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BI-21.015E

Single incision sling

JAN YPERMAN ZIEKENHUIS

PATIENT DETAILS

Patient label

HOME NURSING DETAILS

Last name + first name:

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Phone number:

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Email address:

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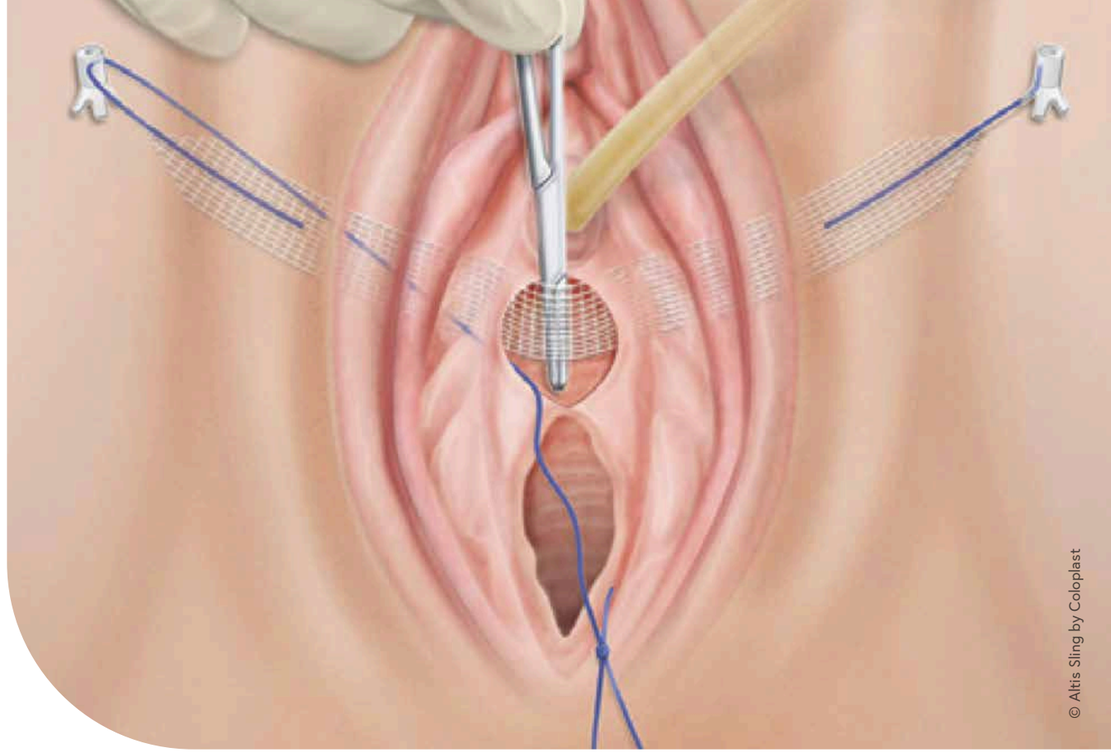
Questions?
Ask your attending doctor or a nurse.



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What is a single incision sling?

A single incision sling or ‘mini sling’ is a small synthetic band that is placed under the urethra to support it to treat stress incontinence (stress urinary incontinence). The band, made of polypropylene, is about 1 cm wide and is inserted into the vagina through a single incision. So, there are no external scars.

What happens during the procedure for a single incision sling?

The surgeon makes a small **incision** in the front wall of the vagina **just below the urethra**. The sling is attached under the middle part of the urethra and anchored with hooks to the left and right of a connective tissue membrane in the pelvis ('obturator membrane'). The doctor then closes the vaginal mucosa with soluble sutures.

The procedure usually takes no longer than **15 minutes** and can be performed under either general or regional anaesthesia (epidural). Consult with your doctor about which anaesthetic is most suitable. During surgery, we administer a single preventive dose of antibiotics via an IV, and you will receive a catheter. At the end of the procedure, a vaginal tampon will be inserted to limit blood loss.

Preparation for surgery

Before surgery, you have a **preoperative anaesthesia consultation** to discuss your medical history and any allergies. You will also be asked about whether you are taking any medication that must be temporarily stopped before the procedure (such as blood thinners).

