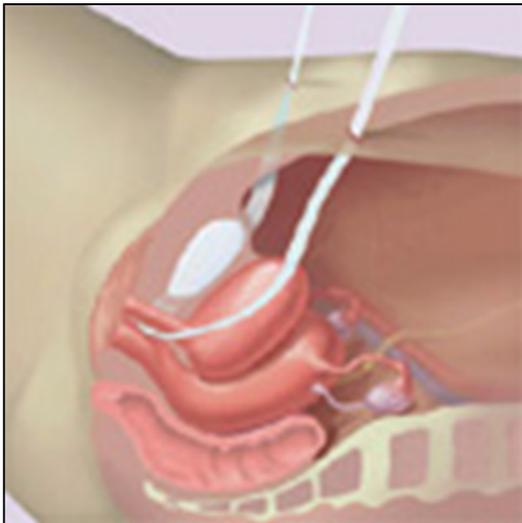
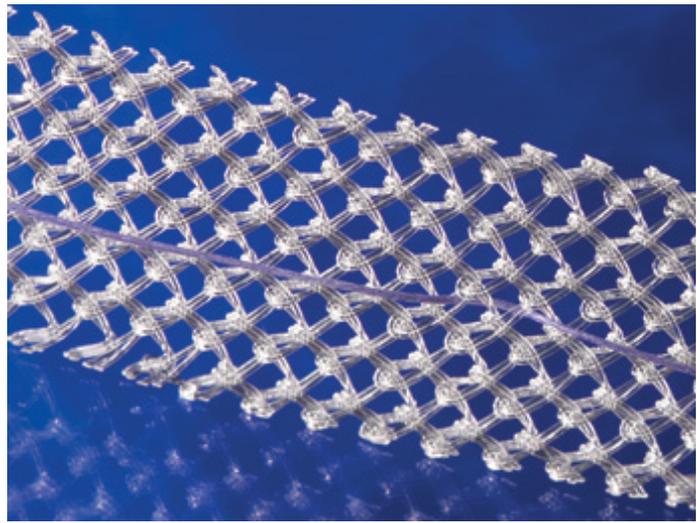


MID-URETHRAL SLING (MUS) SURGERY FOR STRESS INCONTINENCE

Female stress incontinence is a very common problem, affecting 1-in-3 adult women. Classic triggers for leakage of urine include coughing, sneezing, laughing, physical exercise and sexual activity. Although pelvic floor exercises can help women with very mild leakage, the most effective treatment for stress incontinence is surgery. A synthetic mid-urethral sling (MUS) procedure is generally regarded as the best surgical operation for stress incontinence. **Dr. Colin Walsh is very experienced in surgical treatment of stress incontinence and has performed large numbers of MUS surgeries. He performs mid-urethral sling surgery for stress incontinence at North Shore Private Hospital.**



TVT is inserted behind the pubic bone



Polypropylene mesh used in MUS surgery

What are the different types of MUS?

There are 2 common types of MUS operation commonly performed, called the **tension-free vaginal tape (TVT)** and the **trans-obturator tape (TOT)**. The sling itself and post-op recovery are the same for these 2 procedures – the difference lies in the angle at which the sling is inserted.

1. In the original TVT, the sling sits in a “U-shape” and the woman is left with a small scar inside the vagina and 2 small (1cm) scars in her pubic region, below the bikini line.
2. In the TOT, the angle of the sling is flatter (“V-shape”) and the scars are in the groin crease on each side, rather than in the bikini line.

Dr. Colin Walsh has published extensively on the different types of MUS and will be happy to advise you on the best type of sling in your particular case [1,2].

Do I need any special testing before I can have mid-urethral sling surgery?

Traditionally, all women underwent a special bladder test called “**urodynamic studies**” to diagnose the exact type of urinary incontinence before surgery. However, this test is expensive, slightly uncomfortable for the patient, may delay surgery, and in most cases does not alter the choice of operation. Therefore, we now believe that women with clear symptoms of uncomplicated stress incontinence can have surgery without the need for urodynamic testing [3]. However, Dr. Colin Walsh still recommends pre-operative urodynamics for women with previous surgery, mixed incontinence symptoms or symptoms that suggest poor bladder emptying.

What will the MUS procedure involve?

The TVT and TOT both involve a 30-minute procedure in the operating theatre and an overnight stay in hospital. Usually, the operations are performed with the patient asleep (general anaesthetic). During the operation, a camera (cystoscope) is inserted into the bladder to ensure there has been no damage to the bladder wall. Afterwards pain is usually minimal and women are given pain medication to ease any discomfort. The most important issue before discharge is to ensure that the woman can empty her bladder properly – the nursing staff will help you with this on the ward. Two weeks off work is recommended for women after a straight-forward MUS operation.



TVT leaves 2 small scars below the bikini-line which fade

Does a MUS operation offer a good chance of cure?

Yes, MUS slings have an **80-85% chance of long-term dryness**, which makes them the best 1st choice surgical procedure for female stress incontinence.

Is there any risk of complications?

Yes, all surgical procedures carry some risk of complications. For MUS, complications can include [4]:

• Failure (persisting incontinence)	15-20%	• Voiding problems	1-3%
• Bladder wall perforation	5%	• Mesh exposure	2%
• Groin discomfort or numbness	5%	• Urinary tract infection	2%
• New onset bladder urgency	5%	• Major bowel/vascular injury	<1%

References

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4. Richter HE et al. Retropubic versus transobturator mid-urethral slings for stress incontinence. N Engl J Med. 2010; 362: 2066-76.