Rectus Sheath / Fascial Sling

**Item Number:**

**Stress Urinary Incontinence**



Why is it done?

 Stress incontinence

 A combination of stress incontinence and detrusor over-activity of which DO the lesser

 Involuntary urine leakage with any exertion, coughing or sneezing

 Risk factors

- More than 2 pregnancies, big babies,

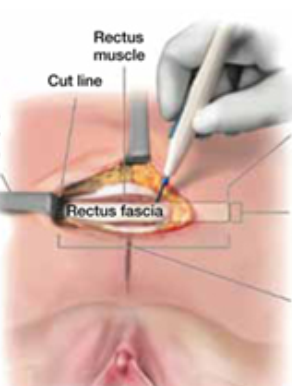
complicated deliveries, episiotomy

- Smokers

- Being overweight

 Where Intrinsic Sphincter Deficiency has been proved due to a failed previous sling

 Failed previous incontinence procedures



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 10cm horizontal incision is made above the pubic bone.

 A 10-15cm X 5cm strip of rectus sheath fascia is harvested and prepared with 2 Prolene or Nylon arms

 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, through the incision.

 The sling is placed with some tension.

 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.

 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-catheterize, until the residual volume is acceptable.

 Prophylactic antibiotics will be given to prevent infection.



Complications

 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.

 The sling may be loosened if placed too tight, requiring going back to the operating room.

 Patients may initially suffer from urge incontinence but this will improve within the next 6 weeks.

 Allow 6 weeks for symptoms to stabilise.

 May also have abdominal pain with coughing and sneezing due to tension on rectus muscle

 There may be some blood in the urine. This can be remedied by drinking plenty of fluids until it clears.

Copyright 2019 Dr Jo Schoeman