SLING Surgery Overview

Urethral sling surgeries to treat urinary incontinence involve placing a sling around the urethra to lift it back into a normal position and to exert pressure on the urethra to aid urine retention. The sling is attached to the abdominal wall.

The sling material may be muscle, ligament, or tendon tissue taken from the woman or from an animal, such as a pig. It may also be composed of synthetic material such as plastic that is compatible with body tissues or of absorbable polymer that eventually disintegrates.

What To Expect After Surgery

Since these surgeries involve deep incisions, hospitalization is required. To allow healing of the urinary tract, a thin, flexible tube (catheter) is placed into the bladder through the urethra or abdominal wall to allow urine to drain.

You are usually able to go home 2 to 3 days after the surgery if there have been no complications. Once home, expect a 2- to 4-week recovery period, during which you should refrain from doing too much work or strenuous activities of any kind.

The amount of pain you experience after surgery depends on the exact nature of your procedure, your physical condition at the time of surgery, and your own response to pain. You will probably feel some pain at the incision site and may feel some cramping in the abdomen. Your health professional will prescribe medication to relieve your discomfort during the first few days after surgery. Be sure to call your health professional if you experience unrelievable pain.

Many women have some constipation after this surgery. Make sure you drink enough fluids—between 8 and 10 glasses of water, noncaffeinated beverages, and/or fruit juice each day. Include fruits, vegetables, and fiber in your diet. Add some processed or synthetic fiber (such as Citrucel, Metamucil, or Perdiem) to your diet, or try a stool softener, such as Colace or Peri-Colace, if your stools are very hard. Be sure to tell your health professional if constipation persists even after these methods have been tried.

Why It Is Done

The urethral sling procedure may be used for women who have stress incontinence:

- Caused by sagging of the urethra and/or bladder neck.
- With a history of previous failed surgeries.
- Complicated by factors such as obesity that create a risk for failure of other types of surgeries.
- Caused by problems with the muscular outlet of the bladder (sphincter).
How Well It Works

Sling surgeries are generally effective in eliminating incontinence.¹

Risks

The risks of the urethral sling procedure include the following:

- The synthetic sling material may wear away the tissue of the urethra or vagina.
- The stitches (sutures) used to attach the sling may pull out. This is a higher risk for obese people.
- Infection may occur at the site of surgical incisions.
- Rejection of the sling material may occur if the sling was not made from the woman's own tissue.
- A woman may have problems with sexual function after the surgery.

All surgeries that use general anesthesia carry a small risk of death or complications.

What To Think About

The urethral sling procedure is more complicated than the other surgical methods for correcting stress incontinence and involves a greater risk of damage to the urethra. It is sometimes done after retropubic surgery has failed.

Because of the difficulty of this procedure, it should be done only by a surgeon who specializes in this type of surgery.

Using a woman's own tissue for sling material eliminates problems with rejection of the sling and lessens the risk of the wearing away (erosion) of the urethra or vagina. However, it also increases surgery time and increases the number of incisions required because the sling tissue must be taken from the woman's body.