



Adjustable male sling surgery for stress urinary incontinence (ATOMS)

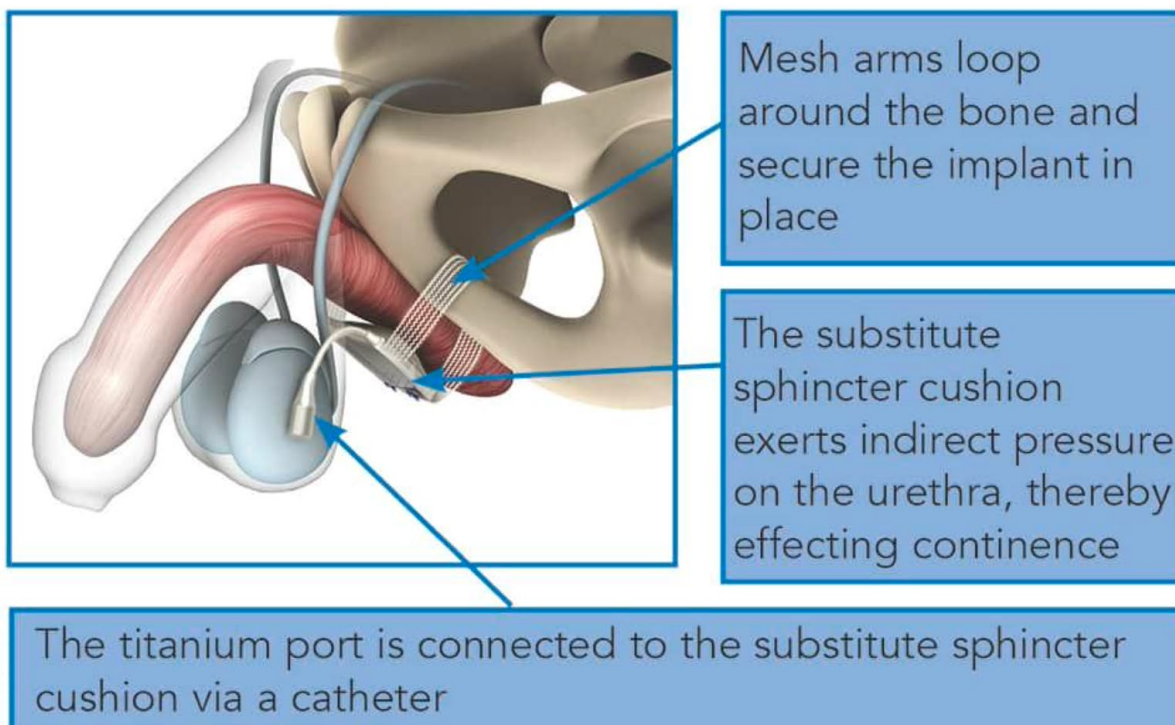
Your urologist has recommended male sling surgery to treat your urinary incontinence. This leaflet outlines what the surgery involves, including its benefits and risks. If there is anything you do not understand, please ask your doctor or nurse.

What is male sling surgery?

The male sling is a surgical treatment where a silicon cushion, supported by two synthetic sling arms, are inserted to support the waterpipe (urethra) that carries urine from the bladder to the penis. The cushion is positioned next to the urethra, slightly compressing it and moving it into a new position. This action has been shown to overcome the problem of stress urinary incontinence in many patients.

What is an ATOMS device for urinary incontinence in men?

Occasionally, men can develop urinary incontinence (involuntary leakage) after prostate surgery due to weakness of the urinary sphincter muscle. Mild to severe male urinary incontinence can be treated by inserting an ATOMS (Adjustable Transobturator Male Sling) device. This is an adjustable silicone cushion which is held against the urethra by a mesh sling that passes around the pelvic bone (see picture below).



The silicone cushion is filled with saline through a port to gently compress the urethra and restore continence. Studies indicate that urinary incontinence significantly improves in 70-80% (up to 4 out of every 5) men after insertion of an ATOMS device.

What does the surgery involve?

A full general anaesthetic is normally used and you will be asleep throughout the procedure. You will usually be given an injection of antibiotics before the procedure, after you have been checked for any allergies. The anaesthetist may also use an epidural or spinal anaesthetic to reduce the level of pain afterwards.

