



Waitemata
District Health Board

Best Care for Everyone

Suburethral Sling for Men

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.

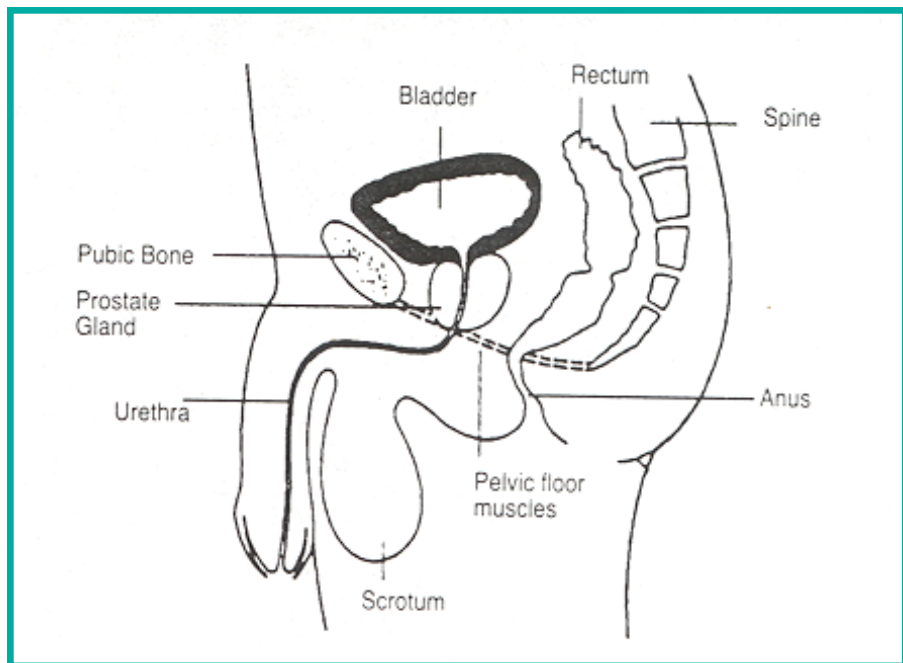
Maori Health – He Kāmaka Waiora

The He Kāmaka Waiora provider team works 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 Male 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 fibers 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, bowel).

Urethral sphincter

The urethral sphincter is a valve. It consists of a muscle surrounding the urethra.

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 incontinence?

Broadly defined, 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.

Stress urinary incontinence is unusual in men but may occur after prostate surgery. It is common to experience incontinence in the first few weeks following the total removal of the prostate for cancer treatment (radical prostatectomy) and it can take 6 to 12 months to completely resolve. Some men may have an ongoing problem which requires further surgery.

Other causes of incontinence include medical conditions such as diabetes, multiple sclerosis, Parkinson's disease or stroke.

When Should I Consider Surgery for Incontinence?

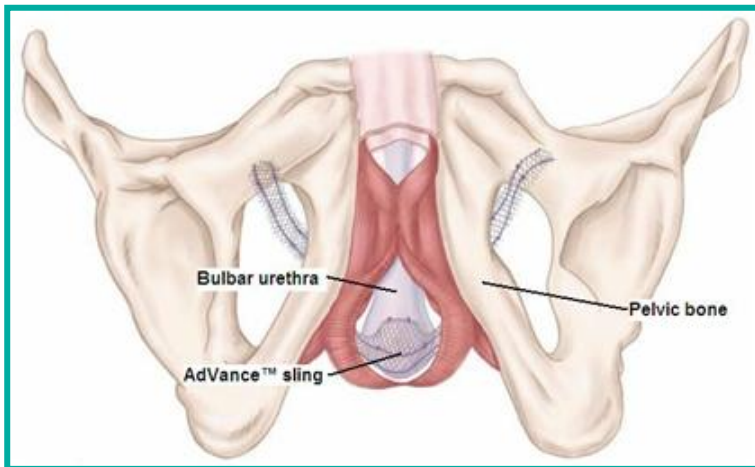
- If your incontinence is affecting your lifestyle i.e. Is it limiting your activities
- If pelvic floor exercises have not improved stress urinary incontinence
- If your condition is likely to be improved by surgery, as recommended by your urologist

What is involved in a suburethral sling?

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

Placement of a suburethral male sling is usually carried out under general anaesthetic but can also be done under a spinal anaesthetic with or without sedation. This procedure requires an overnight stay in hospital.

The surgery is performed by making a small incision in the perineum (the area under the scrotum extending toward the anus) and a small one cm incision in each groin. A synthetic mesh sling is placed inside the body via these openings to support the urethra, helping to restore normal bladder control.



