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INFORMATION SHEET AND CONSENT FORM

Midurethral Sling and cystoscopy

Indications:

- Urinary leakage caused by activity (stress urinary incontinence)
- This type of urinary incontinence is cause by damage to the supports of the bladder and urethra

Aim:

- To restore support to bladder and urethra to stop leakage of urine with activity
- This operation has 20-year data telling us that it is very effective and has less risks than other operations for stress urinary incontinence

Surgical technique

- The operation is usually performed under general anaesthetic (you are asleep) and antibiotics are given through a drip
- A 1 cm incision is made in the vagina and 2 smaller incisions are made just above your pubic bone
- A permanent tape is placed behind the pubic bone like a hammock
- A camera is used to make sure there is no injury to your bladder
- Quickly resorbable sutures are used to suture the incisions

Complications

- Serious complications are rare however your symptoms must be severe enough to accept the risks listed below
- Persistence or recurrence of urinary incontinence 10-15% over 20 years
- 5% voiding problems which may require self-catheterisation after the surgery. In 1% of women these symptoms persist at one week and then it is necessary to loosen the tape at another operation.
- New urinary symptoms like urgency or slow urine flow 5%
- Return to theatre for pain or bleeding 1%
- Mesh exposure 2% over 5 years
- Painful intercourse 2%, suprapubic or vaginal pain 1%
- Blood loss requiring transfusion 1%
- Injury to bladder, urethra or ureter requiring longer use of catheter or reoperation at a later date 1%. If this is not recognised during the operation a fistula (connection between urinary tract and vagina) may develop and need further surgery (1-2/1000)
- 5% wound infection requiring antibiotics
- Urinary tract infection 5%

- Clot in legs or lung <1%

In hospital and recovery

- Hospital stay is usually overnight
- When you wake up from your operation you may have bladder catheter. If so, it will be removed the following day and we will assess whether you are emptying your bladder properly. If you are not, the nurses will teach you to self-catheterise and you will go home doing this while your bladder function recovers which is most often within a week. The risk of this is around 5%. If you are still needing to use a catheter at one week, we will consider loosening your tape which requires another small operation. This happens in around 1% of women.
- If other surgery is performed at the same time you may also have a vaginal pack which will be removed the next morning
- You will be given pain medicine to manage post-operative pain and you should take aperients to avoid constipation
- A small amount of vaginal bleeding is to be expected for 2 weeks
- It is crucial to avoid constipation, heavy lifting, running or any other stress to your pelvic floor over the first 3 months postoperatively while healing takes place. Sexual intercourse should wait until after review at 6 weeks.
- Time off work is usually 2 weeks depending on your occupation
- Worsening pain or urinary symptoms like burning or pain are not normal and you should see your local doctor.
- Dr Mowat will review you around the 6-week mark, but if you have any concerns before this, please ring the rooms
- As a long-term lifestyle measure we recommend to avoid lifting over 15 kgs, excessive exercise, weight gain, constipation and smoking to optimise the chance of a long lasting repair.