

For Appointments Call: 08 8267 1424

## Sling Procedures for Male Stress Urinary Incontinence – Advance

(Advance is a trade name for a type of sling that is commonly used for male incontinence. This is not a product endorsement of this type of sling)

### What is a sling for male incontinence?

Troublesome 'stress' incontinence occurs rarely after surgery on the prostate or urethra, but when it does, it may need surgical treatment if other measures (such as pelvic floor physiotherapy) have not worked.

Examples of operations that can cause incontinence are radical prostatectomy or other prostate procedures such as TURP/Holmium laser surgery etc.

Sometimes radiotherapy to the pelvis can cause incontinence, but this type of sling is not suitable for treatment in that setting. Other options after radiotherapy include a cushioned sling or an Artificial Urinary Sphincter.

Generally, urologists consider three categories of stress incontinence:

- Mild
- Moderate
- Severe

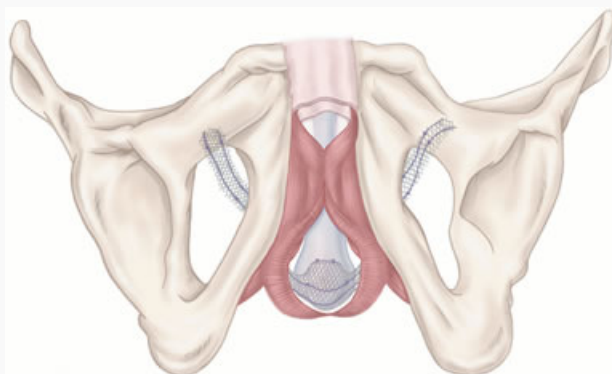
Slings are suitable for mild and moderate degrees of stress incontinence that have not responded to conservative treatment.

Slings generally produce a significant improvement in symptoms in 80% of patients.

### How is the sling inserted?

The operation is performed under general anaesthetic, and takes about an hour. A catheter is inserted when you are asleep, and a cut is made in the perineal skin (skin between the scrotum and the back passage). The urethra is exposed, and the sling is moved into position under the urethra. The arms of the sling are brought out to just under the skin by making two small puncture holes in the inside of the groin.

Below is an anatomical diagram of where the sling is positioned under the urethra.



A [flexible cystoscopy](#) is performed to check the urethra is in a good position. The skin is closed with an absorbable stitch.

The catheter is not removed until the following morning, and if you are passing urine with no problems, you can then go home.



## Potential side effects and complications

All procedures have the potential for side effects. Although these complications are well recognised, the majority of patients do not have problems after a procedure.

Risks of the anaesthetic need be discussed with the anaesthetist who will be looking after you during the operation, and who will visit you beforehand.

There are specific risks with this surgical procedure, and these will be discussed with you before your procedure. As a guide to complement that one-on-one discussion with your surgeon, these include:

### Occasional

- Surgical site pain
- Local irritation at the wound site that improves over time

### Rare

- Migration of the sling out of its best position
- Temporary obstruction of urine flow that requires a temporary catheter, or performing [intermittent self catheterisation](#)
- Failure to improve the incontinence

## Very rare

- Erosion of the sling through skin
- Formation of a fistula (opening onto the surface)
- Erosion of the sling into the urethra
- Permanent obstruction of urine flow requiring the sling to be cut with another operation
- Bleeding requiring a further operation

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### Disclaimer

This information is intended as an educational guide only, and is here to help you as an additional source of information, along with a consultation from your urologist. The information does not apply to all patients.

Not all potential complications are listed, and you must talk to your urologist about the complications specific to your situation.

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