

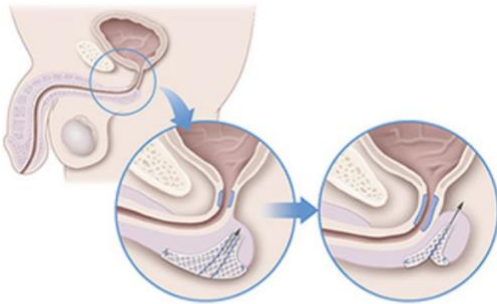
Advance Sling for Treatment of Stress Incontinence



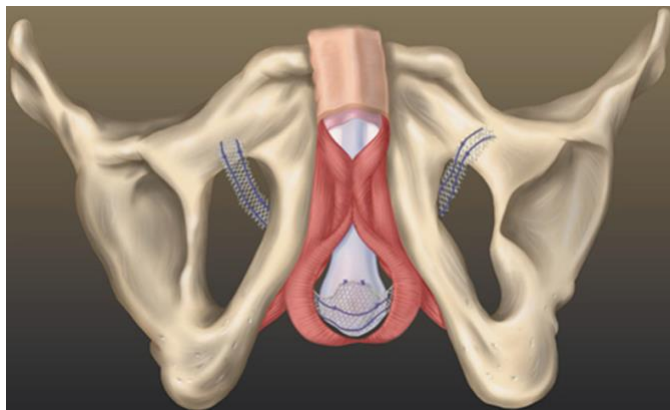
Stress urinary incontinence is the leakage of urine while coughing, laughing or sneezing due to weak pelvic floor muscles, and usually occurs in men due to a previous prostate gland surgery. The condition can be treated with a sling procedure, which involves the placement of a sling made of synthetic material to support the urethra.

The male pelvic sling is designed to stop leakage by supporting the sphincter muscle. The sling is a strip of soft mesh placed inside the body through small openings that are made to access the urethra and the urinary sphincter. The male sling moves the sphincter back to its natural position to help restore bladder control and provide continence. It requires no action by the patient to function and most patients are continent immediately following the procedure.

The sling procedure is performed under general anaesthesia. An examination of the bladder and urethra is done prior to the surgery. An incision is made between the scrotum and anus and 2 small incisions are made in the groin region. The sling is inserted through the scrotal incision and placed under the urethra. The ends are brought out through the incisions in the groin to form a hammock. A catheter is placed to help in urination and the incisions are sutured. Like all other surgeries, open advanced sling procedure may be associated with certain side effects:



The sling is place under the urethra and lifted into place to form a supporting hammock under the urethra



Position of the sling in relation to the urethra and the bones of the pelvis

Benefits:

- Placed entirely inside the body, it is undetectable to others
- High success achieved in patients with mild to moderate stress urinary incontinence
- Most patients are continent immediately following the procedure
- It operates on its own to restore continence
- 92% would undergo the procedure again

Risks and Side Effects:

As with any medical procedure, complications may occur. Some risks include, but are not limited to; device failure, urinary retention, post-operative pain, irritation at the wound site and foreign body response.

Post-Operative Care:

It is imperative to follow post-operative instructions: avoid physical exertion, do not lift more than 4 Kg., do not squat or climb, for at least 6 weeks postoperatively. Patients who do not follow these instructions are at high risk of loosening their sling with return of incontinence.