SURGERY FOR STRESS INCONTINENCE

Surgery will cure or reduce stress incontinence in at least 8 out of 10 women. However, many women have both stress and urge incontinence. Even if stress incontinence goes away, they may continue leaking because of urge incontinence. This is not a failure of the surgery.

Medical technology is always changing, and new operations are frequently introduced. Right now the most common form of stress incontinence operation is a ***vaginal tape*** (mesh tape placed under the urethra to help keep it closed). When done alone, this procedure is usually day surgery (come to hospital and go home the same day).

If you are interested in surgery, you will meet with a surgeon to discuss your condition. The surgeon will describe the surgical options available, and the type of operation he/she thinks is best for you.

About surgery

Surgery can be done under local, spinal, or general anesthetic. With local or spinal anesthetic only the nerves of your pelvic area are frozen. With general anesthetic you are given medication to relax your whole body and put you to sleep during surgery. Your questions about anesthetic can be answered at your pre-admission clinic visit or by your surgeon.

Risks of surgery

Risks of any surgery include infection at the surgical site, bleeding, damage to surrounding structures and anesthetic-related risks.

Surgery for stress incontinence may cause the stream of urine to slow down. This is not considered a significant problem. However, there is a small risk that the surgery will actually make it difficult for a woman to urinate. This problem is usually temporary, and requires the women to urinate by inserting a catheter (tube) into her bladder. If the problem doesn't go away soon, a second surgery might be required, but this is rare.

In rare cases, surgery for stress incontinence can cause urge incontinence to get worse.

Operations that use mesh or other artificial material may have problems such as exposure of the mesh, pain, or infection. In very rare cases, this may require removal of part or all of the material.

Pre-admission clinic visit

This visit, if required, takes place prior to your surgery date. Nurses review your history, answer questions, and perform necessary tests. You may be taught how to put a catheter (tube) inside your bladder. You may also see an anesthetist or other medical specialist.

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If you are using medication for urge incontinence you may be asked to stop the medication a day or two before your surgery. Be sure to ask your surgeon about use of bladder medications around the time of your surgery.

Postoperative care

- You may have pain in your incisions anywhere from a few days to a few weeks.
- Do not have vaginal intercourse for 1 month.
- Do not lift more than 10 lbs or perform heavy work for 1 month. Time off work depends on your type of work and the type of surgery performed.
- You cannot drive until you can safely give all your attention to the road without pain or sedation from medications. You will need a ride home from the hospital.

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