Bladder Repair Surgery

Pubo-vaginal sling

The Uroformation series is a co-operative venture in patient centered urological information.
Pubo-vaginal sling is an operation to treat stress urinary incontinence. Stress incontinence is leakage of urine that occurs with activities which cause an increase in abdominal pressure such as coughing, sneezing, jumping, lifting, exercising and in some cases walking.

This leakage occurs because the muscles at the bladder neck have lost their supports and strength. As a valve mechanism the urethra (outlet pipe) no longer stays closed when extra pressure is put on the bladder.

This booklet is designed to give you an overview of the surgery and what you may expect whilst in hospital and following discharge.
Pubo-Vaginal Sling

In this operation a strip of tissue is taken from the lower abdomen and used as a sling or hammock around the bladder neck and urethra.

The tissue to create the sling is obtained through an incision in the bikini line and then placed in position through an incision in the vagina.

On average most women are in hospital 3-4 days following this type of surgery.
Tissue is taken from the lower abdomen to make the sling

The sling is placed in position through an incision in the vagina
What happens before my operation?

The operation and possible complications will be explained to you by the doctor. When you feel comfortable that you understand what is to be done and have had all your questions answered you will be asked to sign a consent form.

In the weeks just prior to surgery it is common to come to Urology Associates clinic to see the continence advisor for a pre op appointment.

You may have a routine blood test, a urine sample taken and a chest x-ray requested. Depending on your age and other medical problems you may also have an electrocardiogram (ECG) to record the electrical activity of your heart.

Try to establish and maintain a regular, soft bowel habit leading up to your operation. Identify the foods that can help you in this area for your post op period.

It is important to avoid constipation.
What happens on the day of my operation?

You will be advised when to come to hospital and on arrival to the ward the staff will show you to your bed and guide you through what is required prior to your operation.

It is usual to stop eating and drinking at least 6-8 hours prior to surgery.

You should bring your own medications with you and the staff will advise you if you need to take them on the day of your operation.

An area from the tummy button, to below the bikini line will be shaved in preparation for surgery.

Before the operation you will be given supportive stockings to wear until you leave hospital to minimise the risk of blood clots forming. A blood thinning medication may also be prescribed.

Whether you have a spinal or general anaesthetic will be decided after discussion with the anaesthetist. This usually occurs during your pre-admission assessment or in the ward pre-operatively. Just prior to surgery you may be given a premedication tablet to relax you.

You will be encouraged to commence deep breathing and coughing exercises to prevent any breathing complications or chest infection occurring following the surgery and anaesthetic.
What to expect straight after my operation?

When you first wake you will be in the recovery ward. You may feel sleepy and perhaps a little disorientated, but this feeling will pass.

You may eat and drink as desired, but initially it is better to start slowly with fluids as the anaesthetic often makes people feel nauseated. There is medication available to control nausea if necessary.

An intravenous line (drip) will be attached to your arm for one or two days to give you some extra fluids and to allow pain medication to be given.

There will be a light dressing on your lower abdomen.

You will have a catheter (tube) in your bladder via your urethra, draining the urine into a catheter bag.
What to expect in the days after my operation?

While in hospital you will be prescribed panadol and you should take this regularly to keep any discomfort to a minimum. Ask the nurses for stronger pain relief as you need it.

The day following surgery you will be assisted to shower and then encouraged to sit in a chair at least twice during the day. Mobilisation will minimise the risk of complications.

If a gauze pack was placed in the vagina during surgery it will usually be removed the next morning prior to your shower.

Once you are drinking normally and your pain is controlled your drip will be removed. This is usually the day after your operation.

Catheter
Your urethral catheter will also be removed after 2 days. After a normal intake of fluid it is usual to pass urine every 3-4 hours. Initially you should not wait longer than this time before trying to empty your bladder.

You may find emptying your bladder feels different as it recovers from the surgery and the associated swelling of the surrounding tissues.

Try to relax your abdominal muscles and the muscles underneath your bladder. Take your time and just let the urine flow out.

Do not push or strain as this forces the urethra against the sling, closing it off and stopping the flow of urine.

It is common not to be able to pass urine afterward.
If you cannot pass urine, can pass only a small amount or have bladder discomfort please let your nurse know.

The nurse will use an ultrasound bladder scanner to record the volume of urine retained. This is called the residual urine. If residual urine volume is significant then it might be necessary for you to learn how to pass a catheter into the urethra to empty the bladder.

This is called Clean Intermittent Catheterisation (C.I.C.) and can be performed in the privacy of your own bathroom or any toilet. Initially you may have to catheterise each time you need to pass urine but as things return to normal the frequency of your C.I.C. will be reduced.

