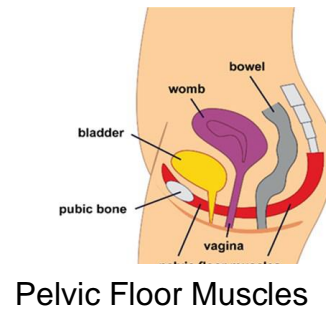
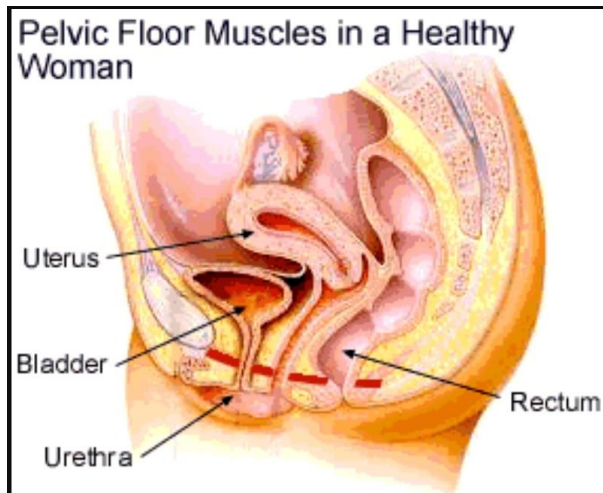




Patient and Family Education

Mid-Urethral Sling (MUS) for Female Stress Urinary Incontinence (SUI)



Female Stress Urinary Incontinence (SUI)

SUI is involuntary leakage of urine on effort or exertion e.g. sneezing or coughing. It is usually caused by an incompetent sphincter or a weakened urethral support. Risk factors including previous pregnancies, or chronic increased abdominal pressure such as constipation, obesity and chronic cough.

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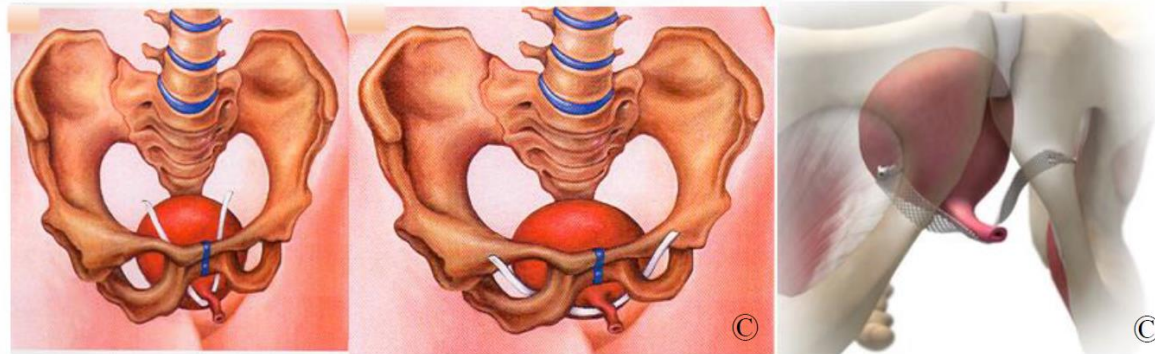
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Mid-Urethral Sling (MUS) Surgery

Mid-Urethral Sling (MUS) Surgery is a minimally invasive, transvaginal operation for treating female SUI. It involves placement of a sling (synthetic mesh tape) through vaginal incision to support the middle of urethra (tube from bladder from which urine comes out) in helping to stop urinary leakage.

Depending on your condition, one of the following three main types of mid-urethral system available may be offered to you (will be discussed by your doctor)



Retropubic tape

Transobturator tape

Single incision sling

Permission to reproduce obtained from Johnson & Johnson, and Mediconsultasia

Retro pubic (Located behind the pubis) sling

-Small incision will be made in the anterior (front) vaginal skin under the urethra which is not visible externally. The sling is inserted from the vaginal incision to just behind the pubic bone where the mesh sling will be secured.

Trans obturator sling

-This is similar to the above-mentioned procedure that uses the retropubic sling, only in this case the sling is inserted from the vaginal incision to the inner thighs on each side of the legs.

Single incision sling

-This is a less invasive, light-weight synthetic mesh. It involves only one small incision in the anterior vaginal wall and the sling is inserted below the urethra towards the pubic bone area on both sides. There is no visible scar externally using this system unlike the 2 types of slings mentioned above.

A cystoscope (thin metal tube with a camera and light at the tip) may be used after the procedure to ensure that no bladder perforation has occurred. At the end of the surgery, a urinary catheter may be inserted into the bladder to allow free drainage of urine. An antiseptic gauze may be inserted into the vagina for a day.

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Duration of Surgery

Approximately: 15 to 30 minutes

Type of Anaesthesia

The surgery is performed under regional or general anesthesia.

Precautions for surgery

If you are planning for future pregnancies, please consult your doctor before undergoing this surgery as future vaginal deliveries may contribute to recurrence of SUI.

Risks of Surgery

Complications will be explained to you by your surgeon before surgery. You will be required to sign an informed consent prior to surgery.

The potential risks are:

Infection	Injury to surrounding structures
Hemorrhage	Disturbance of bladder function- voiding difficulty/ Bladder over-activity
Deep vein thrombosis/ pulmonary embolism	Tape erosion/ extrusion
Painful sexual intercourse	Recurrence/ Failure

Duration of Hospital Stay

Average: 2-3 days

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Physical Activities

- You can perform normal activities like walking and household chores.
- Avoid strenuous activities i.e. lifting, straining, stretching for at least 1 month (subject to your doctor's advice).
- Avoid straining when urinating or defecating.
- Do not lift heavy objects of more than 5 kg and high impact exercises for up to 1 month after surgery, which put pressure on surgical repair, and increase risk of recurrence of prolapse.
- It is safe to (re-) start pelvic floor exercises when you feel ready, usually 1 to 2 weeks after surgery.

Pain management

Take medication as prescribed.

Wound Care

- The urinary catheter (if used) will be removed later the same day or when deemed appropriate by your doctors. You will be encouraged to pass urine on your own.
- A vaginal gauze/pack may be inserted at the end of operation to stop bleeding. It will be removed later the same day or the following day.
- The wound in the vagina is closed with dissolvable stitches, which usually dissolve within 4 weeks. You may notice a stitch coming away after a few days.
- Observe perineal hygiene and wash perineal region with mild soap and water when you bathe. There is no need to perform vaginal douching.
- Wipe from front to back after each visit to the toilet.
- Use sanitary pad not tampons for the first 6 weeks after surgery.

Special Instructions Post Surgery

- Refrain from sexual intercourse for 6 weeks after you are discharged from the hospital. If you have painful intercourse, despite use of vaginal lubricant, please seek advice from your doctor.

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