**Operation Procedure**

The operation is done under General Anaesthesia (G.A.). A 2.5 inch incision will be made in the pubic hair area (no incision for Tape Sling) and a 1 inch incision in the vagina, below your water passage opening. A strip of sheath will be taken from your abdominal muscle (or Tape) as a sling to support your bladder neck as shown in the diagram below. Your wound will be stitched with dissolving stitches and the scar will usually be thin. The average operation takes 20-40 minutes depending on the Sling type.

**What to expect Post-operatively**

You will have a pack in your vagina and a catheter to drain water from your bladder and in some cases a small tube from your abdominal wound to drain any blood collection. Your vaginal pack will be remove on day 1 and the catheter on day 1 or 2 after your operation.

You have to inform the ward nurse when you want to pass water starting from the first time after removal of the catheter, as she will check your residual urine every time after you pass water initially.

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**I.S.C. and Discharge from Hospital**

If you are emptying your bladder well the intermittent catheterisation will be stopped. If you are not emptying your bladder well, you will be taught to perform I.S.C. with guidance from your ward nurse. Please read the information leaflet on I.S.C. for more details.

If you are passing water well and emptying your bladder, you will be discharged on the 2nd day after your operation. If you need to perform I.S.C. you may need to stay for a day or more until you are confident.

There will be no sutures for removal before or after your discharge from hospital. You will be informed of your review date at discharge, which is usually in 6 weeks.

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**Care After your Surgery**

- You have to avoid strenuous activity and lifting heavy weights for 4-6 weeks after surgery
- Avoid driving for at least 2 weeks.
- Avoid swimming for 6 weeks
- You can return to light work in 2 weeks
- Avoid sex for at least 6 weeks

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**Pubovaginal Sling Operation**

**Patient Information Leaflet**

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**Prior to your Admission**

It is important that you stop Aspirin and Plavix **TWO WEEKS** or Warfarin **ONE WEEK** before your admission - otherwise your operation will have to be cancelled.

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Updated: April 2008
Definitions

Bladder:
The sac-like muscular organ that stores and expels urine.

Urethra:
The exit tube that carries urine from the bladder out of the body.

Urinary Sphincter:
The muscle surrounding the bladder opening (bladder neck) and urethra, which closes off the urethra, preventing leakage of urine from the bladder.

Pelvic Floor Muscle:
a group of muscles that surround and support the bladder and urethra.

Stress Incontinence (SUI)
Leakage of urine during physical acts like coughing and straining, which put sudden pressure on the bladder. It is caused by weak urinary sphincter and pelvic floor muscles and unsupported bladder neck.

Pubovaginal Sling Operation (P.V. Sling)
This operation is for your SUI and is designed to stop the bladder neck and urethra opening when you cough and strain in any way.

How effective is the Operation?
This surgical procedure has good results and cures Stress Urinary Incontinence in 80-90% of patients followed up for 5-15 years.

If you have associated Urge Incontinence (UI) before the surgery, the problem may persist after the surgery and will require treatment by tablets (25-30% of these patients), which you might have been on before your surgery in most cases.

Admission and Preoperative
Usually you will be admitted to the ward on the day of the surgery. In some instances you will be admitted the day before the surgery. The staff in the Admissions Office will inform you about the arrangements the day before your surgery, based on the bed situation in the hospital.

You will need to fast from 11.00pm the night before surgery. You may need blood tests, chest x-ray, ECG after your admission to the ward or the day before.

Please go through the risks and complications connected with the surgery mentioned on the next page and also the information leaflet on Intermittent Self Catheterisation (I.S.C.), which is provided with this leaflet.

Risks and Complications

1) There is 10% chance that you may have bleeding in your wound causing a haematoma or collection of blood, which may occasionally get infected.

2) There is less than 10% chance that you will not be able to pass water well after the catheter from your bladder is removed 1 to 2 days after the operation. This means that you will need to learn to perform Intermittent Self Catheterisation (I.S.C.) to empty your bladder. The duration of I.S.C. will range from 3 days to 1 week in about 50% (of patients who need to perform I.S.C.) and in other cases, from 1 week to 2 weeks in about 40% and more than 2 weeks in about 10%.

3) If you cannot perform I.S.C. due to any reason there is a chance that you will go home with a catheter in your bladder for about 2 weeks until your recover and you will then be brought back to hospital for removal of the catheter and trial of passing urine.

4) Up to 60% of the patients who have urgency and UI before the surgery will continue to have these symptoms after the surgery and may need to take tablets for this.

5) 5-7% of patients will develop new-onset urgency after the surgery and will need tablets to treat this.

6) 2-3% of patients will not be able to pass water normally at 6 weeks after the surgery, in which case a 'Uretholysis' operation, which involves cutting the sling, may be performed to restore normal voiding.

7) After tape sling only there is a 5% risk of erosion, usually into the vagina, rarely bladder or urethra.