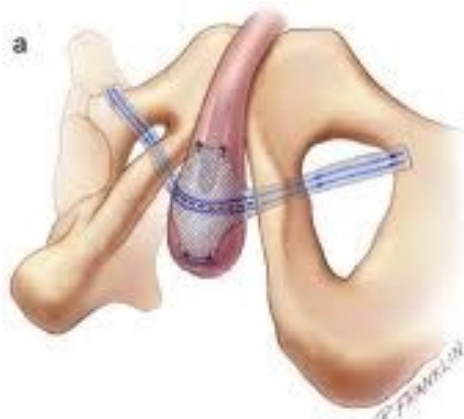


What next?

- Patients will have a trial of void without catheter the next day.
- Patients will be discharged as soon as they can completely empty the bladder.
- Patients may be required to self catheterize for a week or two.
- Patients may initially suffer from urge incontinence but this will improve within the next 6 weeks.
- Allow 6 weeks for symptoms to stabilise.
- There may be some blood in the urine. This can be remedied by drinking plenty of fluids until it clears.
- On discharge a prescription may be issued for patients to collect.
- Patients are to schedule a follow-up appointment in 6 weeks.
- Please direct all queries to Dr Schoeman's rooms.
- **PLEASE CONTACT THE HOSPITAL DIRECT WITH ANY POST-OPERATIVE CONCERNS AND RETURN TO THE HOSPITAL IMMEDIATELY SHOULD THERE BE ANY SIGNS OF SEPSIS.**



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Urologist



Dr Jo Schoeman
Specialist Urologist

**PATIENT
INFORMATION
BROCHURE**

***MALE
ADVANCE
SLING***

See this live on:
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Patient well-being is my first priority!

Male Advance Sling

Why is it done?

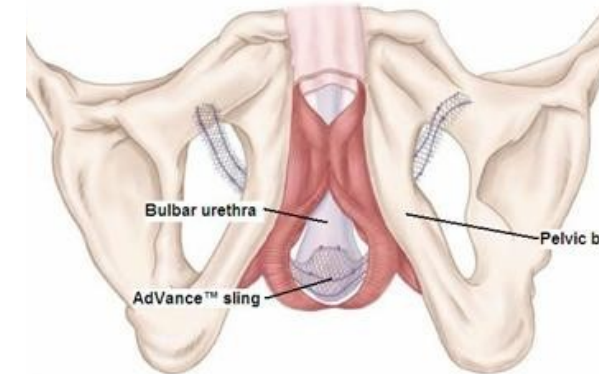
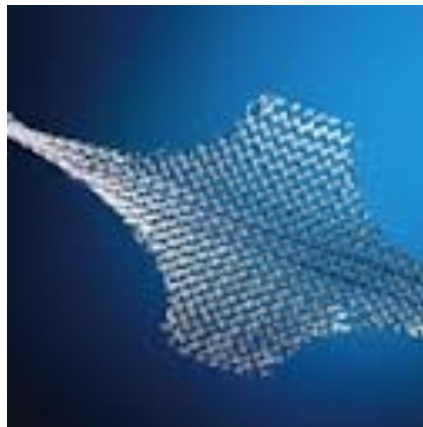
- Male Stress incontinence
- Usually after a TURP/TUVP, Radical Prostatectomy in 2% of cases as pre-described complication of surgery
- Lower Motor Neuron injury to nerve supply to the bladder

Pre-requirements

- An informed consent is required from the patient and a pre-admission clinic will be arranged.
- Patients may not eat or drink from midnight the previous evening.
- Patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this at the pre-admission clinic as well as to theatre staff and Dr Schoeman.**
- Any anti-coagulants such as Warfarin or Aspirin must be stopped 7 days prior to surgery. This may be replaced by once daily Clexane injections.
- Pre-operative blood tests are required 4 days prior to surgery.
- Patients with cardiac illnesses require a cardiologist/ physician report.
- A chest X-ray is required for patients with lung disease.
- Be prepared for an overnight stay.

How is it done?

- This procedure is done under a spinal / general anaesthetic, as decided by the anaesthetist.
- The legs will be elevated into the lithotomy position.
- A 7cm incision is made on the perineum (space between scrotum and anus).
- The sling is placed around the bulb of the penis.
- The arms of the sling are brought to the skin at the inner thigh, with a small incision.
- The sling is placed with descent tension, pulling the bulb interior by at least 2 cm.
- This tensioning is done under cystoscopic vision.
- The bladder will be inspected with a Cystoscopy to exclude any injuries to the bladder wall.
- The wounds are closed with dissolvable sutures and/or skin glue.
- A local anaesthetic is given for pain relief.
- A urinary catheter is placed for 24hrs.
- The catheter will be removed early the next morning.
- The patient's urine output will be measured each time they urinate and the residual will be measured. (Patients will be required to do this up to 3 times.)
- If the residual amount of urine is more than 1/3 of the total bladder capacity, the patient may have to self catheterise, until the residual volume is acceptable.
- Prophylactic antibiotics will be given to prevent infection.



What to expect after the procedure?

- Any anaesthetic has its risks and the anaesthetist will explain all such risks.
- Complications: hemorrhaging, requiring blood transfusion <1%;
- Patients will wake up with a catheter in the urethra and bladder. This will remain in the bladder for 24 hrs.
- Inner thigh discomfort/pain will persist for a few days but this will subside / settle.
- If you cannot urinate after 2-3 attempts, the catheter may be replaced for a further 7 days
- You may be required to self catheterize for a week or two.
- If there is no improvement the sling may be cut, to allow spontaneous urination
- This may only be 50% effective in irradiated patients
- NB! Each person is unique and for this reason symptoms may vary!

