Male sling for stress urinary incontinence: procedure-specific information

What is the evidence base for this information?
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?
The male sling is an experimental treatment for male stress urinary incontinence. It involves placement of a synthetic sling that supports the waterpipe (urethra). The procedure will involve a cystoscopic examination of the urethra and bladder and an incision in the area behind the scrotum (perineum), with two further small cuts in the groin crease.

What are the alternatives to this procedure?
Incontinence into a pad, a urethral catheter or an artificial urinary sphincter.

What should I expect before the procedure?
You will usually be admitted on the same day as your surgery. You will normally receive an appointment for pre-assessment, approximately 14 days before your admission, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.
You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.
Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure. In some patients, the anaesthetist may also use an epidural anaesthetic which improves or minimises pain post-operatively.

Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection
- high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

**What happens during the procedure?**

You will have a small incision in the area between the scrotum and anus (the perineum) and two further small cuts in the groin crease. The sling will sit in this area. You will also have a urinary catheter placed.

**What happens immediately after the procedure?**

You will be given fluids to drink from an early stage after the operation and you will be encouraged to mobilise as soon as you are comfortable to prevent blood clots forming in your legs. You will given intravenous antibiotics through your vein. You will normally be discharged the day after your operation, usually after your catheter has been removed.

**Are there any side-effects?**

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

**Common (greater than 1 in 10)**
- [ ] Stinging when you urinate
- [ ] Urinary retention
- [ ] Temporary perineal pain
- [ ] Treatment failure
- [ ] Benefits of treatment may reduce over time
Occasional (between 1 in 10 and 1 in 50)
- Wound infection
- Overactive bladder symptoms (frequency and urgency of urination)

Rare (less than 1 in 50)
- Urethral erosion
- Bone infection

Hospital-acquired infection (overall risk for Addenbrooke’s)
- Colonisation with MRSA (0.02%, 1 in 5,000)
- Clostridium difficile bowel infection (0.04%; 1 in 2,500)
- MRSA bloodstream infection (0.01%; 1 in 10,000)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)

What should I expect when I get home?

What else should I look out for?

Are there any other important points?
You will be reviewed in outpatients to see how you have got on. It is likely you will be asked to complete a questionnaire on your symptoms.

Driving after surgery
It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Is there any research being carried out in this field at Addenbrooke’s Hospital?
There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

Who can I contact for more help or information?
Oncology Nurses
- Uro-Oncology Nurse Specialist
  01223 586748
- Bladder cancer Nurse Practitioner (haematuria, chemotherapy & BCG)
  01223 274608
• Prostate cancer Nurse Practitioner
  01223 247608 or 216897 or bleep 154-548
• Surgical Care Practitioner
  01223 348590 or 256157 or bleep 154-134

**Non-Oncology Nurses**
• Urology Nurse Practitioner (incontinence, urodynamics, catheter patients)
  01223 274608 or 586748
• Urology Nurse Practitioner (stoma care)
  01223 349800

**Patient Advice & Liaison Centre (PALS)**
• Telephone
  +44 (0)1223 216756 or 257257
  +44 (0)1223 274432 or 274431
• PatientLine
  *801 (from patient bedside telephones only)
• E mail
  pals@addenbrookes.nhs.uk
• Mail
  PALS, Box No 53
  Addenbrooke's Hospital
  Hills Road, Cambridge, CB2 2QQ

**Chaplaincy and Multi-Faith Community**
• Telephone
  +44 (0)1223 217769
• E mail
  derek.fraser@addenbrookes.nhs.uk
• Mail
  The Chaplaincy, Box No 105
  Addenbrooke's Hospital
  Hills Road, Cambridge, CB2 2QQ

**MINICOM System ("type" system for the hard of hearing)**
• Telephone
  +44 (0)1223 274604

**Access Office (travel, parking & security information)**
• Telephone
  +44 (0)1223 586969

**What should I do with this form?**
Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.
If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this information sheet and I accept the information it provides.

Signature..................................................Date...........................................

How can I get information in alternative formats?

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.info@addenbrookes.nhs.uk

Polish  Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.info@addenbrookes.nhs.uk

Portuguese  Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.info@addenbrookes.nhs.uk

Russian  Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.info@addenbrookes.nhs.uk

Cantonese  若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到：patient.info@addenbrookes.nhs.uk

Turkish  Bu bilgiyi diğer dillerde veya büyük baskıya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagidaki adrese e-posta gönderin: patient.info@addenbrookes.nhs.uk

Bengali  এই তথ্য অন্য ভাষায়, বড় অক্ষরে বা অডিও ফোন পেতে চাইলে দর্শা করে 01223 216032 নামে কোল করন বা patient.info@addenbrookes.nhs.uk ই-মেইল করন।
Addenbrooke’s is smoke-free. You cannot smoke anywhere on the site. Smoking increases the severity of some urological diseases and increases the risk of post-operative complications. For advice on quitting, contact your GP or the NHS smoking helpline free on 0800 169 0 169