Rectus Fascial Sling

Patient Information – Urology Service

What is a rectus fascial sling?

A rectus fascial sling is an operation to treat stress urinary incontinence.

Stress incontinence is leakage of urine that occurs with activities that cause an increase in abdominal pressure, such as coughing, sneezing, jumping, lifting, exercising and in some cases walking.

Why do I need a rectus fascial sling?

Urine leakage occurs because the muscles at the bladder neck have lost their supports and strength.

The urethra (tube from the bladder that empties the urine) no longer stays closed when extra pressure is put on the bladder.

A rectus fascial sling is one option for treating this condition using your own natural body tissue. Another is the retropubic mesh (TVT) sling, which uses synthetic mesh to achieve a similar effect.

What happens before my operation?

The surgery and outcomes will be explained to you by your surgeon before the surgery. When you feel comfortable that you understand what is to be done and have had all your questions answered, you will be asked to sign a consent form. This consent form should be signed by both you and your surgeon and forwarded to the hospital prior to your admission.

A blood test will need to be performed and a urine sample may need to be taken a few days prior to your surgery.

If you are over 60 years of age or have other medical conditions, you may also have an electrocardiogram (ECG) prior to surgery to check the health of your heart.

You will be advised when to stop eating and drinking before surgery. This includes water and chewing gum. You can swallow tablets with a small sip of water.

You should bring your own medications with you to hospital.

It is important to avoid constipation. Try to establish and maintain a regular, soft bowel habit leading up to your surgery. Identify the foods that can help you maintain a regular bowel habit for your post-op period.

You will be taught how to perform pelvic floor exercises to help you regain control of your bladder.

Please inform your surgeon if you are taking anti-coagulant (blood thinning) medication (e.g. warfarin, clopidogrel, dabigatran, rivaroxaban or ticagrelor), or any

medication for diabetes. Your surgeon will advise when to stop and restart these medications. If you are taking aspirin, it is okay to continue taking this.

What happens on the day of my operation?

You will go to Christchurch Hospital on the day of your surgery. Be aware that this is not day surgery. On arrival, the staff will guide you through what is required prior to your surgery.

You will have a clean hospital gown and protective stocking fitted.

Your lower abdomen will be shaved in preparation for the surgery.

An IV (intravenous) line will be placed in a vein in your arm or hand that will be used to supply fluids or medications during the surgery.

You may be given a medication to prevent blood clots.

You will be encouraged to commence deep breathing and coughing exercises pre-operatively. This prevents any breathing complications or chest infection from occurring, following the surgery and anaesthetic.

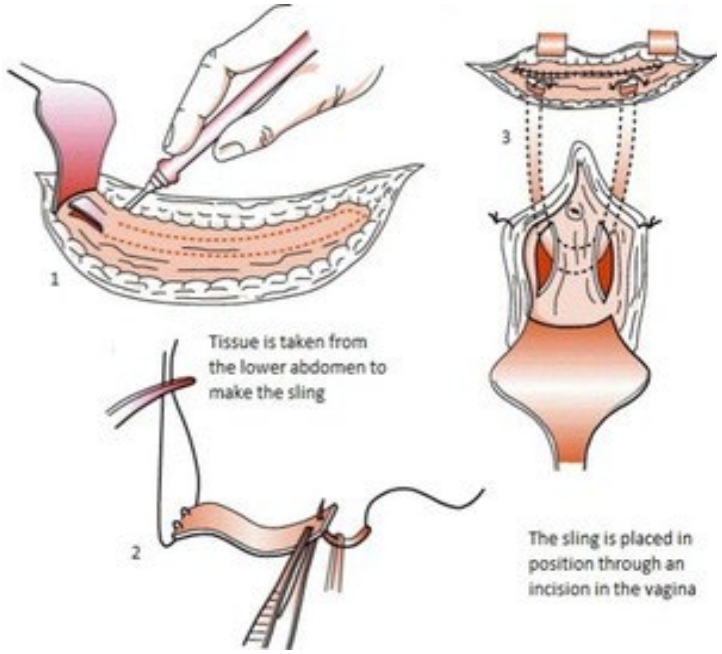
This surgery is performed either under spinal (lower half of your body is numbed) or general (you are completely asleep) anaesthesia, which will be decided after a discussion with the anaesthetist.

Just prior to your surgery, you may be given a pre-medication tablet to relax you.

What happens during my operation?

In this operation a strip of tissue is taken from the lower abdomen and used as a sling or hammock around the bladder neck and urethra.

The tissue to create the sling is obtained through an incision low in the bikini line and then placed in position through an incision in the vagina. The incision in the bikini line is similar to a Caesarian section-type of incision, but it only goes as deep as the muscle layer, without going through into the tummy cavity.



What to expect after my operation?

You will usually be in hospital for two nights following this type of surgery.

When the operation is completed, you will go to the recovery room for a short while where you will be cared for and monitored closely until you are ready to be transferred to the Urology Unit. When you wake up it is common to feel an urgent desire to pass urine. This is due to the catheter (fine tube) in your bladder.

Pain control

You will be given oral pain relief to manage your pain.

You may have a patient-controlled analgesia (PCA) pump. This means you can control your own pain relief by pushing a button connected to the pump.