The surgeon will make a small incision in the area between the scrotum and the anus (perineum) to expose the urethra and the muscle covering it. The silicone cushion is placed up against the urethra and a small mesh tape is passed around the pelvic bone to anchor the cushion in place. A port for filling the cushion is then positioned under the skin of the scrotum, where it is easily felt. The skin incision is closed with dissolving sutures. The cushion is then filled through the port until adequate compression of the urethra is achieved. A catheter is then placed in the bladder.

The cushion repositions the urethra into a better position in order to regain continence.

Are there any alternative treatments?

Your specialist doctor will have discussed alternative options with you, including non-surgical ones such as incontinence pads/penile clamps, or artificial urinary sphincter surgery.

What happens immediately after the procedure?

You will be given fluids to drink at an early stage after the operation. You will be encouraged to mobilise as soon as you are comfortable to prevent blood clots forming in your legs and you will be given intravenous antibiotics. Your catheter will normally be removed before you go home.

The average hospital stay is one day.

Are there any side-effects?

Most procedures are straightforward; however, as with any surgical procedure, there is a chance of side effects or complications.

Common (greater than 1 in 10)

- Temporary mild to moderate perineal or pelvic pain that usually resolves after 3-4 weeks.
- Burning or stinging when you pass urine.
- Bruising in the perineum, scrotum and groins.

Occasional (between 1 in 10 and 1 in 50)

- Urinary retention (inability to pass urine) requiring reinsertion of a catheter.
- Overactive bladder symptoms (passing urine frequently and urgently).
- Damage to the urethra during the procedure – in this case we would not proceed with the mesh insertion.

Rare (less than 1 in 50)

- Erosion of the sling into the urethra or through the skin incision which will require the sling to be surgically removed.

- Infection of the sling or bone which will require surgery to remove the sling.
- Movement of the sling away from its ideal position which may cause it to stop working – this can occur months or years later.
- Long term pain in scrotum/perineum

What should I expect when I get home?

Pain: Your discomfort should disappear gradually over a few days although you may continue to feel tired for at least 10 to 14 days. Mild painkillers such as Paracetamol should be enough to deal with any pain.

Some men do experience mild to moderate perineal pain for around 3-4 weeks.

Bowels: It is important that you do not get constipated. There are no dietary restrictions but you should try and eat plenty of fruit and vegetables and wholemeal bread. If you feel that you may be constipated, see your GP.

Exercise: You should take it easy for 3-4 weeks, although it is important to take some gentle exercise like walking, as you will be at a slight risk of developing a blood clot in your legs if you do not keep mobile.

It is safe to resume normal **sexual activity** 2 weeks after your surgery.

What else should I look out for?

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your surgeon immediately. If out of hours, please go to your nearest emergency department (A&E).

Before your surgery

You will normally receive an appointment for pre-operative assessment a few weeks before your admission, to assess your general fitness using a questionnaire and various tests.

You will be asked not to eat or drink for 6 hours before surgery and you will usually be admitted on the same day as your surgery. Before the surgery goes ahead, you will be seen by your surgeon and anaesthetist and asked to sign a consent form. The operation will take approximately 1 hour but you will be asleep during this time.

Things to look out for after you go home

Please contact your GP or the Frederick Potts Unit urgently if you experience:

- Signs of infection (fever, redness or severe swelling, smelly discharge)
- Inability to pass urine
- Burning when you pass urine

Follow up

You will be reviewed in an outpatient clinic 10-12 weeks after the procedure to see how you have got on.

Who can I contact for more help or information?

If you have any questions or concerns about your procedure, the Frederick Potts Unit (Urology Department) can be contacted for advice on weekdays between 8.30am – 4.30pm via the Urology Clinical Admin Team (CAT 3a) Tel: 0118 322 8629 or email rbb-tr.CAT3A@nhs.net. Telephone Hopkins Ward on 0118 322 7771 at other times.

Further information and support

www.baus.org.uk/Resources/BAUS/Documents/PDF%20Documents/Patient%20information/Sling_male.pdf

www.nhs.uk/conditions/incontinence-urinary/pages/introduction.aspx

www.bladderandbowelfoundation.org/

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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