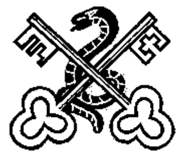

INSERTION OF A SYNTHETIC SLING FOR STRESS URINARY INCONTINENCE IN MEN

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Synthetic sling male.pdf

Key Points

- The male sling is used to treat urinary incontinence (leakage) after surgery for prostate cancer
- The success rate is 70% which includes men who still need to use one incontinence pad each day
- This is a new operation, so we have less information about how well it works in the long term compared with insertion of an artificial urinary sphincter (AUS)
- According the National Institute of Health & Clinical Excellence (NICE), this procedure should only be offered as part of a clinical trial

What does this procedure involve?

This is a relatively new procedure. It is used to treat urinary incontinence after surgery to remove the prostate gland. A synthetic sling (made from plastic mesh) is placed under your urethra (waterpipe), near where the prostate gland used to be. The aim of the sling is to reduce leakage by supporting the urethra.

Although the procedure seems to work well, with around 70% of patients being improved afterwards, we do not know how it compares with other stress incontinence procedures in the long-term. NICE guidelines recommend that the procedure should only be offered as part of a clinical trial.

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What are the alternatives?

Stress incontinence can be treated without surgery. We recommend that all patients try non-surgical treatment before having an operation, because it avoids the risks of side-effects or complications of surgery:

- **Pelvic floor exercises** – under supervision from a continence advisor or physiotherapist can improve stress incontinence in 70% of men
- **Weight loss** and **giving up smoking** can also help
- **Incontinence pads** or a **penile sheath** – may be used if your symptoms are not a bother to you and you choose to do nothing

Each of the operations for stress incontinence has advantages and disadvantages, and different operations may be better for different people. You should discuss these with your surgeon before making a decision. The main alternatives to a male sling operation are:

- **Insertion of an artificial urinary sphincter –** a device with an inflatable cuff which squeezes the urethra to prevent incontinence, but which can be released when you need to pass urine. This is the standard operation for stress incontinence in men
- **Urethral bulking** - injection of a bulking agent into the wall of your urethra; this procedure is not currently recommended by NICE
- **Urethral** or **suprapubic catheter -** putting a catheter into your bladder to drain urine directly into a bag.
- **Urostomy** – diverting your urine straight on to the surface of your abdomen (tummy) so that it drains into a bag

What happens on the day of the procedure?

Your surgeon will briefly review your history and medications, and will You will be seen by the surgeon and the anaesthetist who will go through the plans for your operation with you.

We may provide you with a pair of TED stockings to wear, and we may give you a heparin injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

Details of the procedure

- we normally carry out the procedure under a general anaesthetic (i.e. with you asleep)
- we usually give you an injection of antibiotics before the procedure, after you have been checked for any allergies

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- we make a 5 – 10 cm (2 – 4 inch) incision in your perineum (the skin between the back of your scrotum and your anus)
- we make a small (0.5 cm) incision in each of your groins
- we put the mesh sling under your urethra to support it (pictured)
- we close the skin with dissolvable stitches which normally disappear within two to three weeks
- we usually put a catheter into your bladder, through your urethra, at the end of the procedure; this is usually removed the next day
- you can expect to go home after one to two days

Further information and a short video of insertion of a male urethral sling are available on the BAUS website.

How effective is the procedure in curing stress incontinence?

- currently, the standard operation used to treat stress urinary incontinence in men is insertion of an artificial urinary sphincter (the AUS operation)
- we do not have as much information about the male sling procedure as we do for the AUS operation
- we think that 70% of men (seven out of 10) get an improvement in their incontinence and are pleased with the result after a male sling operation. This includes those men who have improved but still need to use up to one pad per day
- around 50% of men have no leakage at all after the procedure
- although the results are encouraging, we do not have enough data about the long-term success of the AUS operation.

Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

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After-effect	Risk
Burning or stinging when you pass urine	Between 1 in 2 & 1 in 10 patients
Discomfort and bruising in your perineum, scrotum and groins	Between 1 in 2 & 1 in 10 patients
Failure to produce any significant improvement in your leakage	Between 1 in 2 & 1 in 10 patients
Complete inability to pass urine (retention of urine)	Between 1 in 10 & 1 in 50 patients
Infection in your wound requiring further treatment	Between 1 in 10 & 1 in 50 patients
Overactive bladder symptoms (passing your urine frequently and urgently)	Between 1 in 10 & 1 in 50 patients
Damage to the urethra during the procedure	Between 1 in 50 & 1 in 250 patients
Gradual migration (movement) of the sling into your urethra (months or years later)	Between 1 in 50 & 1 in 250 patients
Groin pain & discomfort which may last several months or be permanent	Between 1 in 50 & 1 in 250 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)	Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is approximately 8 in 100 (8%); this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This figure is higher if you are in a "high-risk" group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

- you will get some swelling and bruising of your scrotum, perineum and groins which may last several days
- you should try to keep your bowels regular, if necessary by using laxatives
- for the first two weeks, you should rest and avoid any lifting (nothing heavier than 5kg or two, 4-pint milk cartons)
- after two weeks, you can go back to everyday activities. However, if you do very strenuous things like working out at the gym, running or you have a very physical job, you should wait for six weeks in total
- you will need at least four weeks off work (longer if you have a strenuous job)
- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy

Your data and data protection

It is important that surgeons monitor the success rates and complications of the operations they perform, to be sure that their patients get good results. This helps us to tell future patients what to expect, and makes sure that the all surgeons are performing well. All stress incontinence operations are recorded on a national database so that we can do this.

BAUS runs a national audit and collects data from all urologists undertaking this surgery. There are two reasons for this. First, surgeons are required by the Department of Health to look at how well the surgery is being done under their care and, second, to look at national trends for the procedure.

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Some basic patient data (e.g. name, NHS number and date of birth) are entered and securely stored. This is required so that members of the clinical team providing your care can go back to the record and add follow-up data such as length of stay or post-operative complications. This helps your surgeon to understand the various outcomes of the procedure.

Although BAUS staff can download the surgical data for analysis, they **cannot** access any patient identifiable data. This information is used to generate reports on individual surgeons and units; these are available for the public to view in the Surgical Outcomes Audit section of the BAUS website.

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (warfarin, aspirin, clopidogrel, rivaroxaban or dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "Having An Operation" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

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Smoking and surgery
Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local NHS Smoking Help Online; or
- ring the free NHS Smoking Helpline on **0800 169 0 169**.

Driving after surgery
It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to contact the DVLA if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, they can also arrange for a copy to be kept in your hospital notes.

What sources were used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the Department of Health (England);
- the Cochrane Collaboration; and
- the National Institute for Health and Care Excellence (NICE).

It also follows style guidelines from:

- the Royal National Institute for Blind People (RNIB);
- the Information Standard;
- the Patient Information Forum; and
- the Plain English Campaign.

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Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.

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