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## Sling procedure for urinary stress incontinence (synthetic or natural): 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?

This operation involves the creation of a supporting hammock by placing a tape under the urethra for support. This will include a cystoscopic examination of the bladder and a small incision in the vagina

### What are the alternatives to this procedure?

Observation, physiotherapy, pads, injection therapy (around the urethra), colposuspension



### 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 given an injection of a blood thinning agent after surgery, and afterwards until you are adequately mobilised. You will be given intravenous antibiotics at the time the anaesthetic is given, and possibly after surgery too.

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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.

Your surgeon will tell you the type of material (donor tissue, natural or synthetic) they will use, and the type of incision required (vaginal or abdominal)

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?**

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

### **What happens immediately after the procedure?**

A catheter will be placed in the bladder for a day or two (sometimes via a small incision in the skin).

The average hospital stay is one night

### **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:

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### **Common (greater than 1 in 10)**

- Failure to improve urinary incontinence
- Recurring bladder infections due to poor emptying of bladder
- Infection of incision requiring further treatment
- Development or worsening of frequency and urgency of urination
- Retention of urine requiring prolonged catheterisation, self-catheterisation or surgery to remove/divide the sling

### **Occasional (between 1 in 10 and 1 in 50)**

- Bleeding that may require blood transfusion
- Erosion of the sling into the urethra requiring further surgery
- Pain during intercourse may occur in the short or long term
- Thigh pain
- Recurrence of urinary incontinence at later time

### **Rare (less than 1 in 50)**

- Discomfort from the sling in the vagina or from the sutures holding the sling
- Reaction to the sling material (inflammation, infection or allergic) requiring removal
- Perforation of the bladder requiring prolonged catheter or surgical repair
- Damage to the pipes draining urine from the kidneys to the bladder (the ureters), requiring additional or subsequent surgery

### **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?**

When you leave hospital, you will be given a "draft" discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

You will require pain-killing tablets at home for several days and it may take a week at home to become comfortably mobile.

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You should avoid driving for at least three weeks, and it may be longer before this is possible.

Heavy lifting should be avoided for 6 weeks

Sexual intercourse should be avoided for at least a month.

You may see blood in the urine or vaginal discharge for up to a month after surgery.

### **What else should I look out for?**

If you find it increasingly difficult to pass urine, or If you develop symptoms of a urine infection (burning, frequency and urgency), you should see your doctor promptly.

### **Are there any other important points?**

A follow-up outpatient appointment will be arranged at about 6-8 weeks after surgery.

#### **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

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## **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.

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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.information@addenbrookes.nhs.uk](mailto:patient.information@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.information@addenbrookes.nhs.uk](mailto:patient.information@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.information@addenbrookes.nhs.uk](mailto:patient.information@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.information@addenbrookes.nhs.uk](mailto:patient.information@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.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)
- Turkish** Bu bilgiyi diğer dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya aşağıdaki adrese e-posta gönderin: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)
- Bengali** এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk) ঠিকানায় ই-মেইল করুন।



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

## Document history

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