

Mid-Urethral Sling Surgery

Mid-Urethral Sling Surgery

This surgery is for stress urinary incontinence in people with a vagina. There are 2 types of mid-urethral sling surgery:

1. A mesh mid-urethral sling
2. A pubovaginal sling

Both types of slings are 80 to 90% effective. This pamphlet will help you decide which type may be right for you.

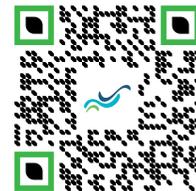
What is stress urinary incontinence?

- The urethra carries urine (pee) from the bladder out of the body.
- **Stress urinary incontinence (SUI)** is when the urethra is too weak to stay fully closed during activities that put pressure on the bladder (like coughing, sneezing, or laughing). This causes urine to leak during these activities.
- SUI is common in people who have given birth or who are older.
- SUI affects at least 20 to 30% of people with a vagina.

How is SUI treated?

- SUI may get better or go away if you do pelvic floor exercises (called Kegels) or make lifestyle changes (like losing weight, stopping smoking).
- Ask a member of your health care team for pamphlet 2538, *Kegel Exercises for Bladder Control*, scan the QR code below, or visit:
 - › www.nshealth.ca/patient-education-resources/2538

Scan the QR code on your device (open the camera on your device, point the camera at the code, and tap the banner or border that appears)



- If these treatments do not work, your urologist may recommend mid-urethral sling surgery.

What is the difference between the 2 types of slings?

Mesh mid-urethral sling	Pubovaginal sling
<ul style="list-style-type: none"> The sling is made of tension-free vaginal tape (TVT) called polypropylene mesh. 	<ul style="list-style-type: none"> The sling is made from a strip of strong tissue called fascia. A 1 to 3 cm strip of fascia is taken from your abdomen (stomach area) or your thigh.
<ul style="list-style-type: none"> During surgery, the sling is placed between the middle part of your urethra and the skin of your vagina. 	<ul style="list-style-type: none"> During surgery, the sling is placed under your urethra.
<ul style="list-style-type: none"> You will have 2 incisions (cuts) just above your pubic bone on your lower abdomen. 	<ul style="list-style-type: none"> You will have 1 small incision (cut) in your vagina.
<ul style="list-style-type: none"> After this surgery, most people go back to their usual daily activities (including driving) within 4 weeks (1 month). 	<ul style="list-style-type: none"> After this surgery, most people go back to their usual daily activities (including driving) within 4 to 6 weeks (1 to 1 ½ months).
<ul style="list-style-type: none"> After this surgery, it is recommended that you do not have sex for 4 to 6 weeks. 	<ul style="list-style-type: none"> After this surgery, it is recommended that you do not have sex for 6 weeks.
<ul style="list-style-type: none"> After this surgery, up to 15% of people may have chronic (ongoing) pain during sex (called dyspareunia). 	<ul style="list-style-type: none"> After this surgery, chronic pain during sex is rare.

What are the risks of this surgery?

There are possible complications with both types of slings, including:

Risks related to surgery and anesthesia:

- 1% chance of the incision getting infected
- Urinary tract infection (UTI)
- Blood clots in the legs (called **deep vein thrombosis or DVT**) or in the lungs (called **pulmonary embolism or PE**)
- Pain and/or discomfort from having surgery

Bleeding:

- Bleeding can happen during surgery. This can cause blood to collect, called a **hematoma**. It is rare to have bleeding that needs a blood transfusion.
- You may have light vaginal bleeding for up to a few weeks after surgery.

Bladder or urethral damage:

- 1 to 5% chance of bladder damage when the sling is put in
 - › If this happens, we will put a catheter (thin, hollow tube) in your bladder for 24 hours (1 day). This will let your bladder drain and give it time to heal. The bladder usually heals within a few days.
 - › Bladder damage **does not** affect how well the surgery works.
- **Damage to the urethra (rare).**
 - › If this happens, your surgeon will talk with you about treatment.

Trouble urinating (peeing):

- 1 to 5% of people may have trouble urinating.
 - › This is usually because of pain and/or swelling around the urethra. This usually goes away within 7 days (1 week).
 - › Tell your surgeon if your urine stream is very slow even after the swelling is gone. They will talk with you about possible treatments (like cutting or stretching the sling).
- Some people may have trouble emptying their bladder fully.
 - › This can take up to 6 to 8 weeks to go away.

If you still have trouble emptying your bladder after 8 weeks, call your surgeon. You may need to self-catheterize or have the sling loosened.

There are also different risks for each type of sling, including:

Risk of urgency and urge incontinence:

Mesh mid-urethral sling	Pubovaginal sling
<ul style="list-style-type: none"> • After this surgery, 1 to 5% of people may have worse symptoms of urgency incontinence. 	<ul style="list-style-type: none"> • This type of sling does not treat symptoms of urgency and urge incontinence. • After this surgery, up to 10% of people may have worse symptoms of urgency and urge incontinence.

Risk of pain after surgery:

Mesh mid-urethral sling	Pubovaginal sling
<ul style="list-style-type: none"> • After this surgery, about 1% of people have vaginal or groin pain. <ul style="list-style-type: none"> › In most people, the pain lasts for about 7 to 14 days (1 to 2 weeks) 	<ul style="list-style-type: none"> • After this surgery, about 1% of people have pelvic, vaginal, or groin pain.
<ul style="list-style-type: none"> • Up to 5% of people may have chronic pain. <ul style="list-style-type: none"> › For most people, the pain is mild. › For some people, the pain is severe (very bad). This is rare. › In people with chronic severe pain, 1 in 150 people choose to have surgery to remove the sling. 	<ul style="list-style-type: none"> • For some people, the pain is severe (very bad). This is rare. <ul style="list-style-type: none"> › In people with severe pain, there is a risk of chronic pain even after having surgery to remove the sling.

There are also added risks of a mesh mid-urethral sling, including:

- In 2 to 4% of people, the sling can appear in the wall of the vagina, bladder, or urethra a few weeks, months, or years after surgery.
- Symptoms may include:
 - › UTI
 - › Blood in the urine
 - › Vaginal bleeding
 - › Vaginal discharge
 - › Pain during sex for yourself or your partner

Treatment may include:

- › Estrogen cream for the vagina
- › A small procedure to cover the TVT or take out the section of TVT that is showing (**taking out all of the TVT is rare**)
- TVT can erode (wear away). If this happens:
 - › You may need surgery to fix it
 - › Your incontinence symptoms may come back

**If you have any questions about any of these risks, talk with your surgeon.
They can help you decide which type of sling may be right for you.**

