

Mid-Urethral Sling for Stress Urinary Incontinence

Stress urinary incontinence is leakage of urine with physical stress, such as coughing, laughing, or sneezing. It is a common problem for women. It can be treated successfully with surgery.

One of the options available for the treatment of stress urinary incontinence is the placement of a mid-urethral sling. This procedure is performed in an operating room under either general or regional anesthesia. The vast majority of patients leave the hospital on the same day as the surgery is performed.

The sling is made from a large pore, polypropylene material. This assures that the sling will be long lasting and not break down over time. The mesh allows the body's natural tissues to incorporate into the graft, providing a permanent repair. The mesh is approximately one-half inch wide and approximately six inches long when trimmed into place. It is positioned under the surface of the vagina, beneath the urethra (the tube that drains the bladder to the outside) so it is not seen or felt in the vagina after healing is completed.

The sling provides treatment for the loss of urine by providing support, or a "back-stop" for the urethra. This support mechanism is lacking in people with stress incontinence. When a person with this type of incontinence performs certain actions (cough, laugh, sneeze, lift, etc.), increased pressure in the pelvis causes the bladder neck (the area where the bladder drains into the urethra) to rotate downward resulting in loss of urine. The sling prevents that rotation.

Mid-urethral slings have been shown to be over ninety percent effective in the treatment of stress urinary incontinence. This procedure has been available in the US since the mid-1990's, and has been performed in thousands of women. It is a minimally invasive procedure and is very well tolerated by most patients. Blood loss is minimal, as is post operative pain. Patients are typically able to return to most of their daily activities within a few days. Restrictions include nothing in the vagina for six weeks and no heavy lifting (>25 lbs) for three months. Risks of the procedure include, but are not limited to, bleeding, infection, damage to nearby organs including the bladder, pain with intercourse, as well as erosion or rejection of the mesh material. Occasionally, it is necessary to discharge a patient with a catheter in place, but most patients leave the hospital without a catheter.

We encourage all of our patients to discuss any urinary issues with their providers. Only after consultation and evaluation with one of our physicians, can we determine if a mid-urethral sling can be helpful to you.