

Information for Patients

---

# Rectus Fascia Sling

---

## What is a rectus fascia sling?

Rectus fascia sling is an operation to treat stress urinary incontinence. Stress incontinence is leakage of urine that occurs with activities which cause an increase in abdominal pressure such as coughing, sneezing, jumping, lifting, exercising and in some cases walking.

## Why do I need rectus fascia sling?

Urine leakage occurs because the muscles at the bladder neck have lost their supports and strength. The urethra (water pipe) no longer stays closed when extra pressure is put on the bladder.

## What happens before my operation?

The operation and outcomes will be explained to you by your Urologist.

A blood test will need to be performed and a urine sample may need to be taken 4-5 days prior to surgery. If you are over 60, or have other medical problems, you will have an electrocardiogram (ECG) to check the health of your heart prior to surgery.

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

You will be advised when to stop eating and drinking.

## What happens on the day of my operation?

You will be advised when to come to hospital: this is usually on the day of surgery.

You should bring all your own medications with you to hospital.

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

The lower abdomen will be shaved and you will have protective stockings fitted.

This operation is performed under general anaesthesia. The anaesthetist will discuss this with you prior to the operation. Just prior to surgery you may be given a tablet to help you relax.

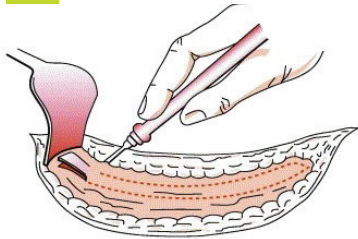
---

## 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.

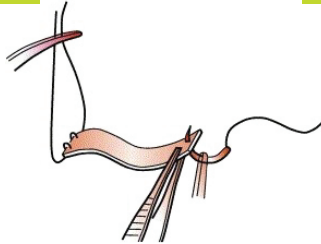
The tissue to create the sling is obtained through an incision in the bikini line and then placed in position through an incision in the vagina. The incision in the bikini line is similar to a Caesarian section type of incision, but it only goes as deep as the muscle layer, without going through into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

1.

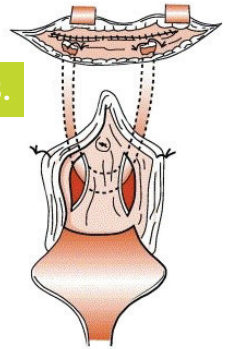


**Tissue is taken from the lower abdomen to make the sling**

2.



3.



**The sling is placed in position through an incision in the vagina**

## What to expect after my operation

You will probably be in hospital 2-3 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 until you are ready to be transferred to your room. When you wake up it is common to feel an urgent desire to pass urine. This is due to the catheter 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.

### **Wound**

Your wound will be just below your pubic hair line. The stitches are dissolvable and do not need removing.

### **Catheter**

Your nurse will monitor your catheter drainage. This will be removed on day 1 or 2 depending on your doctor's instructions.

### **Changes in voiding 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.

Two thirds of woman will have to have a catheter replaced or learn how to do intermittent catheterisation prior to going home. The technique for this 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 through the rest of the day. First thing in the morning is the slowest to come right.

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

1-2% may continue to have problems voiding after 6 weeks and may need a second operation just through the vagina to free the sling up. This is a day case procedure.

---

## After discharge

You will receive one follow-up appointment in the post. One with the Nurse 4 weeks after the operation and another with your Surgeon 6 weeks after the operation.

Heavy lifting, straining, intercourse or strenuous activity should be avoided for 4-6 weeks after surgery. You can gradually return to light activities over 3 weeks then full activities after 6 weeks.

### **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 6 weeks include**

- Housework except light work at bench height.
- Vacuuming.
- Carrying supermarket/rubbish bags.

### **Things you should not do for 12 weeks include**

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

Wait 6 weeks before resuming sexual intercourse.

You can resume driving after 4 weeks.

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 Nurse.

## **Bowels**

- You may eat and drink normally.
- Bowels – try to keep your bowel motions soft by using high fibre foods such as kiwifruit, fruit, 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 our Nurse if you need further information.

## **Possible complications**

Seek help if you develop

- Flu like symptoms
- A temperature over 38°C
- Discomfort 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

## **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 fascia sling operation does not use any mesh, therefore any complications of this are avoided.





# urology

associates

**Kevin Bax**  
*MB ChB, FRACS*  
Urologist

**Nick Buchan**  
*MB ChB, FRACS*  
Urologist

**Peter Davidson**  
*MB ChB, FRACS*  
Urologist

**Sharon English**  
*MB ChB, FRACS*  
Urologist

**Frank Kueppers**  
*Dr. med.*  
Urologist

**Giovanni Losco**  
*MB ChB, FRACS*  
Adult & Paediatric  
Urologist

**Jane MacDonald**  
*MB ChB, FRACS*  
Urologist

**Stephen Mark**  
*MB ChB, FRACS*  
Adult & Paediatric  
Urologist

**Louise Rouse**  
*BHB, MB ChB, FRACS*  
Urologist

## Urology Associates

Forte Health, 132 Peterborough Street  
PO Box 917, Christchurch 8140

**P:** 03 355 5129

**E:** [reception@urology.co.nz](mailto:reception@urology.co.nz)

[www.urology.co.nz](http://www.urology.co.nz)