Mid-urethral sling

What is mid-urethral sling?

It is an operation to restore structure to the urethra to prevent urinary leakage due to stress incontinence. Stress incontinence occurs when pressure is exerted on the urinary bladder (from coughing, sneezing, laughing, exercising, etc.) and the patient consequently leaks urine.

This operation is performed in a hospital or surgery center under anesthesia, and most often the patient will go home the same day. A small incision is made in the anterior portion of the vagina over the urethra, and also a small incision is made in the groin crease on either side to allow placement of the sling. Typically, the sling is made of mesh.

Alternatives to this procedure include watchful waiting, or pelvic physical therapy. Without treatment, it is possible that the condition may worsen.

Anticipated benefits include improvement or resolution of the stress incontinence, though this is not a guaranteed outcome.

What are the risks?

Bleeding. As with any operation there will be some bleeding. Very rarely, however, would this be impactful in the post-operative course, such as in the setting of a hematoma (collection of blood in the vaginal wall). Additional time and support will typically allow for resolution of hematoma.

Infection. A preventative antibiotic is given prior to the surgery at the hospital, and infection rates are usually less than 5%.

Sling erosion. This complication is rare, but the sling can erode into the vagina, or into the urethra. If the vaginal tissue breaks down, the sling can often be removed with a minimal procedure. Often, the patient is still continent because scar tissue from the surgery will continue to support the urethra. On the contrary, if the back of the sling erodes into the urethra in either females or males, the surgical removal is more involved, and the rates of incontinence afterward are higher.

Hypercontinence/urinary retention. Inability to urinate may occur immediately following surgery, and is treated with a temporary urinary drainage catheter. In most cases, this problem resolves in a few days. If this condition persists for several weeks, and after evaluation by your doctor, consideration is given to incising the sling in a secondary procedure.

Nerve injury. This is a very rare complication of the transobturator approach to sling placement. The obturator nerve courses near to the sling placement, and if injured, can result in impaired movements of the leg (closing the leg towards midline).

Chronic pain. In rare circumstances, this condition may result and is poorly understood but often treatable.

Anesthetic and other risks. Significant events such as heart attack, stroke, even death may occur as a result of any anesthetic, though such risks are extraordinarily low, especially if properly evaluated by your primary physician before surgery if indicated. Should you develop any pain or swelling of your lower legs and ankles following surgery, notify your doctor's office immediately, as this may indicate a blood clot in your leg (deep vein thrombosis or "DVT"). If a blood clot moves to the lung this could be immediately life-threatening, and usually presents with shortness of breath and/or painful breathing.

What are preparations for surgery?

Please have nothing to eat or drink after midnight prior to your surgery. If you take blood thinners, your surgeon will discuss the cessation of this medication prior to your surgery.

What happens during the surgery?

You usually will have a general anesthesia. The surgery is conducted through an incision in the vagina, and the groin creases.

What happens after the surgery?

Patients go home the same day following surgery, and you will require someone to drive you from the hospital. Sometimes, a urinary drainage catheter will be left in place for post-operative urinary retention, for removal usually the next day, in the office.

Over the counter medications are indicated for pain management, and sometimes your doctor will prescribe something stronger.

Resuming activities

You can go back to work when you feel able, usually within one to two weeks, though heavy activities should not resume for 1 month.

You may drive when you feel able and are not under the influence of any medications.

Follow-up

Your doctor will arrange a follow-up visit. Typically, a post-operative visit is arranged 2-3 weeks following surgery.