



SPECIALIST CARE FOR BLADDER AND PROSTATE PROBLEMS

INFORMATION FOR MEN CONSIDERING A MALE SLING PROCEDURE

INTRODUCTION

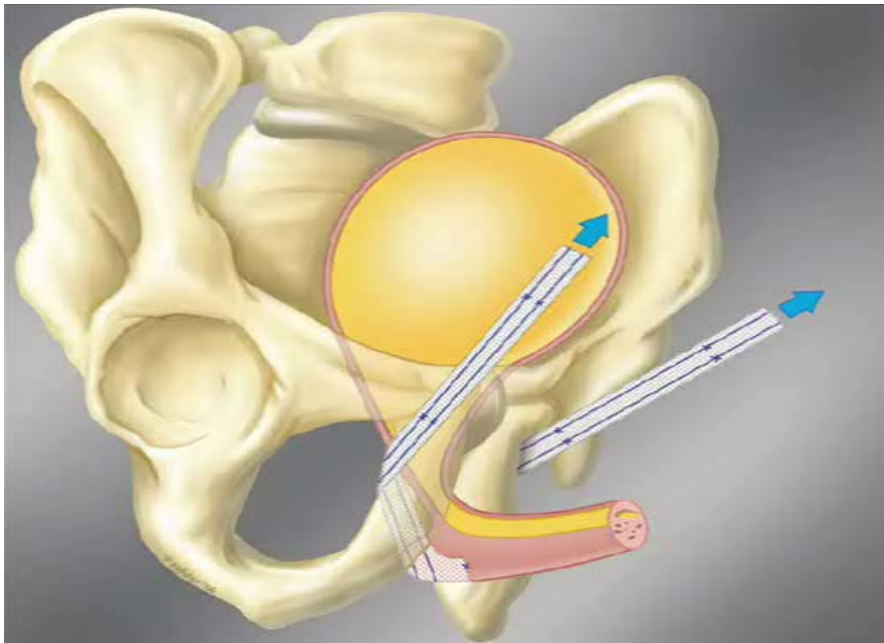
This leaflet is designed to give you information regarding the male sling procedure. You will have already had urodynamic studies undertaken. This will have assessed the degree of incontinence you are experiencing and your options will have been discussed with you. The options available for male incontinence following radical prostatectomy include bulking agents, the male sling procedure or an artificial urinary sphincter. As you have been given this leaflet your consultant deems the most appropriate option for you is the male sling.

WHAT CAUSES MALE INCONTINENCE

Incontinence is usually caused by a weakened sphincter, a circular muscle that controls the flow of urine from the bladder. Weakness is often caused as a result of surgery for prostate cancer. Once weakened the sphincter cannot squeeze and close the urethra which leads to leakage. This is commonly worse when you are active.

WHAT IS A MALE SLING

A male sling is a minimally invasive procedure where a synthetic mesh sling is inserted to support the urethra so that continence is restored.



The sling is inserted through three small incisions, 1 in each groin and 1 in the perineum, just below the back passage.

This procedure is relatively new, with limited long term results, however initial results show a success rate of around 80% in specially selected groups.

Success is defined as no pads after surgery or an improvement in urinary leakage of 50%.

You can expect to be in hospital for about 4 days.

OTHER OPTIONS

Other surgical options for incontinence in men following radical prostatectomy include bulking agents which are usually only offered for very mild incontinence and artificial urinary sphincters which are recommended for severe urinary incontinence. The final option is continuing pelvic floor exercises. The urodynamic test indicated that the treatment most suitable for you is a male sling procedure.

PRIOR TO SURGERY

You will be seen in the pre-operative assessment clinic to make preparation for your admission. At this clinic we will note your details including your current medication, arrange any necessary blood tests, heart tracings, chest x-rays and infection screening.

DAY OF SURGERY

You will be admitted on the day of surgery nil by mouth, you will be dressed in a theatre gown. A theatre porter will take you to the urology theatre accompanied by a nurse from the ward.

POST OPERATIVELY

Following surgery you will have a urinary catheter in place for 48 hours (this is a tube that drains the urine from the bladder), once the catheter is removed the nurses will check that you are passing urine satisfactory and will ensure that you are emptying your bladder by doing an ultra sound scan of the bladder.

You will be kept on bed rest for 48 hours.

You will be able to eat and drink normally after surgery.

Pain relief will be administered as required.

ON DISCHARGE

- Keep wounds clean and dry. Bathe daily and pat the wounds dry with a clean towel afterwards. No baths or hot tubs for 2 weeks, you may start using the shower after 24 hours.
- No lifting anything heavier than a full kettle for six weeks.
- No sexual activity for 6weeks.
- No bending, squatting, climbing (e.g. stepping up into high vehicles), extreme leg spreads, biking, jogging for 6 weeks.
- No driving for 4 weeks.
- It is important to avoid constipation as straining could damage the sling, if you find you are becoming constipated see your GP for a stool softener.
- It is not uncommon to experience some pain at the surgical site, controllable with pain medication which will be provided on discharge.
- Any signs of discharge from the wounds must be reported to ward west one out of hours 0121 627 2251 or preferably to the specialist nurses 0121 680 4789 between 9 – 5 Monday to Friday.

FOLLOW UP

You will be seen before discharge by the specialist nurse who will supply you with contact details in case you experience any difficulties, you will also be given an appointment to be seen in 2 weeks by that nurse so that your wounds can be checked, a bladder scan will be performed to ensure you are emptying your bladder and to check on your progress. After that your next appointment will be in 3 months with Mr Almallah, however you can contact the specialist nurse at any time should you need further advice.

COMPLICATIONS

These include:

- Possibility of the sling becoming infected, A sign of infection is a raise in temperature, redness, swelling or a discharge from the wound sites.
- A less common complication is erosion of the sling through the urethra which is when the tissue next to the device is “worn away” and usually results in the device having to be removed.
- Scrotal and perineal Pain/ discomfort, with upper thigh pain and numbness which can sometimes be severe initially, because it is a sensitive area. This should resolve in 2 – 4 weeks time. In our experience persistent pain can be more prolonged in a small number of patients.

If you experience any problems please contact us

References

American Medical Systems 2007



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