MID URETHRAL SLING SURGERY ("TVT EXACT" JOHNSON AND JOHNSON)

There are various surgical options for women who have urinary stress incontinence. Most women will have some improvement with pelvic floor physiotherapy and/or a continence pessary (see Vaginal Pessary information sheet). For women who continue to be troubled by their incontinence after physiotherapy, surgery may be an option. Studies have found this operation to cure or significantly improve stress incontinence in about 85% of women.

The mid urethral sling is a mesh sling which is made of permanent synthetic mesh. It is placed through the vagina and into two small incisions into the lower abdomen. The sling then sits underneath the urethra (the tube that passes urine from the bladder) and provides support to stop urinary leakage. Your body's tissues grow into the mesh 3-4 weeks following surgery and the mesh then stays in place permanently.

Recently there has been controversy regarding the use of mesh in gynaecology. Mid urethral slings for incontinence are well studied and demonstrated to have high success rates with risks that are lower than for other types of incontinence surgery. For this reason, the ongoing use of synthetic mesh for stress incontinence surgery is supported by the Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG) and the Urogynaecology Society of Australasia (UGSA). Other non-mesh options are also available and information on these can be found on the Australian Commission on Safety and Quality in Health Care (ACSQHC) website.

There is patient information on the RANZCOG and UGSA websites:
https://ranzcog.edu.au/news/statement-on-mid-urethral-slings/
https://www.ugsa.com.au/sui
Patient information on options for SUI from ACSQHC:
Treatment Options for Stress Urinary Incontinence (SUI) | Australian Commission on Safety and Quality in Health Care

What happens during surgery?

- The surgery is performed under general or regional (spinal) anaesthetic.
- There is a small incision made in the vagina and two small incisions (1cm) made just above the pubic bone or in the groin.
- The mesh sling is placed underneath the urethra to provide support.
- A cystoscopy (a telescope to look inside the bladder) is performed to check for any bladder damage. If this is found the sling is repositioned immediately.
- A catheter is placed at the end of the surgery and may be left for a few hours or overnight.

Are there any complications?

- Some women continue to have stress incontinence following the surgery (about 15%) or the stress incontinence continues or returns at a later time.
- Damage to the bladder during the surgery.

- Symptoms of urgency incontinence (when you need to pass urine it feels very urgent, and you need to rush to the toilet) may develop or worsen following the surgery and may need other treatments including long term medication.
- Difficulty passing urine following surgery and the need to leave a catheter in place for a number of weeks (4-5%) and may require a return to theatre for loosening of the sling after 1-2 weeks.
- Rarely the sling needs to be divided following the surgery and the incontinence may then recur.
- Mesh erosion (1-2% risk long term)— when the mesh moves at a later date. This is uncommon but the mesh may protrude into the vagina or urethra requiring further surgery to remove the mesh.
- Pain in the long term is rare following a retropubic sling. Removal is possible but is difficult surgery if the mesh has been there for more than a few weeks. If severe pain is experienced soon after the surgery, the sling may be removed at that time to avoid long term pain.
- Heavy bleeding during or soon after the surgery requiring blood transfusion or return to the operating theatre.
- General risks of having an operation including the anaesthetic, pain and discomfort, infection in the surgical site or urinary tract, clots in the legs which can travel to the lungs, lung infections, stroke and heart attack.

Recovery time

Most women stay in hospital the day or overnight. You will be allowed home once you are feeling well. 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 2 weeks do light activity only.
- Avoid heavy lifting for 3-4 weeks, including shopping bags, washing baskets and children.
- Abstain from sexual activity for 3-4 weeks.
- Avoid playing sport for 3-4 weeks.
- Avoid driving for 1 week.

Many women experience some bleeding after the surgery which should be lighter than a period. This may become heavier after 1-2 weeks when the stitches dissolve.

If you have concerns following the surgery, please phone Dr Higgs' rooms on 07 53155361 or contact Buderim Private Hospital (07 5430 3303) and ask to speak to a nurse on the surgical ward (Ward 1A or 4B).