

RECOVERING WELL



Royal College of
Obstetricians &
Gynaecologists

Information for you after a

Mid-urethral Sling Operation for Stress Urinary Incontinence



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Who is this information for?

This information is for you if you are about to have, or you are recovering from, a mid-urethral sling operation for stress urinary incontinence. You might also find it useful to share this information with your family and friends.

What is stress urinary incontinence?

Stress urinary incontinence is when urine leaks from your bladder when you do things that place pressure (stress) on your bladder. This might occur when you laugh, cough, sneeze or undertake physical activity.

What is a mid-urethral sling operation?

A mid-urethral sling operation is a type of operation for stress urinary incontinence. It involves placing a tape (called a sling) underneath the urethra (the tube that goes from your bladder to the outside). The sling supports your urethra when you laugh, sneeze, cough or are physically active and so prevents urine leaking from your bladder.

The exact type of mid-urethral sling operation you are having, or have had, may involve:

- one small incision (1 cm) in your vagina and two incisions in your

lower abdomen - this is known as a retropubic tape operation

- one small incision (1 cm) in your vagina and an incision on your inner thigh on both thighs - this is known as a transobturator tape operation
- one small incision (1 cm) in your vagina and no other incisions - this is known as a 'mini-sling' operation.

The type of mid-urethral sling operation will depend on your personal circumstances and will be discussed with you by your gynaecologist before your operation.

A mid-urethral sling procedure is usually done as a day-case procedure with an anaesthetic. This may be a local anaesthetic with sedation, a general anaesthetic or a regional anaesthetic (spinal or epidural).

Who is this information for?

About this information

You should read this information together with any other information you have been given about your choices and the operation itself. This information gives general advice based on women's experiences and expert opinion. Every woman has different needs and recovers in different ways. Your own recovery will depend on:

- how fit and well you are before your operation
- the reason you are having a mid-urethral sling operation
- the exact type of operation that you have
- how smoothly the operation goes and whether there are any complications.



What can I expect after a mid-urethral sling operation?

Usual length of stay in hospital

You may have your operation under a local or a general anaesthetic. Most women who have their operation under a local anaesthetic should be able to go home soon afterwards. If you have had a general anaesthetic, you will usually need to stay in hospital for three to four hours afterwards to make sure that you are fully awake and comfortable before you go home. If you have any problems passing urine afterwards, you may need to stay overnight.

After-effects of general anaesthesia

Most modern anaesthetics are short lasting. You should not have, or suffer from, any after-effects for more than a day after your operation. During the first 24 hours you may feel more sleepy than usual and your judgement may be impaired. You may be in hospital during

the first 24 hours but, if not, you should have an adult with you during this time and you should not drive or make any important decisions.

Stitches

Any stitches in your vagina or on your lower abdomen or thighs will not need to be removed, as they are dissolvable. They will dissolve within a few weeks. You may notice a stitch, or part of a stitch, coming away after a few days or maybe after a few weeks. When this happens with the stitches in your vagina, you may also get some vaginal discharge. This is normal and nothing to worry about.

Catheter

Having a catheter in your bladder is not usually necessary after a mid-urethral sling operation unless you have had a general or spinal anaesthetic.

If you have problems passing urine, a bladder scan will usually be done to see whether you are emptying your bladder completely. If you are not, you may need to have a catheter for a few days. You will be shown how to look after the catheter and will be monitored at home while you are using this. If you continue to have problems passing urine, the catheter may need to stay in longer or you may be taught how to empty your bladder yourself with a catheter.

Vaginal bleeding

You can expect to have some vaginal bleeding for up to a week after your operation. This is like a very light period and is red or brown in colour. You should use sanitary towels rather than tampons as using tampons could increase the risk of infection.

What can I expect after a mid-urethral sling operation?

Pain and discomfort

You can expect some discomfort after your operation. If you have had a transobturator tape operation, you may experience more discomfort. You may experience pain in your legs and thighs for up to two weeks - for some women it may be longer than this. When leaving hospital, you will usually be provided with painkillers for the pain you are experiencing. Most women just need paracetamol but don't worry if you need something stronger. Sometimes painkillers that contain codeine or dihydrocodeine can make you sleepy, slightly sick and constipated. If you do need to take these medications, try to eat extra fruit and fibre to reduce the chances of becoming constipated.

Taking painkillers as prescribed to reduce your pain will enable you to get

out of bed sooner, stand up straight and move around - all of which will speed up your recovery.

Starting to eat and drink

You should be able to start eating and drinking as normal immediately after your operation if it was done under local anaesthesia, or three hours later if you had a general anaesthetic.

Washing and showering

You should be able to have a shower or bath as soon as you are able to get up and about after your operation.

Physiotherapy

You will be given advice and information about exercises to help you recover and about ways to move easily and rest comfortably. You should be given written information on this.

Tiredness

You may feel tired for the first few days after your operation as your body is healing. It is unlikely that you will feel tired for any longer than this.



