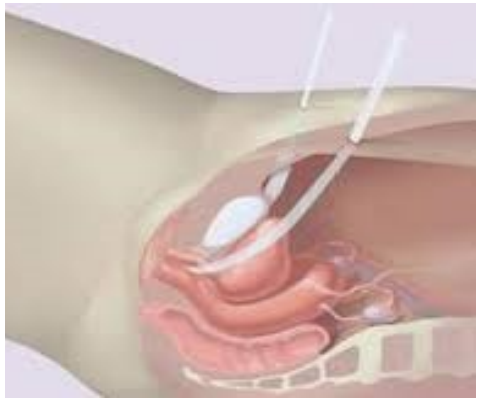
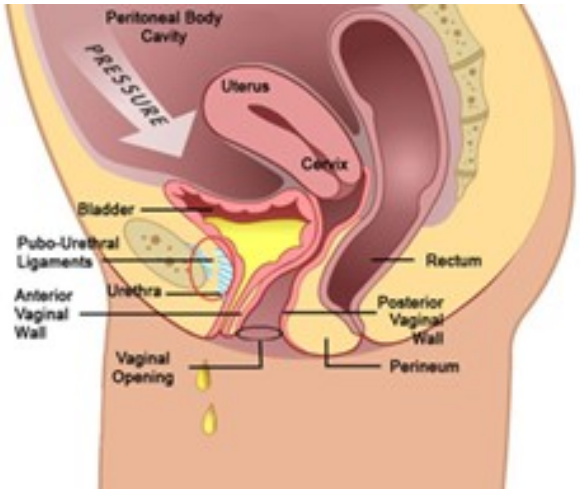
What next?

- 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 HOPSITAL DIRECT WITH ANY POST-OPERATIVE CONCERNS AND RETURN TO THE HOSPITAL IMMEDIATELY SHOULD THERE BE ANY SIGNS OF SEPSIS.**





FDA WARNING ON MESH
www.**fda**.gov/MedicalDevices/Safety/**Alert**sandNotices/ucm142636.htm

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Urologist

Dr Jo Schoeman
Specialist Urologist

PATIENT INFORMATION BROCHURE

RETROPUBIC SLING: URINARY INCONTINENCE PROCEDURE

See this live on:
vidscrip.com/urojo

Patient well-being is my first priority!

Retropubic Sling: Incontinence Procedure

Why is it done?

- Stress incontinence
- A combination of stress incontinence and detrussor overactivity
- Involuntary urine leakage with any exertion, coughing or sneezing
- Risk factors
  - More than 2 pregnancies, big babies, complicated deliveries, episiotomy
  - Smokers
  - Being overweight
- Where Intrinsic Sphincter Deficiency has been proved due to a failed previous sling

Pre-requirements

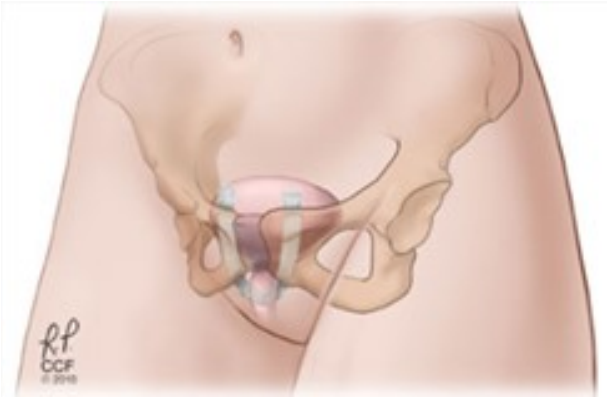
- An informed consent is required from the patient and a pre-admission clinic will be arranged.
- Patients may not eat or drink from midnight the previous evening.
- Patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this at the 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 small incision is made in the vagina. The sling is placed behind the pubic bone and brought to the skin above the pubic bone, with a small incision.
- The sling is placed tension free
- If you have a suspected Intrinsic Sphyncter Deficiency (ISD), the sling may be placed tighter
- 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.
- A vaginal plug will also be placed.
- The catheter and plug will be removed early the next morning.
- Your 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 catheterize, until the residual volume is acceptable. Or if > 300cc
- Prophylactic antibiotics will be given to prevent infection.

IMPORTANT about Vaginal mesh for prolapse, (DOES NOT INCLUDE MID-URETHRAL MESH)

https://www.safetyandquality.gov.au/our-work/transvaginal-mesh/
https://www.tga.gov.au/hubs/transvaginal-mesh



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%;
  bladder perforation, requiring an open repair <1%.
- Patients will wake up with a catheter in the urethra and bladder. This will remain in the bladder for 24 hrs.
- Pubic bone area discomfort/pain will persist for a few days but this will subside / settle.
- If you cannot urinate after 2-3 attempts, the sling may be readjusted.
- 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
- NB! Each person is unique and for this reason symptoms may vary!