

## Fascial Sling

This information sheet may be available in different formats. It is a brief outline of this problem and is not intended to replace verbal communication with medical or nursing staff.

### **What is a Fascial Sling Operation?**

Fascial Sling Operation is an operation to elevate the bladder neck (exit of bladder), in order to correct stress incontinence, incontinence that might occur when a woman coughs, sneezes, runs or walks quickly. It can even be noticed when rising from a chair or during intercourse. What happens at these times of exertion is that the pressure inside your abdomen rises which will press on the bladder and tend to force urine out of it. At the same time the pressure should squeeze and flatten the small tube (urethra) that runs from the bladder to the outside and urine should not be able to escape. This only works if this small tube which runs down the lower part of the front of the vagina underneath the skin, is in a position to be squashed. If there is even a small amount of weakness in the support to your pelvis then this tube will not be properly squeezed and may in fact be pushed away and remain open and leakage occur.

The operation of Fascial Sling is performed behind the bones of your pelvis at the front and in the vagina. It involves putting a strip (sling) of ligament under and around the urethra as it leaves the bladder. With this sling this area can be lifted slightly. The ends of the sling are attached to the very lower edge of your abdominal wall. This sling is made from a thin strip of ligament from the abdominal wall or a piece of pig skin can be used.

### **Why do I need this surgery?**

Because you have been diagnosed as having stress incontinence. Surgery for stress incontinence should always be a last resort, and you will have been advised following your urodynamic assessment whether any alternative options are available for your condition.

### **What are the benefits of having this surgery?**

The benefit of having this surgery is to attempt to treat your condition and therefore prevent the troublesome symptoms. Other possible treatments for your particular condition will have been discussed with you by the medical staff.

### **What are the risks of having the surgery?**

Anaesthetic risk – you may feel sick, or have a sore throat. If you smoke you have an increased risk of chest infection.

Operative risks – there is a chance of excessive bleeding, which may require a blood transfusion. There is occasionally damage to other structures (usually the bowel or bladder) there is a risk of wound or urinary infection which would be treated with antibiotics.

There is a risk of you experiencing difficulties in emptying your bladder, which usually can last a few days, however this can sometimes last much longer.

Some women who experience this will be taught to self catheterise. Further advice regarding this can be obtained by contacting the Urodynamics Specialist Nurse / Continence Advisor

### **What is recovery like?**

Naturally, there is quite a bit of bruising and swelling for a few days after the operation and a catheter is inserted into your bladder during this time. This catheter is usually inserted through the abdomen. After a few days, the catheter can be closed and you can then attempt to pass water normally, with the advantage that if you have difficulty the bladder can be easily emptied without the insertion of a further catheter.

It is not uncommon for patients to take quite a number of days until the bladder is working properly again. There are a number of things that you can do to make the operation as successful as possible. The sling does rely a little upon the natural strength and support of your pelvis and this is weakened by lack of exercise, smoking and obesity. If you have not been able to improve matters before the operation, you will be strongly encouraged to do so after the operation. If you have been performing pelvic floor exercises as taught by the physiotherapists, these should continue

### **Will I have a lot of pain?**

Some pain or discomfort is inevitable following surgery, but this can be controlled by pain relief. If you are not happy with the pain relief you are given, please tell the nurse looking after you.

### **Will I have any drains?**

Not everyone has a drain but if you do, it will be removed when the blood loss from it is less than 50 mls in 24 hours.

### **Is it necessary to have a catheter?**

Yes it is. This is to ensure the bladder is allowed to rest immediately following surgery as this is when there is most swelling and bruising.

It will be discussed with you before surgery whether you will have a supra-pubic catheter or a urethral catheter.

A supra-pubic catheter is a catheter that is inserted into the bladder through the abdominal wall.

A urethral catheter is a catheter inserted into the urethra or natural opening through which you pass urine.

### **Is there anything else I should know?**

Your stay in hospital is usually around 5-10 days, staff will make sure you receive adequate pain relief, good diet and physiotherapy during your recovery period. The nursing staff will check your wound daily and will advise you if your stitches or clips need removing. We advise you to resume normal activities and lifestyle as soon as you feel able, but avoid heavy lifting for the first few weeks following surgery. Sexual intercourse can be resumed as soon as you are ready, this operation will not alter your responses during sex. The decision to have the surgery must be yours and although initially there may be some problems emptying the bladder, the long-term effect is to improve the quality of your life.

The staff on the ward are always available to discuss this and any other issues with you in full, please do not hesitate to contact the **Urodynamics Specialist Nurse/ Continence Advisor on 0151 708 9988 Ext 4319 / 4016 at Liverpool Women's Hospital**

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