

Male sling surgery for stress urinary incontinence

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 synthetic sling is inserted to support the waterpipe (urethra) that carries urine from the bladder to the penis. The sling is positioned around part of the urethra, slightly compressing it and moving it into a new position. This action in itself has been shown to overcome the problem of urinary incontinence in many patients.

The surgery will first involve a cystoscopy (examination of the urethra and bladder using a camera on a fine flexible tube) and the surgeon will make a cut in the perineum (area between the anus and the scrotum) as well as further smaller cuts in the crease of your groin to insert the synthetic sling.

The operation is usually done under a general anaesthetic (you will be asleep). The anaesthetist may also use an epidural anaesthetic which improves or minimises pain post-operatively.

Are there any alternative treatments?

Your specialist doctor will have discussed alternative options with you, including the use of incontinence pads (which does not entail surgery) or artificial urinary sphincter surgery.

What are the possible risks and side effects of this male sling surgery?

Most operations have some potential risks and side effects. All these complications are well-recognised and the majority of patients do not suffer any problems after a urological procedure.

Common risks/side effects include: stinging when urinating, urinary retention and temporary pain around the perineum. There is also a chance that the treatment may not work, or may have only temporary benefits. Some patients (between 1 in 10 and 1 in 50) may develop a wound infection or overactive bladder symptoms (an increase in the

frequency of having to urinate). Less than 1 in 100 patients may develop urethral erosion (where the tape migrates into the bladder or urethra) although this is very rare and has never been seen at the Royal Berkshire Hospital.

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.

Immediately after surgery

You will have a urinary catheter in place. This is a fine tube that carries urine from the bladder into an external bag. Once you are back on the ward you will be given fluids to drink very soon after the operation and you will be encouraged to mobilise as soon as you are comfortable to prevent blood clots forming in your legs. You will also be given intravenous antibiotics through a drip.

You will experience some bruising and aching at the wound site and around the groin area. You will normally be discharged the day after your operation, after your catheter has been removed.

Things to look out for

Please contact your GP or the Urology Procedures urgently if you experience any:

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

Advice following surgery

The most important thing is to rest and not to spread your legs apart for two weeks. Slowly increase your activity for the first month. You will need at least 4 weeks off work (please ask for a medical certificate before you leave hospital – you may need to get a further certificate from your GP) and you should not drive for 2-3 weeks. You should make sure you drink plenty of fluids – we recommend approximately 4 pints of fluid per day.

Follow up

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

Who can I contact for more help or information?

The Urology Procedures Department can be contacted for advice on weekdays between 8.30am – 4.30pm via the Urology Clinical Admin Team 0118 322 8629.

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/

More information is available on the Trust website www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

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