



SUBURETHRAL SLING – POSTOP INSTRUCTIONS

Today you underwent a surgical procedure to help control stress urinary incontinence – loss of urine with coughing, sneezing, lifting, and bending. This procedure may have been performed in combination with other procedures. A strip of permanent mesh tape (the sling) was placed under your urethra through a small incision in the vagina. This sling will kink off the urethra during bouts of activity to reduce your stress incontinence. It may also reduce sudden urges and frequent trips to urinate that you may have had before your surgery. You may notice a need to slightly lean forward to help you better empty your bladder.

It is normal to have some degree of vaginal spotting over the next week as well as a small amount of vaginal discharge from the sutures that will dissolve on their own. Over the next several weeks, your body will grow around the sling material to fix the sling in place.

CATHETER CARE: You may or may not go home with a catheter (tube in your bladder). If you are urinating normally, you probably will not need a catheter. If you are not emptying normally, some form of drainage is needed. The options include a catheter from the urethra, or a self catheterization routine at timed intervals. These will be discussed with you before you are discharged. The type depends on your individual case and preferences. If you are discharged with a catheter call the office as soon as possible and book a follow-up visit in 5-7 days. Separate instructions will be given to you depending on your status. Ask us if you have questions about the catheter management.

DIET: You may return to your normal diet immediately. However, because the bladder surface or lining may be irritable as a result of the surgery, alcohol, spicy foods, caffeine, and cranberry drinks may cause some irritation or sense of the need to void despite the fact the bladder is empty. If these foods don't bother you, however, there is no reason to avoid them in moderation. More importantly is to keep your urine flowing continuously, drink plenty of fluids during the day (8 to 10 glasses). The type of fluids (except alcohol) is not as important as the amount. Water is best but juices, coffee, tea, and soda are all acceptable in moderation.

ACTIVITY: Your physical activity is to be restricted, especially during the first two weeks home. During this time use the following guidelines:

A: No lifting heavy objects (anything greater than 10 pounds).

B: No driving a car and limit long car rides

C: No strenuous exercise, limit stair climbing to a minimum.

BOWELS: It is important to keep your bowels regular during the post-operative period. You may take stools softeners such as Colace, which is found over the counter at any pharmacy, but these are not

laxatives. A bowel movement every other day is reasonable. Use a mild laxative if needed, such as Milk of Magnesia 2-3 tablespoons, or 2-3 Dulcolax tablets. Call if you continue to have problems.

WOUND: In most cases the incision(s) will have absorbable sutures that will dissolve within the first 10-20 days. Some will fall out even earlier. Expect some redness as the sutures dissolve but this should occur only around the sutures. If there is generalized redness, especially with increasing pain or swelling, let us know.

MEDICATION: Take Advil (ibuprofen) or Tylenol (acetaminophen) according to package instructions. Motrin and Tylenol do not contain narcotics and are usually tolerated better, that is, fewer side effects. If the pain is not controlled with Motrin or Tylenol, you will also have a prescription for Tylenol #3 (narcotic) or a stronger anti-inflammatory such as Voltaren/Diclofenac. You may use these **INSTEAD OF** the regular Advil or Tylenol. You may resume your pre-surgery medication unless told not to do so. If you are on aspirin or blood thinners please check with your surgeon as to when to restart them.

PROBLEMS YOU SHOULD REPORT TO US:

- A: Fevers over 38 degrees Celsius.
- B: Heavy bleeding, or clots in the urine, and or in the catheter
- C: Drug reactions (hives, rash, nausea, vomiting, diarrhea).
- D: If you have a catheter and it stops working.

FOLLOW UP:

You should have a follow up appointment 4-6 weeks following surgery, if you do not have a follow up scheduled please call the office to schedule one. This visit is to check his incisions and progress and to answer any questions you may have. If you were discharged with a catheter in place please book a follow up appointment in 5-7 days.