An electrocardiogram of your heart may be required depending on your age and any diagnosed heart abnormalities.

## Nil by mouth

As your stomach must be empty before an anaesthetic, you must not eat anything or drink milk products for the 6 hours prior to surgery. You may however, be able to drink clear fluids up to two hours before surgery – **the Pre-Admission Clinic nurse will clarify this**

## Patients who are having an Autologous Sling may also have the following measures:

**Breathing exercises**

These exercises help to keep your lungs clear of fluid and prevent chest infection. If you have abdominal wounds support the area with a soft pillow and take 4-5 deep slow breaths - then give one deep cough.

**Leg exercises**

These include pedaling the feet, bending the knees and pressing the knees down into the mattress.

Leg exercises help keep muscle tone and promote the return of blood in your leg veins to your heart.

**Do not cross your legs** - this squashes your veins causing blockages.

**Anti embolus stockings**

These are special stockings that help prevent clotting of the blood in your veins while you are less mobile. They are used in combination with leg exercises and are fitted by your nurse before your surgery.

## After Surgery

You are transferred to the Recovery Room next to the operating theatre. Your condition is monitored and when you are awake and comfortable a nurse and an orderly will escort you back to the ward or day stay recovery on your bed.

**A nurse will check the following regularly:**

- Vital signs - your blood pressure, pulse, respiration rate and temperature
- The severity and location of any pain or discomfort
- The effectiveness of your pain relief
- The amount of urine you are producing
- The wound site
- The presence of any vaginal bleeding

## You may have:

**Intravenous fluids**
A small tube is placed into a vein to give you fluids and medications. This tube can be placed in any vein, usually in the forearm.

**Oxygen nasal prongs**
Oxygen is sometimes given after surgery to help with your recovery.

**Urinary catheter**
A urethral catheter is a tube inserted into your urethra to drain urine from your bladder while you wake up from the anaesthetic.

**Vaginal packing**

As mentioned previously, some gauze packing may have been placed in your vagina at the end of your operation. This is to absorb any blood loss from the vaginal incisions (cuts) used in the suburethral sling procedure.

## Pain relief after your surgery

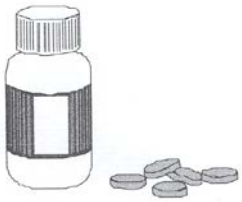
Your nurse will work alongside your doctors, the anaesthetist and pain registrars to keep your pain at a minimum.

The PAIN SCORE is a way of your nurse establishing how much pain you are experiencing by your grading of your pain from 0 to 10 where 0 = no pain and 10 = the worst pain you can imagine.

Generally pain following a pubovaginal sling is minimal and easily controlled by oral pain relief like Panadol.
If required the following methods of pain relief can also be used by themselves, or in combination with each other:

**Intravenous pain relief**
Pain relief can be administered into the veins to manage pain that is not controlled by tablets.

**Oral pain relief**
Stronger forms of pain relieving medication are also available in tablet form.
These will be prescribed in the event that they are needed.



## Food and fluids

After you have fully woken up from your anaesthetic, you will be able to progress from sips to a full diet in a short space of time.

## Mobility

You will be encouraged to get out of bed and walk around as soon as you are able. Early mobilisation improves recovery time.

## Removal of Drips and Drains

**Intravenous fluid**
This is removed when you are drinking normally. The luer (plastic tube) is removed when you no longer require intravenous medications.

**Vaginal packing**
If you have this it is usually removed the day after surgery. There may be some vaginal discharge for a few days. Sanitary pads will help with this.

**Urinary catheter**
Your nurse will discuss removal of your catheter with you. Generally it is removed soon after you wake up from the anaesthetic.

## Information for when you have your catheter removed

- You will be encouraged to empty your bladder when you feel the urge or every three hours, whichever comes first.
- While you are in hospital use a separate bedpan each time you pass urine as this allows your nurse to keep an accurate record of your progress.
- Do not strain to pass urine. Sit relaxed on the toilet and rest your elbows on your knees. If you have problems passing urine with a good flow, try tilting your bottom forward off the toilet seat.
- Tell your nurse if you have any pain or difficulty passing urine.
- Report any leakage of urine.
- You may notice that the strength of your urine flow is less than before surgery.