A cystoscopy (internal examination of the urethra and bladder) is sometimes performed at the beginning of the procedure to assess the urinary sphincter and outlet of the bladder before proceeding with insertion of the sling.

A urinary catheter (tube passing through the urethra/penis that drains urine from the bladder into a bag) is inserted during the procedure. This is usually removed the next day before discharge from hospital. On occasion, your surgeon may request that the catheter remain in a little longer.

At the completion of the operation, your small groin skin wounds will be closed with adhesive tape or adhesive surgical glue. Absorbable sutures will be used to close the small perineal incision under your scrotum, and initially covered with a waterproof dressing.

Potential Complications

During your hospital stay

- Urinary retention – an inability to pass urine once your catheter has been removed. Some men may need to have the catheter reinserted for a short period of time.
- Irritative bladder symptoms – you may pass urine frequently and experience some urgency. These symptoms mostly improve with time.
- Perineal discomfort extending into the groin.

Ongoing

- Bruising of the scrotum- will resolve over 4 weeks.
- Wound infection – you may require antibiotics and regular district nurse review of the wound dressings.
- Urinary symptoms – you may experience either incomplete emptying or urinary frequency. You may also note that the flow of your urine is slower.
- You may experience discomfort during intercourse. It is advised that you refrain for four weeks after surgery.
- You may experience recurrent incontinence.
- Pelvic and groin discomfort.

Length of Stay

This procedure involves an overnight stay in hospital.

Before Surgery

Who is available to help?

- Medical staff
Your surgeon will explain the reason for the particular operation and the risks associated with the surgery.
- Nurses
A nurse will explain what to expect before and after surgery. Please ask questions and express your concerns; your family or people close to you are welcome to be involved in this. When you are discharged from hospital your nurse will arrange for you to receive ongoing advice and practical help, if needed.

Informed consent

After consultation with the doctor you will be asked to sign a form to give written consent for the surgeon to perform 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

Blood samples

We may ask that you have a blood test done before your surgery. We will arrange for this if necessary.

Midstream urine

A sample of your urine is sent to the laboratory to check for the presence of bacteria

ECG

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

Other measures

Nil by mouth

As your stomach must be empty before an anaesthetic, you must not eat anything or drink milk products or juices 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 for you.



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 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

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 via 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. This is usually removed the day after surgery before you go home.

Pain relief after your surgery

Your nurse will work alongside your doctors, the anaesthetist and pain specialist team 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 suburethral sling is over the perineal wound as this is the area you sit on. A cushion when sitting on a firm seat may be helpful for the first few weeks. Some men also have an ache or stiffness from their groin wound. The discomfort can be controlled by oral pain relief like Panadol/ Panadeine or Brufen.

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 case 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 mobilization 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.

Urinary catheter

Your nurse will discuss removal of your catheter with you. Generally, it is removed the day after your surgery before discharge from hospital.

Information for when you have your catheter removed

- You will be encouraged to empty your bladder when you feel the urge.
- While you are in hospital use a separate bottle each time you pass urine as this allows your nurse to keep an accurate record of your progress.
- Do not strain to pass urine.
- Tell your nurse if you have any pain or difficulty passing urine.
- Report any leakage of urine.
- 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 may 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 having difficulty emptying your bladder, or experience retention, you may be discharged with a catheter in the bladder for a few days. 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. Avoid drinking large amounts at once as it may make you feel nauseous or bloated.

Hygiene

Maintain a good standard of personal hygiene. You may shower 24 hours after your procedure.

No baths or hot tubs for 6 weeks.

After a bowel motion, wiping backwards to avoid contaminating the perineal wound.

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.

It is important to limit strenuous exercise for 4 weeks to ensure the sling remains in the correct position. 80% of the total strength returns at 6 weeks with complete return at 12 weeks.

Normally the time off strenuous work is 4 weeks, depending to some extent on the type of work that you do (definition: Avoid lifting weights of 5kg or more).

No bending, squatting, climbing into high vehicles, extreme leg spreads, biking, jogging.

Sexual Activity

You should avoid sexual activity for four weeks after surgery.

Wound Care

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

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.

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 pain not relieved by Paracetamol
- You have increased difficulty passing urine
- You have a discharge from the wound

District Nurse

The District Nurse will be in contact if you have been discharged with a catheter and will have been instructed regarding its removal.

Outpatients' appointments

You will receive an appointment for Urology Outpatients approximately 6 weeks after discharge. This will be mailed to you. You should attend the appointment with a reasonably full bladder so that you can be assessed if necessary and to do a flow rate.

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