The procedure date will be scheduled with your attending physician. The day before the procedure, you will be contacted with the exact time you need to be at the hospital.

You must not eat anything starting six hours before your admission. You may drink clear liquids (water, apple juice, coffee and tea without milk and sugar, sports and soft drinks) until your arrival at the hospital, depending on your thirst.

We also discuss this during the preoperative consultation.

Recovery after surgery

After the operation, you stay in the **recovery room** until you are sufficiently awake or you can move your legs properly (after an epidural anaesthesia). You will then be taken to the surgical day hospital.

After two hours, the vaginal tampon is removed. The nurse checks whether you can urinate properly. You will be asked to urinate in a bidet. Afterwards, we check whether the bladder is sufficiently empty using a bladder scan (bladder ultrasound). If you urinated sufficiently so that not too much urine remains in the bladder, you can go home around noon.

Recovery after a single incision sling procedure **usually goes smoothly**. For the first **two weeks**, **relative rest** is recommended. Avoid strenuous physical activity, such as heavy lifting and intense exercise. Light activities, such as walking, cycling and household chores, are fine. To allow the vaginal wound to heal properly, **swimming, bathing, tampon use and sexual activity** are **not recommended** for six weeks.

Slight blood loss may occur up to **one week** after the operation. If you experience heavy bleeding (beyond normal menstruation), contact your doctor. Also, you may experience **increased vaginal discharge during the four to six weeks** due to the presence of dissolvable sutures in the vagina.

A **check-up appointment** is scheduled with your attending physician after four to six weeks.

Risks and complications

All surgical procedures carry certain risks and potential complications.

General risks during surgery:

- **Risks due to anaesthesia:** These complications are generally very rare and primarily depend on your general medical condition. At the preoperative anaesthesia consultation, we go over your medical history and any home medications.

- **Infection:** There is always a small risk of infection despite the physician performing the procedure in sterile conditions and the preventive antibiotics you receive for the procedure.
    - Bladder inflammation (occurs in about 5% of patients). To detect this early, we always take a urine culture on the day after surgery.
    - Infection of the surgical area (the posterior wall of the vagina) or the sling.

- **Bleeding:** Blood loss during a single incision sling is usually quite limited. Severe bleeding requiring a blood transfusion is very rare (<1%).

Specific complications of a single incision sling

- **Groin pain:** Some patients experience pain in the groin area after the procedure. This usually disappears within two weeks of the procedure and can be easily treated with painkillers.

- **Damage to the urethra:** There is a small risk of an injury (<1%) because the doctor operates very close to the urethra during the procedure.

- **Urinary retention:** In 1 to 5% of patients, urination becomes more difficult after sling placement. This is often caused by swelling between the sling and the urethra, which makes it difficult to empty the bladder. A nurse carefully monitors how well you can urinate after the procedure. If you cannot urinate or too much urine remains in the bladder, It may be necessary to empty the bladder with a catheter (self-catheterisation). The nurse teaches you how. This problem is usually short-lived. Once the swelling subsides (usually after a few days), you can stop using the catheter.

- **Exposure of the band:** The sling is made of synthetic material, so there is a small chance (< 5%) that it will become exposed in the vagina over time. This may cause vaginal bleeding, discharge or pain. Small exposures can be treated with vaginal hormones. For larger exposures, the exposed piece of the ligament is removed via a second intervention.

- **Urgency incontinence:** Up to 20% of patients experience a stronger urge to urinate after the procedure. Sometimes, they may get to the toilet too late or must urinate more frequently than before. This is especially common in patients who already had these symptoms before surgery. There is usually spontaneous improvement within three months of the procedure.

Contact details

Doctors

- dr. E. Bauters
- dr. O. Brouckaert
- dr. L. Deblaere
- dr. J. Quintelier
- dr. E. Rossey
- dr. A. Vandenameele
- dr. I. Vanderbeke
- dr. P. Vryens

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Physical: 8 a.m. – 12:30 p.m. & 1:30 p.m. – 6 p.m.
Phone: 8:30 a.m. – 12:15 p.m. & 1:30 p.m. – 5:30 p.m.

Serious complaints or emergencies?

Please immediately contact

- your attending physician
- the hospital's emergency department
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