

Urologic Surgical Associates of Delaware

Specializing in Robotic Surgery

Surgical Treatment of Male Stress Incontinence: The 4 Arm Sling

Overview

Stress incontinence is the unwanted loss of urine with coughing sneezing, getting up out of bed or a chair, or with other physical activities (sports). Stress incontinence reflects a weakness in the pelvic floor muscles responsible for lifting and closing the urethra (the urethral sphincter muscles). This problem is very common in females, especially after childbirth or pelvic surgery. This problem is less common in males and in males a common cause is prostatectomy (removal of the prostate) surgery for prostate cancer or prostate enlargement. The most effective treatment for stress incontinence is urethral sling surgery.

In males, mid urethral sling surgery is accomplished by positioning a 4 armed sling under the urethra to lift the urethra up into a higher position within the pelvis. To accomplish this repositioning of the urethra, the 4 arms of the sling pass into and around areas of the bony pelvis.

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 a sense of the need to void even when the bladder is empty. Drink plenty of fluids during the day (8 - 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.

Activity

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

- a. No lifting heavy objects (anything greater than 10 lbs).
- b. No strenuous exercise, limit stair climbing to minimum.

The sling is largely dependent on your own body tissues to hold it in place. The sling works by pulling the urethra up into the pelvis where the pelvic floor muscles can better compress or close the urethra. Significant strain or activity can push the sling and urethra back down out of the pelvis and undo the surgery.

Bowels

The rectum and the bladder are next to each other and any straining to pass a bowel movement can cause bleeding into the urine post-op. A bowel movement every other day is reasonable. Use a mild laxative if needed and call if you are having problems. Milk of Magnesia 2-3 tablespoons, or 2 Dulcolax tablets work well.

For informational purposes only. Please consult your physician with any questions. USA Delaware 302-571-8958

Wound Care After Male Sling

Urethral sling placement in the male is accomplished with a small incision between the scrotum and rectum and four small puncture sites: two on either side of the scrotum and two above the pubic bone. The puncture sites will be covered with a small surgical dressing called steristrips. These steristrips will fall off on their own in 1-2 weeks. Covering the steri strips will be gauze and a clear tegaderm, you can remove these two days after surgery.

Catheter Care

Under normal circumstances, you will go home the same day as surgery without a Foley catheter or tube placed in your bladder. After surgery, there is a small risk of not being able to empty your bladder. If this happens you may need a Foley catheter placed into the bladder. If this need does develop, it usually occurs within a few hours of surgery. You will be instructed to return to the office to have the catheter removed in 1-3 days.

Problems You Should Report to Our Office

- a. Fevers over 101.5 Fahrenheit degrees
- b. Heavy bleeding
- c. Drug reactions (hives, rash, nausea, vomiting, and diarrhea).

Peri-Op Medications

You should receive in advance of your surgery two prescriptions by our surgical scheduler, an antibiotic to prevent infection, and an anticholinergic to prevent bladder spasms (bladder contractions causing cramping pain and frequent, urgent urination).

1. Antibiotic- We usually use Septra or Bactrim if you are not allergic, otherwise we usually use Cipro. You should take three days of antibiotics starting the day before surgery.
2. Anticholinergic- We usually use Oxybutynin (Ditropan) 5mg every six hours as needed for bladder spasms although other anticholinergic meds might also be used. These medications can cause constipation and dry mouth so if you are not suffering bladder spasms do not take medication.

Follow up

You will need a follow-up appointment to check your surgical site in about two weeks. Call for this appointment at 302-836-5500.