It is important to empty the bladder as completely as possible as residual urine (urine left behind after passing voiding) may cause infections. The nursing staff will monitor how well you are emptying your bladder with a bladder scanner. This is a painless ultrasound that measures how much urine is left behind in your bladder after you have urinated.

If you are retaining a lot of urine you may need to learn a technique to help you manage this during your recovery time. This is called **self catheterisation** and the need for this is uncommon.

You will be given an education booklet to read about the procedure and the nurses will teach you how to do it. Please be reassured it is not a difficult procedure to learn and the need for it is usually temporary.

Alternatively, you may be discharged with a catheter remaining in the bladder for a few days in which case you will be taught how to manage it prior to discharge and given a plan for removal of the catheter.

## Discharge Advice

**Pain Relief**

Some pain after surgery is normal and to be expected.

Paracetamol / Panadol taken 4 hourly is usually sufficient to relieve any pain.

If you are experiencing severe pain or it is lasting longer than expected, it may be a sign of complications, so contact your family doctor.

**Fluid Intake**

Continue to drink 2 litres a day for the next 2 weeks. This includes your usual cups of tea, coffee etc.

This is especially important if you have a catheter or are performing self catheterisation.Avoid drinking large amounts at once as it may make you feel nauseous or bloated.

**Sexual Activity**

You should avoid vaginal intercourse for approximately six weeks after surgery.

Do not insert anything into your vagina until after your post operative check (use sanitary pads rather than tampons).

**Hygiene**

Maintain a good standard of personal hygiene.

**Physical Activity**

It is important for your recovery to have some gentle exercise every day.

You can return to limited physical activity 2 weeks after surgery.

Normally the time off work is 2 weeks, depending to some extent on the type of work that you do.

Avoid strenuous exercise and heavy lifting. (Avoid lifting weights of 2kg or more in the first four weeks).

Avoid stretching to reach up high or crouching within the first 4 weeks after surgery.

**Wound Care**

Keep any abdominal / groin wounds clean and avoid frequent touching of the area. You may shower and just gently pat the wounds dry with a clean towel afterwards.

After some weeks the stitches can come out from the vagina as small pieces. During this time you may get minor discharges from the vagina which is completely normal.

Some bleeding from the vaginal cuts is normal initially. Some women describe it as like a heavy period loss. This should reduce quickly and settle completely over a few days.

### General

Keep a regular bowel habit to avoid straining. If you tend to become constipated, discuss this with your nurse or doctor before you are discharged from hospital.

You may recommence your pelvic floor exercises six weeks after your surgery – these should be continued throughout your life.

## Follow-up

### Discharge letter

You and your GP will receive a copy of a letter outlining the treatment you received during your stay in hospital. This will be mailed to you if it has not been completed by the time you leave hospital.

### General Practitioner

When you are discharged from hospital you will be under the care of your family doctor who will look after your general health and monitor any problems you have. Your GP will receive a letter from your hospital doctors, which describes your surgery and progress.

**Contact your GP promptly if:**

- You feel unwell, have vomiting
- You have fever, shivering or chills
- Your urine is cloudy or has an offensive odour
- You have a smelly vaginal discharge
- You have pain not relieved by Paracetamol
- You have increased difficulty passing urine

**District Nurse**

If you need to do self-catheterisation a referral will be made to the District Nursing service for you. The hospital will give you some supplies to go home with and ongoing supplies will come from the District Nurse. The District Nurse will come into your home to make sure that you are able to manage the self-catheterisation in your home environment.

The District Nurse will also attend if you have been discharged with a catheter in.

**Outpatients' appointments**

You will receive an appointment for Urology Outpatients approximately 6 weeks after discharge. This will be mailed to you. You should attend with a full bladder so that you can be examined for any ongoing urinary leakage.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