Wound

Your wound will be just below your pubic hair line. The stitches are dissolvable and do not need removing. The dressing tape can be removed after seven to ten days. If you notice the wound becomes inflamed, there is an increase in pain or it is red, hot or swollen, contact your GP for advice.

Catheter

You will have a catheter placed in your bladder via your urethra, draining the urine into a catheter bag. Your nurse will monitor your catheter drainage. This will usually be removed on the second day after your surgery.

It is common to have difficulty passing urine after your catheter has been removed

If you cannot pass urine, pass only a small amount or have bladder discomfort, please let your nurse know. The nurse will use an ultrasound scanner to record the volume of urine retained; this is called the residual urine.

If the volume is significant then it might be necessary for you to learn how to pass a catheter into the urethra to empty the bladder yourself. This is called clean intermittent catheterisation (CIC) and can be performed in the privacy of your own bathroom or any toilet. Initially you may have to catheterise each time you need to pass urine, but as things return to normal the frequency of your CIC will be reduced.

If needed your nurse will give you a booklet that outlines this technique and will help you in learning CIC. When you feel confident inserting the catheter, you can be discharged home.

If you are unable to do CIC, you will be discharged home with an indwelling urethral catheter (IDC). Your surgeon will decide when this should be removed.

Keeping a regular soft bowel motion is important. While in hospital you may be prescribed a laxative such as lactulose to help with this. Kiwifruit or Kiwi Crush are also recommended.

What to expect after discharge?

Following surgery, it is important to avoid any abdominal straining while your surgery heals. You must avoid heavy lifting (5 kg or more), straining, sexual intercourse or strenuous activity for six weeks after surgery.

You can gradually return to light activities over three weeks and then full activities after

three months.

Things you can do:

- Showering
- Preparing light meals
- Walking up and down stairs slowly
- Gentle walking is to be encouraged – it is better to do two short walks in the day rather than one long walk.

Things you should NOT do for six weeks include:

- Picking up heavy objects
- Housework, except light work at bench height
- Vacuuming
- Carrying supermarket / rubbish bags
- Carrying children / pets.

Things you should NOT do for 12 weeks include:

- Heavy lifting
- Shifting the furniture
- Lawn mowing or digging the garden
- Weights at the gym / exercise
- Carrying supermarket / rubbish bags
- Carrying children / pets.

Wait six weeks before resuming sexual intercourse.

You can resume driving after four weeks or when you feel you could perform an emergency stop without being concerned about abdominal pain.

You may also feel more tired during your recovery period and perhaps a bit low, but as you start to recover you should find this improves.

Pelvic floor exercises

It is important to recommence pelvic floor exercises once you have recovered from surgery.

If you have any concerns about your technique, please contact our continence nurse.

Bowels

- You may eat and drink normally.
- Try to keep your bowel motions soft by using high fibre foods, such as fruit (kiwifruit), vegetables, wholemeal bread, nuts and seeds.
- Do not become constipated or strain to have a bowel motion.
- Use a footstool to help bowel emptying. Discuss this with one of our continence nurses if you need further information.

Possible complications

All procedures have a potential for side effects. You should be reassured that, although these

complications are well-recognised, most patients do not suffer any problems after a urological procedure.

Please contact your GP immediately or visit the Emergency Department at Christchurch or Ashburton Hospital if you develop:

- Flu-like symptoms
- A temperature over 38°C
- Discomfort that is not controlled by pain medication.
- Bleeding or difficulty passing urine
- Pain or tenderness in the calf or thigh
- Symptoms of a urinary tract infection, such as pain on passing urine, going more often or smelly urine.

Change in toileting habits

It is quite normal to have trouble emptying your bladder to start with. This is because there is swelling around the area where the sling is placed.

You may have trouble passing urine after your catheter is removed. Two thirds of woman will have to have a catheter replaced or learn how to do clean intermittent catheterisation (CIC) prior to going home until they can pass urine independently. The technique for this (explained above) will be shown to you before the operation, and teaching will be given by the ward nurses if this is necessary.

This difficulty voiding settles over the next six weeks or so. The flow starts to improve in the afternoon then gradually becomes more normal throughout the rest of the day. First thing in the morning is the slowest to come right.

Some women may notice their flow always remains a bit slower than normal.

1% to 2% of women may continue to have problems with emptying their bladder after six weeks. When you are seen in clinic after your operation, if there are any problems emptying your bladder at this clinic, then you will be seen again. If voiding problems persist, you may need another operation through the vagina to free the sling up. This is usually a day case surgery.

Bladder perforation

This can occur during the operation and is usually recognised by your urologist at the time. You will need to keep a catheter in place for a few more days, but there are no long-term effects.

The rectus fascial sling operation does not use any mesh therefore any complications of mesh are avoided.

Follow-up

The hospital Continence Nurse may phone you to check on your progress. If you have any concerns, you may phone them or make a time to be seen in person.

You will receive an appointment notification to attend the Urology Outpatient clinic. This is about six weeks after your surgery. At this visit, you may see either your urologist or the Continence Nurse. A letter will also be sent to your own doctor about your operation.

Contact information

For more information about:

- Hospital and specialist services, go to www.healthnz.govt.nz/hospitals-services/hospitals/canterbury
- Your health and medication, go to www.healthnz.govt.nz/health-topics
- NZ Continence Association, go to www.continence.org.nz

For information on parking, how to get to the hospital, and visiting hours, please visit the Christchurch Hospital website.