

Male continence sling

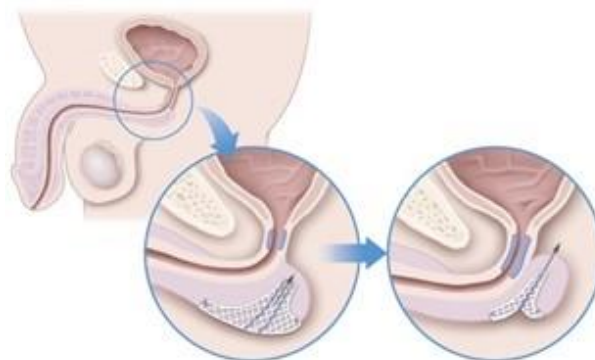
What is a male continence sling?

A male continence sling is a device used to reposition and support the urethra for the management of stress urinary incontinence in men.

Why is a male continence sling required?

Urinary stress incontinence is when you leak urine with activity. It is the result of a weak pelvic floor (group of muscles at the base of the pelvis surrounding the urethra) or following some surgery. Placement of a piece of synthetic mesh (sling) to support the urethra is used to reduce or stop leakage with activity.

In men, slings are often used for the management of incontinence after prostate surgery.



Male continence sling

What does male continence sling surgery involve?

Male sling surgery is usually performed under a general anaesthetic (completely asleep) or spinal anaesthetic (numb from the waist down).

We make an incision in your perineum (the skin between the back of your scrotum and your anus) and two small incisions in each of your groins.

We then place the mesh sling under the urethra to support it.

We close the skin with dissolvable sutures and cover the incision with surgical glue. The sutures are internal and take a few weeks to dissolve.

A catheter is placed during the surgery and this is usually removed the following day.

You will usually go home from hospital the day after the surgery.

What is the recovery after male continence sling surgery?

Male continence sling surgery is usually performed as an overnight stay in hospital.

It is common to have mild to moderate pain after male continence sling surgery. You will be given instructions on pain relief medication to take after the operation.

You may have scrotal or perineal bruising and discomfort. It will take a few weeks for this to completely resolve.

You need to be very careful in the first 6 weeks following surgery to avoid slippage of the sling.

- No lifting greater than 4-5 kg.
- Avoid stepping up into vehicles.
- Abstain from sexual activity.
- No bending, squatting, climbing, extreme leg spreads, biking or jogging. Sit down to tie shoelaces.

You can usually return to sedentary work approximately 14 days after the operation. If your job involves physical work, please discuss this with your doctor.

You can start doing gently exercise, such as walking, approximately 7 days after the operation.

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You can recommence driving after 2 weeks. Please avoid stepping up into high vehicles.

What are the risks of male continence sling surgery?

The risks of this procedure include (but are not limited to):

Common risks (1/2 to 1/10):

- Burning or stinging when passing urine.
- Discomfort and bruising in your perineum, scrotum and groins.
- Failure to produce any significant improvement in your leakage.

Occasional risks (1/10 to 1/50):

- Inability to pass urine requiring the need for a urethral catheter.
- Infection in the wound requiring further treatment.
- The need to pass urine more frequently and urgently.

Rare risks (1/50 to 1/250):

- Damage to the urethra during surgery preventing the surgery being completed.
- Gradual migration of the sling into your urethra months or years later which may require removal and further reconstructive surgery.
- Groin pain and discomfort that may be temporary or permanent.
- Injury to the bladder requiring prolonged catheterisation.

Other uncommon or very uncommon risks of surgery and anaesthesia include:

- Blood clots in the legs (Deep vein thrombosis (DVT)) or lungs (Pulmonary embolus).
- Chest infection (Pneumonia).
- Heart attack.
- Stroke.
- A serious allergic reaction (Anaphylaxis).
- Death.

What are the alternative treatment options?

- Pelvic floor exercises.
- Weight loss.
- Incontinence pads or a penile sheath.
- Penile clamps.
- Urethral bulking agents.
- Urethral or suprapubic catheter.
- Artificial urinary sphincter or other circumferential devices.

This is general information only. Please consult your doctor for more information and treatment options.

For appointments and enquiries please contact 07 3830 3300.