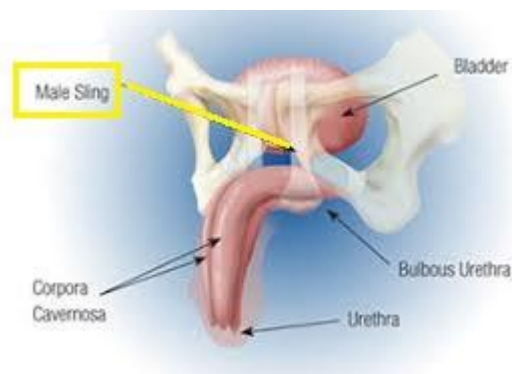


Male sling procedure

The male sling is used as the solution for male stress urinary incontinence and is commonly performed on men who have mild to moderate urinary incontinence, which unfortunately can be a long lasting side effect of prostate surgery for prostate cancer.

This procedure is used when conservative treatment like bladder training and pelvic floor exercises have not been successful.

During this procedure, synthetic mesh-like tape is placed around the urethral bulb, compressing and moving the urethra into a new position, thus assisting with the closure of the bladder sphincter.



In order to be eligible for this kind of treatment, you must satisfy the following criteria:

- Have tried conservative treatment for a period of around 12 months and have done a 24hr pad test (counting and weighing of pads in a 24hr period).
- Be in good general health.
- Have good bladder function, that is, bladder capacity > 250 ml and post void residual urine of less than 50 ml. This can be checked at the time of the Urodynamic testing.
- Be free of a urinary tract infection or any medical condition that might compromise healing.
- Had bladder functioning tests performed (Urodynamic evaluation).
- Had a normal cystoscopy (where the Dr looks inside your bladder with a camera).

What are the advantages of the male sling procedure?

The male sling procedure is not a major surgery. One of the advantages is that the male sling procedure only requires a small incision in the perineum (between the scrotum base and the anus). Because of this small incision, the recovery time is minimal. Most patients have their catheters stay in for one day and are discharged the following day after removal of said catheter, and a successful trial of void (measurements of your urine and a scan of your tummy to check for any residual urine). Once the sling is in place, it works immediately and requires no operation by the patient.

Procedure

During the male sling procedure, an incision is made through the perineal tissue (the area between the scrotum and the anus). The surgeon will then expose the urethra and use a supportive sling (a mesh-like surgical tape) around part of the urethral bulb that covers the most upper part of the urethra close to where it enters the area of the urethral sphincter. By wrapping the surgical tape around the urethral bulb, the sling gently moves the urethra into a new position and increases resistance in this area. This lends support to the bladder neck.

What happens after the male sling procedure?

Following your surgery, you may have a catheter exiting from the urethra for a short period of time. The catheter is in place to allow you to empty your bladder since there may be swelling after surgery that makes it difficult to urinate. After the swelling goes down, you will gradually be able to urinate on your own and empty your bladder well. However, your normal pattern of urination may not return for a few weeks. You can resume a normal diet after surgery. It is usual to experience some pain in the inner thigh muscles for a few days and in the scrotal wound for 1-2 days (usually mild).

Discharge/Post-Operative Instructions (0 – 6 weeks)

- You may shower 24 hours after the procedure, but no baths, hot tubs or swimming pools.
- A “no lift” approach is desirable for the first 3 weeks, after which up to 3kg for the next 3 weeks.
- No bending, squatting, climbing (including stepping onto high vehicles), extreme leg spreads, bike riding, weightlifting, jogging or breaststroke swimming, vacuuming or sweeping. Have someone assist picking up objects from the floor. Alternatively, purchase a mechanical device for use while healing continues.

- The wound in the perineum is closed with dissolving stitches and glue is applied as a dressing. The sutures will take up to 4 weeks to disappear. The glue will gradually peel off.
- It is usual to expect some pain or discomfort in the perineum area after the procedure, which may require a pain medication, this will be prescribed before you are discharged from the hospital. You can also use ice packs.
- Do not return to vigorous exercise for at least 6 weeks, although exercise by way of short walks daily is advisable.
- Pelvic floor exercise may be resumed after 6 weeks (or as per your surgeon's instructions).
- No intercourse (ask your surgeon).

Urinary and Bowel Elimination

- It is not uncommon to experience constipation after the procedure, especially if you are taking opioid medication - avoid straining during bowel movements. Consider a treatment with stool softener medication.
- Stay adequately hydrated during the day, 1.5-2 litres of water.
- Ensure adequate fibre in your diet.
- Consider not drinking liquids after about 7pm and ensure that you void prior to settling, this will empty the bladder and reduce pressure in the bladder overnight.

Contact your Urologist or the hospital (within 24 hours of discharge) if:

- Excessive pain is experienced and is not resolved by taking the medication prescribed.
- Blood appears in your urine (new, bright red/fresh bleeding).
- You are not able to pass urine despite having drank plenty of fluids.

Things you may consider asking your surgeon

When you consent to treatment, you are essentially entering into a partnership with your Urologist and you have a right to understand the procedure, the details of your care and the costs involved.

It is important to ask questions seeking as much information as you need and be open with your doctor. Prepare questions before hand, take another adult with you if possible and ask for further information if you don't understand. You also have the right of a second opinion.

- How long have you been doing this procedure?
- How many of these operations have you conducted in the last year?
- What is your success rate in overcoming incontinence?
- What is the next step if this procedure is not successful?
- Can you provide me with written material on the procedure to read?
- How long does the sling function e.g. 10 years, whole of life?
- Is it expected that the bladder sphincter gets weaker as we age?
 - Will it still work the same?
 - If not, can it be adjusted or is it a return to pads?
- Is there a need to do pelvic floor exercises after the operation?
 - Why?
 - If so, when do I start, how often and should I stop?

Estimated cost of procedure and care including out of pocket expenses

Remember you can ask for a quote for any procedure with their item numbers so you can check your out of pocket costs with your private health insurer.

Some of our patients have told us that they have experienced the things below following sling insertion (remember this is personal experience only, many patients report none of the below and only say it is great as they have improved continence):

- *Some short sharp pain if getting up quickly from a sitting position.*
- *Getting out of bed in the morning with a full bladder producing pain or discomfort.*
- *Production of only a small volume of urine after waking in the morning; should return to normal after a short time that day. If experiencing persistent retention of urine, contact your Urologist.*
- *In some cases, internal bleeding (haematoma) due to contact with blood vessel.*
- *A small leakage of urine if leaving it too long before using to the toilet.*
- *Flatulence with quick leg movements.*