If needed your nurse will give you a booklet, which outlines this technique and will help you in learning C.I.C. When you feel confident inserting the catheter you can be discharged home.

If you are unable to do C.I.C, you will be discharged home with an Indwelling Urethral Catheter (I.D.C.). Your surgeon will decide when this should be removed.

**Home help**
You may be offered home help for the first few weeks after discharge. This is usually provided by the District Nursing Service and will be arranged by the nurse on your behalf.

**Bowels**
Keeping a regular, soft bowel motion is important.

While in hospital you will be prescribed a laxative such as lactulose to help avoid this. Kiwi fruit or "kiwi-crush" are also recommended.
After Discharge

Catheter
If C.I.C. is needed you will be given some catheters and lubricant to take home. If going home with an I.D.C. you will be given a leg bag and 2 night bags.

If you are discharged with an I.D.C. your nurse will make an appointment for you to come back to Urology Associates rooms to have it removed. This may be one or two weeks post operatively.

If needed, your continence advisor will advise you where to obtain catheter supplies.

Pain control
Take regular pain control. Paracetamol (Panadol) or anti-inflammatory medication such as Diclofenac (Voltaren) or Nurofen are usually effective.

The more you do, the worse any pain will get, so use that as a guide for the amount of activity that you do over the next few weeks.

Wound pain sometimes may be worse on one side than the other.

Wound care
Your abdominal and vaginal wounds should heal within 7-10 days however the muscle layer beneath your skin will take up to 3 months to heal.

Keep your abdominal wound as clean as possible and dry it well after a shower. The dressing tape can be removed after 7-10 days.
If you notice the wound becomes inflamed, there is an increase in pain or it is red, hot or swollen contact Urology Associates or your GP for advice.

**Vaginal discharge**

It is normal to have some vaginal bleeding on and off for a few weeks and then a brown discharge for a few weeks following that. If the bleeding becomes heavy, you pass clots or have a smelly vaginal discharge, contact Urology Associates or your GP.

You may also notice the remains of some stitches in your underwear or in the toilet after voiding. Do not be concerned as these are vaginal stitches which have started to dissolve and that is expected.

**Seek help if you develop**

- Flu like symptoms
- A temperature over 38°C
- Pain or discomfort not controlled by pain medication
- Bleeding or difficulty passing urine
- Pain or tenderness in the calf or thigh
- Symptoms of a urinary tract infection such as pain on passing urine, going more often or smelly urine

**Change in voiding habits**

Following surgery you may find that your urinary stream does not start to flow immediately. The stream may be weaker, or to one side or tend to stop and start. You may also notice that your usual toileting posture changes. These problems are not usually permanent and will resolve over time.
Activity
Following surgery it is important to avoid any abdominal straining while your surgical repair heals. In particular you must avoid lifting heavy objects.

Initially when you go home you will not feel like doing very much, so listen to your body and rest. Sitting with your feet elevated will be the most comfortable position.

Things you can do include
- Showering
- Preparing light meals
- Walking up and down stairs slowly
- Gentle walking is to be encouraged – it is better to do two short walks in the day rather than one long walk

Things you should not do for 6 weeks include
- Picking up heavy objects off the floor
- Housework except light work at bench height
- Vacuuming
- Carrying supermarket bags / rubbish bags
- Carrying children / pets

Things you should not do for 12 weeks include
- Heavy lifting
- Shifting the furniture
- Lawn mowing or digging the garden
- Weights at the gym
- Carrying rubbish bags or washing basket
- Carrying children / pets

Driving
Generally when you feel that you could perform an emergency stop without being concerned about abdominal pain (at about 3-4 weeks), then you can resume driving.
**Pelvic floor exercises**
It is important to recommence pelvic floor exercises once you have recovered from surgery. If you have any concerns about your technique please contact your continence advisor.

**Sexual intercourse**
You can resume sexual intercourse at 6 weeks but some women may need to adopt alternative positions if they experience any discomfort. You can discuss this with your specialist.

**Returning to work**
Ask your specialist about returning to work. This will vary according to the type of operation performed and whether you have a manual or sedentary occupation. Usually people are off work for about 4-6 weeks.

**Bowels**
You may eat and drink normally. Try to keep your bowel motions soft by using high fibre foods such as kiwi fruit, fruit, vegetables, wholemeal bread, nuts and seeds.

Do not become constipated or strain to have a bowel motion; take an oral laxative if you are constipated and conservative measures have not helped. Use a footstool to help bowel emptying. Discuss this with your continence advisor if you need further information.

**Follow up**
You will receive an appointment to see your specialist usually about 6 weeks following surgery.

The continence advisor will contact you regularly by phone to check on your progress. If you have any concerns you may ring anytime or make a time to be seen in person.