

For Appointments Call: 08 8267 1424

Sling Procedures for Male Stress Urinary Incontinence - ATOMS

(ATOMS is a trade name for a type of sling that is 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 and other prostate procedures such as TURP/Holmium laser surgery etc.

Sometimes radiotherapy to the pelvis can cause incontinence. This type of sling is suitable for treatment of mild/moderate incontinence after radiotherapy. Another option after radiotherapy, if the incontinence is severe, is an Artificial Urinary Sphincter.

Generally, urologists consider three categories of stress incontinence:

- Mild
- Moderate
- Severe

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

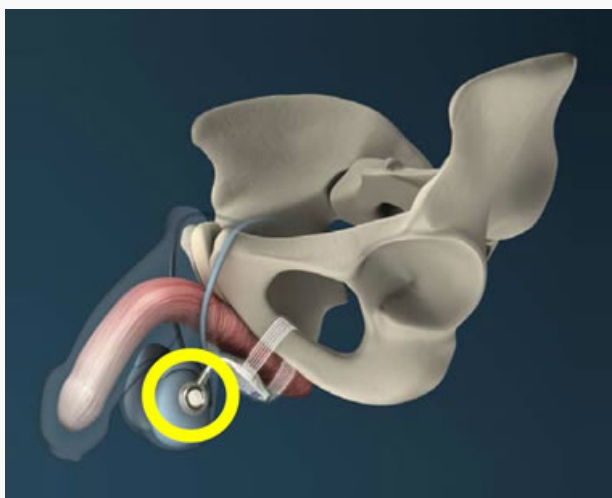
Slings generally produce a significant improvement in symptoms in 80% of patients.

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 around the bones of the pelvis through the same incision.

A fluid-filled 'port' is placed under the scrotal skin. This port is connected to the cushion, and increasing or decreasing can the amount of fluid in the port alters the compression on the urethra.

Below is a diagram of where the sling is positioned under the urethra.



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. If you still have incontinence problems, your urologist can inject more fluid into the port. If you have difficulty voiding after the catheter is removed, some fluid can be taken out of the port.



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

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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