Mid Urethral Sling
中段尿道懸吊手術

Introduction

Any patient with severe stress incontinence, who cannot be treated only by means of pelvic floor muscle exercise and behavioral treatment and whose quality of life would probably be affected in a serious way, may consider to have the surgery.

The procedure

The surgery is performed under general, spinal, or local anaesthesia. The doctor will select the appropriate type of surgery according to the severity of incontinence suffered by the patient. In general, an incision of approximately 1-1.5cm is made on the vagina and a vaginal tape is then implanted through the incisions. In addition, an incision of approximately 1-2cm is made either above the abdominal-pubic region or on bilateral inguinal region; the ends of the vaginal tape are pulled out from this incision, and are then cut at skin level to fix the position of the vaginal tape. A sterilized adhesive tape is applied on the epidermis. For some of the tapes, the tightness of the vaginal tape may be adjusted within a few days after the surgery.

Risks and complications

Vaginal tape has the following potential risks in addition to complications and specific risks related to general surgery:

1. Incisional complications such as infection
2. Bleeding and hematomas
3. Injury to the bladder
4. Possibility to lead to dysuria
5. Overactive bladder disease
6. Erosion of nearby organs caused by the fibrous tape

This list is not exhaustive and rare complications cannot be listed.

Before the Procedure

Specific preparation before the procedure will be instructed by the doctor, such as antibiotic prophylaxis and bowel preparation.

Before the surgery, the conditions of the lungs and the heart must be appropriate for the surgery. Any coagulopathy or local infection must be handled properly.
The patient should note that the difficulty of the surgery may be increased if he/she suffer from any severe disease, have any physical abnormalities or have had similar operation.

After the Procedure

Medical gauzes may be placed into the vagina for hemostatic purpose right after the surgery and are generally removed on the following day.
The urethral catheter inserted through the urethra is removed within 1-3 days. In the early postoperative period, patient may notice reddish discolouration of urine but this will be improved gradually. The patient is advised not to worry too much over the matter. The urethral catheter will be removed by the medical staff about 2 weeks after the surgery if it is placed above the abdominal-pubis.
When the urethral catheter is removed, the patient should drink water gently and avoid intake too much water in a short period. Excessive distention of the bladder will cause pressure to the bladder neck and the vaginal tape, hence resulting in dysuria as well as affecting the effects of supporting and the surgery.

Follow Up

The patient may have the gauzes removed on the following day if her condition is considered fine. The patient is required to follow-up visits on time as instructed on discharge. The patient should seek medical care from the Accident and Emergency Department nearby if any severe condition is experienced.
Things to take note on discharge:

1. Pay attention to symptoms of urinary tract infections including dysuria, pain in the urethra, fever, continuous hematuria and frequent urination. Seek medical consultation if any of the above symptoms occurs.
2. Avoid vigorous exercise, heavy lifting and sexual intercourse within 4-6 weeks after the surgery.
3. Maintain smooth defecation and prevent constipation. Avoid forceful defecation which results in compression to and bleeding at the incisions on the vagina.
4. Pay attention to personal hygiene, keep clean and take plenty of rest.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.