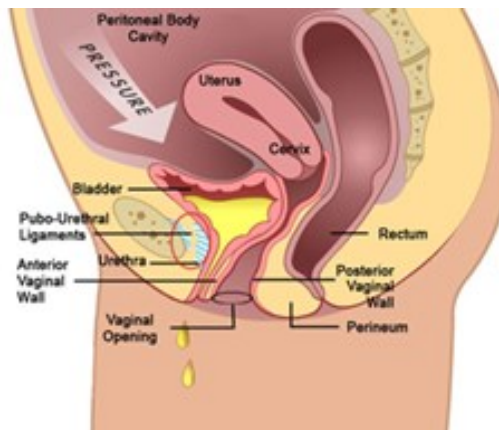


What next?

- Patients will have a trial of void without catheter the next day.
- Patients will be discharged as soon as they can completely empty the bladder.
- Patients may be required to self catheterize for a week or two.
- Patients may initially suffer from urge incontinence but this will improve within the next 6 weeks.
- Allow 6 weeks for symptoms to stabilise.
- There may be some blood in the urine. This can be remedied by drinking plenty of fluids until it clears.
- On discharge a prescription may be issued for patients to collect.
- Patients are to schedule a follow-up appointment in 6 weeks.
- Please direct all queries to Dr Schoeman's rooms.
- **PLEASE CONTACT THE HOSPITAL DIRECT WITH ANY POST-OPERATIVE CONCERNS AND RETURN TO THE HOSPITAL IMMEDIATELY SHOULD THERE BE ANY SIGNS OF SEPSIS.**



FDA WARNING ON MESH

www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm142636.htm

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PATIENT INFORMATION BROCHURE

RETROPUBIC MID-URETHRAL SLING MESH

See this live on:
vidscrip.com/urojo

Patient well-being is my first priority!

Retropubic Sling: Incontinence Procedure

Why is it done?

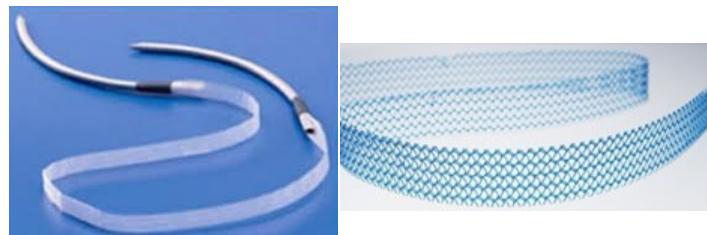
- Stress incontinence
- A combination of stress incontinence and detrusor overactivity
- Involuntary urine leakage with any exertion, coughing or sneezing
- Risk factors
 - More than 2 pregnancies, big babies, complicated deliveries, episiotomy
 - Smokers
 - Being overweight
- Where Intrinsic Sphincter Deficiency has been proved due to a failed previous sling

Pre-requirements

- An informed consent is required from the patient and a pre-admission clinic will be arranged.
- Patients may not eat or drink from midnight the previous evening.
- Patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this at the pre-admission clinic as well as to theatre staff and Dr Schoeman.**
- Any anti-coagulants such as Warfarin or Aspirin must be stopped 7 days prior to surgery. This may be replaced by once daily Clexane injections.
- Pre-operative blood tests are required 4 days prior to surgery.
- Patients with cardiac illnesses require a cardiologist/physician report.
- A chest X-ray is required for patients with lung disease.
- Be prepared for an overnight stay.

How is it done?

- This procedure is done under a spinal / general anaesthetic, as decided by the anaesthetist.
- The legs will be elevated into the lithotomy position.
- A small incision is made in the vagina. The sling is placed behind the pubic bone and brought to the skin above the pubic bone, with a small incision.
- The sling is placed tension free
- If you have a suspected Intrinsic Sphincter Deficiency (ISD), the sling may be placed tighter
- The bladder will be inspected with a Cystoscopy to exclude any injuries to the bladder wall.
- The wounds are closed with dissolvable sutures and/or skin glue.
- A local anaesthetic is given for pain relief.
- A urinary catheter is placed for 24hrs.
- A vaginal plug will also be placed.
- The catheter and plug will be removed early the next morning.
- The patient's urine output will be measured each time they urinate and the residual will be measured. (Patients will be required to do this up to 3 times.)
- If the residual amount of urine is more than 1/3 of the total bladder capacity, the patient may have to self catheterise, until the residual volume is acceptable.
- Prophylactic antibiotics will be given to prevent infection.



What to expect after the procedure?

- Any anaesthetic has its risks and the anaesthetist will explain all such risks.
- Complications:
 - hemorrhaging, requiring blood transfusion <1%;
 - bladder perforation, requiring an open repair <1%.
- Patients will wake up with a catheter in the urethra and bladder. This will remain in the bladder for 24 hrs.
- Pubic bone area discomfort/pain will persist for a few days but this will subside / settle.
- If you cannot urinate after 2-3 attempts, the sling may be readjusted.
- You may be required to self catheterize for a week or two.
- If there is no improvement the sling may be cut, to allow spontaneous urination
- NB! Each person is unique and for this reason symptoms may vary!

TGA has temporarily placed the use of these slings on hold until more research and information is available, still widely available in the USA