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Pubovaginal Slings

Stress incontinence is a medical term meaning exertion-related leakage i.e. if you exert yourself, you leak. The surgical placement of a “pubovaginal sling” is a treatment for stress incontinence +/- bladder prolapse. It is the most durable of operations that exist for the treatment of stress incontinence.

- It is very effective i.e. >95% cure rate for stopping stress incontinence
- There are very few associated problems
- If a bladder prolapse is associated, the sling helps support the repair of the prolapse resulting in improved long term outcomes
- After four weeks, patients can return to normal activity, including sport of any kind
- Sometimes bladder prolapse can actually mask stress incontinence, thus the symptom of stress incontinence is not always present when this operation is called for
- Hospital stay is generally two to three days
- A general anaesthetic is generally given. Occasionally a regional anaesthetic is used but the choice of anaesthesia is entirely at the discretion of the anaesthetist

What occurs during the operation?

This operation involves a vaginal and abdominal incision. A strip of tough material is taken from the covering of your abdominal muscles. This is called rectus fascia. That fascia is then tied to a special string type of material to enable the sling to be brought around the urethra in such a way that when you cough and move the sling tightens and closes the urethra to stop leakage

What to expect postoperatively

- An abdominal wound is required – usually 8cm, therefore lifting and activity involving the abdominal muscles need to be limited for at least four weeks after surgery
- In the first two weeks postoperatively, difficulty emptying the bladder is common, although some women pass urine without difficulty. Because of this recognised short term problem, all patients are taught how to pass a small catheter. This enables them to be free of the urinary catheter. Long term voiding trouble is rare but can occur
- Sling-related discomfort i.e. discomfort relieved by bending the knees up, is not uncommon in the short term after the sling. This usually resolves gradually over the weeks following surgery and no other sling discomfort is associated.
- The operation cures exertion-related leakage. It does not cure all associated urge incontinence and sometimes, especially if the incontinence was severe, urge incontinence may occur for the first time. This usually settles and is treatable. Occasionally, it is due to urethral obstruction, which again, usually resolves.
- The sling supports a bladder prolapse repair. Bladder prolapse repairs are not as reliable in the long term as the sling itself and there is little long term data available about the efficacy of prolapse repairs
- There is usually some vaginal discharge for two to three weeks while the stitches are dissolving. After that, intercourse is possible again depending on how comfortable you otherwise feel.