

Sling Procedure

SUNA Postoperative Care Task Force

Overview

A sling surgery is done to treat urine leakage that occurs when a person laughs, coughs, sneezes, or leaks urine with physical straining. A sling is placed around the tube that allows urine to pass out of the body (urethra) to lift it back into a normal position and to put pressure on the urethra to improve urine leakage. The sling is attached to the abdominal (belly) wall.

Indications

Sling surgery is the most common surgery used to treat urinary urine leakage that occurs when a person laughs, coughs, sneezes, or leaks urine with physical straining.

What to Expect Before the Procedure

- You may need to have lab tests, X-rays, and electrocardiograms (EKGs) completed before your procedure if ordered by your provider.
- You may be asked to attend a clinic visit before the procedure for an exam and to go over test results.
- Please tell the urologist if you are allergic to any medications, latex, iodine, tape, contrast dye, or anesthesia.
- You will be asked not to eat or drink anything after midnight on the evening before your procedure.
- Please have plans for your transportation home. You will not be able to drive yourself home after the procedure.

What to Expect after the Procedure

Activity: No heavy lifting of more than 10 pounds for 6 weeks. Stop sexual activity, use of tampons. Avoid physical activity (such as jumping, squatting, or riding a motorcycle or bike) for 6 weeks. It is okay to drive 24 to 48 hours after surgery if your pain is under control and you are not taking narcotic pain medication. You can return to work (as long as it does not require lifting or straining) as soon as you feel ready.

Diet: You may return to your normal diet after surgery. Mild nausea may occur in the first 6 to 8 hours after surgery. We suggest clear liquids and a light meal the first evening after surgery.

Urinating: You may notice some mild burning with urination after surgery. This should stop in 1 to 2 days. You may also notice a slower stream or mild issues when urinating. This can be because of the swelling and improves within a week. If at any point you cannot urinate for 6 straight hours, you will need to contact the office.

Inability to urinate: Occasionally, this surgery can lead to being unable to urinate and the bladder filling up with urine. This is usually short-term and can be managed with a catheter.

Urine leakage: You may still have occasional leaking of urine. The sling is designed to correct stress urine leaking. Urine leakage with a sudden need to urinate may or may not improve with the sling. If urge urine leakage continues after surgery, then medication, specific bladder physical therapy, or additional procedures may be needed.

Wound care: You will have an incision inside your vagina and will not be seen. Spotting of blood and vaginal discharge are normal and may last for about 6 weeks.

Self-care: You may continue showering after the surgery. Stop baths, hot tubs, and swimming for 6 weeks.

Medications: You should be able to continue most or all your medications after surgery. Please check with the urology office about when to begin any blood thinner medication. You may be given a prescription pain medication. You should not need this for a long period of time.

Complications and When to Call the Clinic

Complications include:

- Difficulty urinating after surgery, possibly may need a catheter put into the bladder.
- New symptoms of sudden increase in the need to urinate or leaking with this sudden need to urinate.

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We hope you and all your family members may benefit from these handouts.

- Injury to another organ.
- Inside the body bleeding.
- Infection.
- Painful sexual activity.
- Mesh complications (such as infection, able to see mesh inside body, tearing of tissue, or chronic pain).

Call the clinic if you experience any of the following:

- Fever or chills (greater than 100.4 degrees F). This may be a sign of an infection.
- Vaginal discharge with a foul odor or is green in color.
- Continued heavy bleeding or drainage.
- Pain that is not controlled with medication.
- If you are unable to urinate.

****If you are unable to reach the clinic and are in need of immediate assistance, please proceed to the nearest Emergency Department.**

Resources

- Ghanbari, Z., Sany, S.B.T., Hajhashemi, M., Radnia, N., Orooji, A., & Mohajer, T. (2019). *Patient satisfaction and objective outcome assessment following mid-urethral sling procedures in women with stress urinary incontinence: A prospective study*. <https://doi.org/10.21203/rs.2.11250/v1>
- Kobashi, K.C., Albo, M.E., Dmochowski, R.R., Ginsberg, D.A., Goldman, H.B., Gomelsky, A., Kraus, S.R., Sandhu, J.S., Shepler, T., Treadwell, J.R., Vasavada, S., & Lemack, G.E. (2017). Surgical treatment of female stress urinary incontinence (SUI): AUA/SUFU guideline (2017). *Journal of Urology*, *198*(4), 875-883. <https://doi.org/10.1016/j.juro.2017.06.061>
- Marcelissen, T., & Van Kerrebroeck, P. (2018). Overactive bladder symptoms after midurethral sling surgery in women: Risk factors and management. *Neurourology and Urodynamics*, *37*(1), 83-88. <https://doi.org/10.1002/nau.23328>

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