

## Information for Patients

# An operation for stress incontinence Fascial Sling

### Stress Incontinence

Stress incontinence is a leakage of urine occurring on physical exertion. It may occur when coughing or sneezing, walking or exercising. It is caused by a weak sphincter (a muscle at the bladder outlet), or by poor support to the bladder outlet from the pelvic floor muscles and ligaments.

### Why am I being offered a Fascial Sling?

Most often exercise for the pelvic floor muscles are used as the first form of treatment for stress incontinence; you may already have tried this. If the leakage continues and remains a problem despite exercises, then an operation may be required.

You may also be offered an operation at the same time for other conditions such as prolapse. The doctor will discuss this with you.

### What is a Fascial Sling?

Fascial Sling is surgical treatment for stress urinary incontinence (SUI).

This operation involves placing a sling under the bladder outlet. The sling is made from tissue that is taken from your own abdominal wall. The sling provides support during physical exertion.

### What are the benefits and how long will it work for?

85-90% women are substantially improved. This means you may get back to physical activity such as running, dancing, gym and resuming sexual relations (if hindered beforehand).

## What are the alternative treatments?

Other treatments for stress incontinence include: periurethral bulking injections, Tension-free Vaginal Tape (TVT) or Colposuspension. Further information about these is available on request or your doctor can discuss them with you.

## What will happen before the operation?

These are some tests that you may have before your operation:

**EPAQ questionnaire:** You will be asked to complete a questionnaire about your bladder, vagina and bowel symptoms as part of your assessment as well as 6 months after surgery for stress incontinence. This is done on the computer and can be completed at home or in the clinic.

**Urodynamics:** This test is carried out before an operation for stress incontinence. This is a more advanced test to find out the cause of your bladder problems and to see how well your bladder empties. It involves filling your bladder with water via a thin tube in your bladder. The tube is removed as soon as the test is over.

**Pre op:** You will be invited for a pre-operative check up by a nurse and you may need some other tests depending on your general health. They will also advise you on what type of pain relieving medication you might need for your return home from hospital.

## How is the operation performed?

You will be admitted to hospital on the morning of your operation and, after completing some paperwork with your nurse, you will be taken to theatre. You will be given a general (asleep) or spinal (awake but pain free) anaesthetic.

The operation will be done via an abdominal incision (at the bikini line) and there will also be an incision in the vagina. A sling is made from a narrow strip of tissue taken from your own abdominal wall. This is then placed behind the pubic bone and stitched underneath your urethra (urine pipe).

At the end of the operation a catheter will be inserted via the urethra (urine pipe). Rarely, it may be necessary to put a catheter through the abdominal wall into the bladder to rest the bladder for 24 hours (a suprapubic catheter). Your stay in hospital may be up to 5 days.

## What will happen after the operation?

Your nurse will monitor you closely afterwards, checking your blood pressure, pulse and any vaginal bleeding regularly.

It is important that the amount of urine is measured the first few times that you pass urine after removing the catheter. This is to check that the bladder is fully emptying.

Any fluid you drink or pass out will be measured and recorded on a chart. Some women may need to go home with a catheter for a short period of time if there are problems passing urine.

There will be slight vaginal bleeding like the end of a period after the operation. This may last for a few weeks. Do not use tampons for 6 weeks following surgery.

## What happens after I get home?

Full recovery usually takes about 6 weeks. During this time you should slowly build up the amount of activity you do.

You should not drive until you feel can comfortably make an emergency stop. This is usually 3-4 weeks. You should refrain from sexual activity for around 6 weeks. You should be able return to a light job after 6 weeks and a heavier or busy job after 12 weeks. You will be seen in clinic again after 6 months.

