

Dr Caroline Dowling

Urological Surgeon MS, FRACS (Urol)

Suite 6 28-32 Arnold St
Box Hill, Victoria 3128
Phone: 03 9890 7222 Fax: 03 9890 6266
Call Service 93871000
Web: www.urologyworks.com.au

Mid Urethral Sling Operation

There are many surgical options for women with stress urinary incontinence who have not responded to physiotherapy or medications. Mid urethral sling is offered to women with stress incontinence who need support to the urethra to stay dry. This operation can be performed alone or in combination with other procedures such as vaginal repair or hysterectomy.

The advantages are:

- A quick recovery time.
- It is quite simple.
- It can be performed under any type of anaesthetic, general, spinal or local.
- You usually only need to stay in hospital for a short time (often day case or overnight).
- There is very little pain afterwards compared to other operations.

What happens during surgery?

- You will have one small incision (1-2cm) in your vagina and two (1cm) on your lower abdomen (TVT or retropubic sling) or inner thigh (TVT-O or Abbrevio).
- A special tape is looped under your urethra to provide lift and support.
- At the end of the operation the surgeon looks inside your bladder with a medical telescope to check the bladder (cystoscopy)
- The operation takes less than 30 minutes to perform
- You will be given a dose of antibiotic.

How do I know if this operation is for me?

Urodynamic 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.



Malvern Hill Consulting

1039 Malvern Rd, Toorak VIC 3142
Phone: 03 9188 3690
www.malvernhillconsulting.com.au

How successful is the operation?

Over 90% of women with stress incontinence are cured or have significantly improved at eight-year follow up. In up to 50% of cases, urgency is also improved.

Can there be any complications?

There can be complications with any type of surgery but serious complications are uncommon with this operation. The risks are:

- A small risk of entering the bladder, urethra or blood vessels when the tape is inserted. Rarely this would require further surgery
- Between one and five woman in a 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 (approx. 1 in 70).
- Between five and ten women in a hundred will develop an irritable bladder that usually improves after 1-3 months. Occasionally urgency and urge incontinence may be worse requiring medication
- Urine infection requiring antibiotic treatment.
- With any synthetic material there is a risk of erosion (into the vagina or less commonly the urethra) or poor healing, however, this has been rarely reported with a series of over 500,000 performed worldwide. There is currently increased concern about using polypropylene mesh for treating vaginal prolapse. Some centres have extended this concern to the use of the material in treating incontinence, however there is a large body of research and long term follow up that would not support its discontinuation. You should discuss this further with me if you have specific concerns about using a synthetic material for your procedure and read the next section on the alternatives for treatment.

Are there any alternatives?

There are other options for treating your incontinence including continued physiotherapy, weight loss, other lifestyle changes such as cessation of smoking and topical vaginal estrogen. There are other surgical procedures including using your own tissue (fascia) to make the sling, using a bulking agent in the urethra and using sutures or stitches only to hitch the bladder up from inside the abdomen. I am happy to discuss these with you further.



Recovery time

Most women return home on the same or following day, 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
- 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 <10kg for three months
- Abstain from sexual activity for 4-6 weeks
- Avoid playing sport for four weeks.
- NO driving for 2-4 weeks (please consult with me regarding this)

I am happy to answer any questions you have, and can give you more specific advice.

©Dr Caroline Dowling, 2013