What can help me recover?

*It takes time
for your body to
heal and for you to
get fit and well again
after a mid-urethral
sling operation.
There are a number
of positive steps you
can take at this time.
The following will
help you recover.*

Eat a healthy balanced diet

Ensure that your body has all the nutrients it needs by eating a healthy balanced diet. A healthy diet is a high-fibre diet (fruit, vegetables, wholegrain bread and cereal) with up to two litres per day of fluid intake, mainly water. Remember to eat at least five portions of fruit and vegetables each day! As long as you are exercising enough and don't eat more than you need to, you don't need to worry about gaining weight.

Stop smoking

Stopping smoking will benefit your health in all sorts of ways, such as lessening the risk of a wound infection or chest problems after your

anaesthetic. By not smoking – even if it is just while you are recovering - you will bring immediate benefits to your health. If you are unable to stop smoking before your operation, you may need to bring nicotine replacements for use during your hospital stay. You will not be able to smoke in hospital. If you would like information about a smoking cessation clinic in your area, speak with the nurse in your GP surgery.

What can slow down my recovery?

It can take longer to recover from a mid-urethral sling operation if:

- you had health problems before your operation; for example, women with diabetes may heal more slowly and may be more prone to infection
- you smoke - smokers are at increased risk of getting a chest or wound infection during their recovery, and smoking can delay the healing process
- you were overweight at the time of your operation - if you are overweight it can take longer to recover from the effects of the anaesthetic and there is a higher risk of complications such as infection and thrombosis
- there were any complications during your operation.

Recovering after an operation is a very personal experience. If you are following all the advice that you have been given but do not think that you are at the stage you ought to be, talk with your GP.



When should I seek medical advice after a mid-urethral sling operation?

While most women recover well after a mid-urethral sling operation, complications can occur - as with any operation.

You should seek medical advice from your GP, from the hospital where you had your operation, **NHS 111** or **NHS 24** if you experience:

- **Burning and stinging when you pass urine:** If you also have blood in your urine, you may have a urine infection or cystitis. Treatment may be with a course of antibiotics.
- **Difficulty passing urine and emptying your bladder**
- **Vaginal bleeding that becomes heavy or smelly:** This may be due to an infection. Treatment may be with a course of antibiotics.
- **Pain experienced by either you or your partner during sex.**

Getting back to normal



Around the house

You may feel slightly tired for the first few days after your operation, so it is a good idea to plan to have some support with normal activities such as shopping and childcare. Most women are able to continue to do everyday domestic activities within days.

Driving

You should not drive for 24 hours after a general anaesthetic, nor until you are free from the sedative effects of any pain relief.

Having sex

You should usually allow four to six weeks after your operation to allow any vaginal scars to heal. It is then safe to have sex - as long as you feel comfortable. If you experience any discomfort or dryness, you may wish to

try a vaginal lubricant. You can buy this from your local pharmacy.

Your doctor would usually only discuss the option of a mid-urethral sling operation with you once your own family is complete. This is because the benefits from having had a mid-urethral sling operation are likely to be affected by any future pregnancy and birth. It is important to use contraception after a mid-urethral sling operation, if you are still of childbearing age and your family is complete. For information on the most suitable form of contraception for you, speak with your GP.

If you do become pregnant after having had a mid-urethral sling operation, your obstetrician may advise you to give birth by caesarean section.

Returning to work

Everyone recovers at a different rate, so when you are ready to return to work will depend on the type of work you do, the number of hours and how you get to and from work.

You may experience more tiredness than normal after any operation, so your return to work should be like your return to physical activity, with a gradual increase in the hours and activities of work. If you have an occupational health department, they will advise on this.

Some women are fit to work after three or four days and will not be harmed by this if there are no complications from surgery.

Many women are able to go back to normal work after two or three days if they have been building up their levels of physical activity at home.

Returning to work can help your recovery by getting you back into your normal routine again. You do not have to be symptom free before you go back to work. It is normal to have some discomfort as you are adjusting to working life.

You might also wish to see your GP or your occupational health department before you go back and do certain jobs – discuss this with them before your operation. You should not feel pressurised by family, friends or your employer to return to work before you feel ready. You do not need your GP's permission to go back to work. The decision is yours.



Acknowledgements

This information was developed by a multidisciplinary working party on recovery following gynaecological surgery and was peer reviewed by experts in the field and by patients and the public.

A final note

The Royal College of Obstetricians and Gynaecologists produces patient information for the public. The ultimate judgement regarding a particular clinical procedure or treatment plan must be made by the doctor or other attendant in the light of the clinical data presented and the diagnostic and treatment options available.

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Departure from the local prescriptive protocols or guidelines should be fully documented in the patient's case notes at the time the relevant decision is taken.

All RCOG guidelines are subject to review and both minor and major amendments on an ongoing basis. Please always visit www.rcog.org.uk for the most up-to-date version of this guideline.