## What are the risks of surgery for stress urinary incontinence?

### General Risks of Surgery

**Anaesthetic risk:** This is very small unless you have specific medical problems. This will be discussed with you.

**Haemorrhage (bleeding):** There is a risk of bleeding with any operation. The risk from blood loss is reduced by knowing your blood group beforehand and then having blood available to give you if needed. It is rare that we have to give blood to patients after their operation. However, your risk of bleeding may be higher if you are taking an anti-clotting medication such as Warfarin, Clopidogrel, or Apixaban. It is very important that you share with us any objections you may have to receiving blood.

**Infection:** There is a risk of infection at the wound sites. A significant infection is rare. The risk of infection is reduced by our policy of routinely giving antibiotics with major surgery. Urine infections are relatively common in patients having surgery for incontinence.

**Deep Vein Thrombosis (DVT):** This is a clot in the deep veins of the leg. The overall risk is at most 4-5% although the majority of these are without symptoms. Occasionally this clot can migrate to the lungs which can be very serious and in rare circumstances it can be fatal (less than 1% of those who get a clot). The risk is significantly reduced by using special stockings and injections to reduce the rate of blood clotting (heparin).

## Risks of continence surgery

**Failure:** 10% of women do not gain benefit from the operation, although further surgery can be done.

**Difficulty passing urine:** Approximately 10% of women will have some difficulty in emptying their bladder in the short term and if this happens, we may send you home with a catheter for up to a week. If you still have difficulty emptying your bladder after 10 days, then the options will be either learning how to catheterise yourself (you may need to do that few times a day after passing urine, to get rid of any urine left behind), or going back to theatre to have the tape cut.

**Bladder over-activity:** Any operation around the bladder can increase the risk of making the bladder overactive leading to symptoms such as urgency (needing to rush to the toilet) and frequency (needing to visit the toilet more often than normal).

## Are there any other risks of the Fascial sling procedure?

**Incisional hernia:** The abdominal wall will be repaired with stitches after the sling has been made. This can weaken the abdominal wall and there is a risk that a hernia will develop (rarely). This would require an operation to repair it.

**Post-operative pain lasting (more than 6 months) or pain on intercourse:** This may arise from the vagina as a result of the changed position of the vagina after surgery. It is unusual, but unpredictable. Some people develop pain in their groin following surgery. This is rare but can require an operation to release the stitches.

**Visceral trauma:** During the operation it is possible for injury to occur to organs, such as the bladder, bowel or ureter. This would be repaired at the time, if recognised, during the operation. If the problem is not recognised until afterwards, it may need a further operation to repair the damaged organ.

## If you go home with a catheter

Arrangements will be made for you to return to the Warrell Unit for the catheter to be removed the following week. Your bladder emptying can then be re-assessed. On occasion some women may need to learn how to put a catheter in and out to empty their bladder.

## General advice

- Try to drink 1½-2 litres (3-4 pints) of fluid each day – mostly plain water.
- Avoid things that may irritate your bladder eg. Tea, coffee, fizzy drinks, alcohol, very acidic juices, chocolate, tomatoes.
- Keep your bowels regular by eating plenty of fruit and vegetables, wholemeal bread and cereals. Constipation can affect your bladder emptying.
- See your GP for medicine to help your bowels if you do become constipated.

If you experience any difficulties/problems, please ring: Uro-gynaecology Specialist Nurse on telephone: (0161) 276 6911.

For urgent out of hours enquiries ring the Emergency Gynaecology Unit: (0161) 276 6204 (24 hours; 7 days)

## Things I would like to know before my operation.

Please list below any questions you may have, having read this leaflet.

- 1.
- 2.
- 3.

## What are you hoping this operation will do?

Please describe what your expectations are from surgery.

- 1.
- 2.

## Other sources of information

**Bladder and bowel foundation:** [www.bladderandbowel.org/bladder/bladder-treatments/](http://www.bladderandbowel.org/bladder/bladder-treatments/)

**British society of urogynaecology:** [www.bsug.org.uk/](http://www.bsug.org.uk/)

**NHS choices:** [www.nhs.uk/conditions/urinary-incontinence/](http://www.nhs.uk/conditions/urinary-incontinence/)

