

After Pubovaginal Sling Surgery

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find all patient education resources here:
www.nshealth.ca/patient-education-resources

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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Learn more: <https://library.nshealth.ca/patient-education-resources>

Urologist: _____
Clinic phone: _____

Follow-up appointments



- It is important to keep all of your follow-up appointments to make sure you are healing well and to check how well the sling is working.
- At your appointments, your urologist will talk with you about:
 - › When to go back to your usual activities
 - › How to keep your bladder healthy
- To get ready for your appointments, drink enough so your bladder is comfortably full. This will help your urologist check that you are able to pee and empty your bladder fully.

Remember: It is important to be patient with yourself as you recover. It may take time for your body to fully adjust to the changes after your surgery.

After Pubovaginal Sling Surgery

What is pubovaginal sling surgery?

- 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.
- **Pubovaginal sling surgery** is surgery to treat SUI in people with a vagina.
 - › A pubovaginal sling is made from strong tissue called **fascia**. This tissue is usually taken from the abdomen (stomach area) or the thigh.
 - › The surgeon will take a strip of fascia that is 1 to 3 cm wide.
 - › They will make a small incision in your vagina and put the fascia under your urethra. This will help to support your urethra and lower urine leakage.

What can I expect after surgery?

Activity

- You will likely have some pain around your abdominal (stomach area) or leg incision. This should get better over time.
- **For 6 weeks after your surgery:**
 - › **Do not** lift anything heavier than 10 pounds.
 - › **Do not** do any high-impact exercise (like playing sports, running).
 - › **Do not** do any strenuous (hard) activities (like moving furniture, shovelling snow).
 - › **Do not** put anything in your vagina (like tampons, vaginal estrogen).
- Go back to your usual activities slowly over time. Let your body guide you.

Incision care

- You may have mild discomfort, redness, or swelling around your incision.
- Keep the areas around your incisions clean and dry.
 - › Gently clean the areas using mild soap and water. **Do not** scrub.
 - › Pat the areas dry. **Do not** rub.

Call your primary health care provider or urologist if you have any of these symptoms:

- › Severe pain or discomfort that does not get better with rest and pain medication
- › Fever (temperature above 38 °C or 100.4 °F) or chills (these could be signs of infection)
- › Trouble peeing or not being able to pee
- › Blood in your pee
- › Signs of infection at the incision (like more redness, warmth, swelling, or pus)
- › Vaginal bleeding that does not go away
- › New vaginal discharge that is not normal for you

If you cannot reach them, call 911 or go to the nearest Emergency Department right away.

- Ask a member of your health care team for pamphlet 2538, *Kegel Exercises for Bladder Control*, scan the QR code, 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)



- For the first few months after your surgery, **do not** lift anything heavy or do high-impact activities. This will help to lower strain on your sling.
- Avoid gaining weight after your surgery. Extra weight can put pressure on your bladder and pelvic area. A healthy weight can keep your bladder healthy.
- Avoid constipation (not being able to poop). This can put pressure on your pelvic floor. Eating foods that are high in fibre can help prevent constipation.
 - › If you are constipated, talk to your primary health care provider or pharmacist about a stool softener.

- If you have staples:
 - › Make an appointment with your primary health care provider (family doctor or nurse practitioner) to have them taken out 10 to 14 days after your surgery.
- You may have bleeding and/or discharge from your vagina for a few days after your surgery. This is normal.

Call your primary health care provider or urologist if you have any signs of infection, like:

- › Fever (temperature above 38 °C or 100.4 °F)
- › Chills
- › Redness, warmth, or more swelling around the incision
- › More pain or tenderness around the incision
- › Discharge (pus) from the incision

Pain management



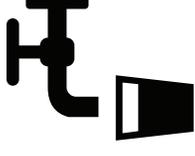
- You may have mild pain or discomfort after your surgery.
 - › Over-the-counter pain medications like acetaminophen (Tylenol®) or ibuprofen (Advil®, Motrin®) can help.
 - › It is OK to take acetaminophen and ibuprofen at the same time. Follow the directions on the package.
- You may be given a prescription for pain medication before you leave the hospital, if needed.
 - › Only use this medication if you cannot take acetaminophen or ibuprofen, or if these medications are not helping.
 - › Always follow the directions on the label.
- **If your pain is severe (very bad), or if you have any concerns, call your primary health care provider or your urologist.**

Bladder care

Urinating (peeing)

- As you recover, you may have some urgency, frequency, or mild discomfort when peeing. This is common and should go away over time.

- Drink plenty of water (about 6 to 8 cups a day) to stay hydrated (have enough fluids).
- If you are taking a bladder medication (like mirabegron, solifenacin), your urologist may tell you to stop taking it.
- If you have trouble peeing, or you are not able to pee, tell your urologist or primary health care provider.



Pelvic floor

- Your urologist will tell you when to start doing pelvic floor exercises (called **Kegels**). This is usually around 4 to 6 weeks after surgery. These exercises will help to strengthen your pelvic muscles and improve your bladder control.