

PUBOVAGINAL (FASCIAL) SLING AND CYSTOSCOPY

There are various surgical options for women who have urinary stress incontinence. Most women will have improvement with pelvic floor physiotherapy. For women who continued 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.

A cut is made on the lower abdomen and some of your own tissue is taken from the lining of your abdomen to create a sling about 8cm long. A cut is then made inside the vagina and the sling is placed underneath the urethra (tube that runs from the bladder to the outside) to support the urethra and prevent leakage. Permanent stitches are used to attach the sling to the abdominal wall. No mesh is used in this surgery.

What happens during surgery?

- A full (general) anaesthetic is required.
- An incision is made in the lower abdomen about 6-8cm long.
- Some of the supporting tissue of the abdomen (fascia) is taken to create the sling.
- A cut is made into the vagina (2-3cm long) and tunnels are made from the vaginal to the abdominal incision to tunnel the sling underneath the urethra (tube that runs from the bladder to the outside).
- The sling is attached to the fascial layer of the abdomen using permanent stitches.
- A cystoscopy (a telescope to look inside the bladder) is performed to check for any bladder damage.
- The wounds are closed and a catheter is placed at the end of the surgery will be left for 1-2 days.

Are there any complications?

- Some women continue to have stress incontinence following the surgery (about 15%) or the stress incontinence returns at a later time.
- Damage to the bladder during the surgery which may require repair during the surgery. A cystoscopy (a telescope to look inside the bladder) will be performed at the end of the operation to check for any damage.
- The ureter (the tube running from the kidneys down to the bladder) could be damaged during the surgery. A cystoscopy (a telescope to look inside the bladder) will be performed at the end of the surgery to check that no damage has occurred.
- Difficulty passing urine following surgery and the need to leave a catheter or teach you to pass a catheter intermittently. This usually resolves in time, however in rare cases this can be permanent.

- Rarely the stitches need to be removed following the surgery to allow normal urination and the incontinence may then recur.
- 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.
- Rarely, if damage to bladder or urethra occurs and the repair breaks down, a fistula (hole between the vagina and bladder) can occur. This would result in continuous leakage and require further surgery to repair.
- Wound complications such as haematoma, infection or incisional hernia at a later date requiring further surgery.
- Damage to internal structures including large blood vessels and bowel. This may require further surgery and require longer hospital stay and recovery times.
- 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 for 2-3 days. 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.
- No driving for 2 weeks, then resume only if comfortable in the driving position.
- Avoid heavy lifting for 6 weeks, including shopping bags, washing baskets and children.
- Abstain from sexual activity for 6 weeks.
- Avoid playing sport for 6 weeks.

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).