



Mid-Urethral Slings

A **mid-urethral sling** treats female stress urinary incontinence by placing a narrow strip of mesh in your body to support the urethra. Once placed, the sling acts as a hammock to cradle the urethra and gives it a point of support. Most patients are continent immediately following the procedure and can resume normal, non-strenuous activities within a few days.

Benefits

The sling offers several benefits:

Patients generally recover quickly and experience immediate continence.

It is minimally invasive and suitable for a wide variety of patients.

Incisions are small.

How it Works

In women with stress urinary incontinence, pelvic muscles and tissue have been weakened by pregnancy, childbirth, trauma, radiation, prior surgery, muscle damage or hormonal changes, causing the bladder and urethra to relax from their normal positions. The sudden, added pressure from coughing, sneezing, laughing or simple lifting can cause accidental loss of urine.

The sling helps to correct the stress urinary incontinence with a piece of mesh that supports the urethra. A narrow strip of polypropylene mesh is surgically placed in your body to cradle your urethra and give it a point of support. The self-fixating mesh anchors itself to tissue and muscle in the space surrounding the urethra.

The Procedure

Placement of the sling is a minimally invasive procedure that typically takes less than 30 minutes under IV sedation or general anesthesia, depending on what you and your doctor choose.

Before the procedure, your doctor will give you a thorough explanation of what will happen during your surgery and how to prepare for it. Your doctor also will explain the procedure in more detail and will describe the associated risks. Be sure to discuss any concerns with your doctor right away.

In general, placing the sling involves the following steps. (Your doctor's method may vary slightly from this one.)

1. Two small incisions are made at the suprapubic area or near the groin, and one in the vagina.
2. Narrow sling carriers are passed through the vaginal incision and exit through the suprapubic incision.
3. The mesh is attached to the sling carriers, and placed under the urethra.
4. Sling carriers are removed.

5. Mesh tension is adjusted.
6. Incision is closed.
7. Cystoscopy is performed

What to Expect After the Procedure

Your doctor may insert a catheter through your urethra to drain urine from your bladder if you are unable to urinate after surgery.

Your doctor may prescribe antibiotics as well as pain medications.

Your incisions will be small and should heal quickly. For approximately four to six weeks you should avoid sexual intercourse, heavy lifting and exercise. You can return to other normal daily activities at your doctor's discretion, often within one to two weeks.

Your doctor will provide you with additional information on your care after surgery for stress urinary incontinence, including any other limitations to activities.

You will be seen by your doctor 2 weeks after the procedure for a checkup.

Risk Information

The sling procedure is not for people who are pregnant or are planning a future pregnancy. Sling procedures require surgery and are not recommended for everyone, especially if you have blood coagulation disorders, a compromised immune systems, renal insufficiency or upper urinary tract obstruction. Inflammation and irritation may occur after surgery. Although rare, some of the most severe risks associated with sling procedures are infection, pain with intercourse, bleeding, erosion, and injury to surrounding structures. Some of the most common risks include urinary tract infections, mesh exposure, urge symptoms and difficulty with urination. You should talk with your doctor about benefits and risks before moving forward with any treatment option.