

### When can I drive after the operation?

You should be able to drive within a week of the surgery but you need to check with DVLA.

### When can I resume sexual activity?

You can resume sexual activity in about six weeks.

### When can I play sport?

Usually after four to six weeks, as this allows the wounds to heal and the mesh to settle into place.

### Further information

If you have further questions or concerns about your operation, please contact Gynaecology Outpatients Department, the Royal London Hospital on **02035941585**

### Patient Advice and Liaison Service

If you need general information or advice about Trust services, please contact the Patient Advice and Liaison Service (PALS) on 020 3594 2040 or visit [www.bartshealth.nhs.uk/pals](http://www.bartshealth.nhs.uk/pals). Alternatively please contact staff who are providing your care if you require clinical advice.

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Patient information

## Mid-urethral tapes for stress urinary incontinence



## Introduction

This leaflet is designed to explain mid-urethral tape operation, a procedure used to treat women with stress incontinence (leakage of urine with straining/effort). It involves placing a sling around the urethra, which is the channel that runs from the bladder to the outside of the body. This position, under the urethra, will give the necessary support to keep you dry during exertion.

## How is the procedure performed?

The operation is done through a small cut in the vagina, about 2 cms in length. A special type of tape material will be placed in the incision and pulled in a sling-like fashion around the urethra. There are two ways of pulling the ends of the sling out.

- One is through two very small cuts at the very bottom end of your abdominal wall. This is called the retropubic sling.
- The other way of pulling the sling ends out is through two small cuts made between the vagina and the inside of the leg. This is known as the transobturator sling.

In each case the sling ends are cut at the skin. Both operations have similar results and your doctor will discuss which operation is best for you.

The procedure takes approximately 30 to 40 minutes and you will be in the gynecological position (lying down with your feet in the air in stirrups) during the procedure. All the stitches are dissolvable. The surgeon will look around your bladder with a small camera afterwards. Rarely, you may have a catheter inserted to drain urine from your bladder.

## What type of anesthesia will be used?

You will either be given a general anaesthetic or a spinal anaesthetic where you will be awake but will feel no pain in the area of the operation.

## How long will I stay in hospital?

You will be admitted on the day or the day before the operation. Most women go home on the same day if they are awake enough

and can pass urine easily. If not, nearly everyone is discharged the next day.

## What is the success rate of the operation?

More than half a million of these types of operations have been carried out around the world. Research studies show 80% of women are cured and 94% experience a significant improvement.

## What are the risks of the surgery?

This is simple and common procedure, but as with all operations, you should be aware of the possible risks.

- Bleeding may occur and on rare occasions a blood transfusion may be necessary.
- A bladder infection may develop (6% chance)
- Perforation of the bladder may occur (10% especially during the retropubic operation). This is usually not a problem and your surgeon will recognise this complication when looking into the bladder during the operation.
- A small risk of mesh erosion where the mesh can be felt in the vagina. This may cause vaginal discomfort or discharge but can be treated by antibiotics and possibly removal of some of the tape.
- Between 3 and 15 % of women develop a symptom called urgency which is uncontrollable desire to pass urine. You may need some medication to control this problem.
- Up to 10% of women may find it difficult to pass urine after the operation and may need a catheter to empty the bladder for a short while. This is only a long-term problem in 2% of cases. A small operation to loosen the tape may be needed.

## What happens if the operation fails?

Further investigation will need to take place so a treatment plan can be decided. Occasionally a new tape may be inserted.