There are various surgical options for women with stress urinary incontinence who have not responded to physiotherapy or medications. Mid-urethral sling operation is one option.

Mid-urethral sling is a piece of surgical tape that supports the urethra. It is offered to women with stress incontinence who need support to the middle section of the urethra to stay dry. This is usually because the muscles and the nerves in this area are no longer working properly. This operation is sometimes performed in combination with other procedures such as vaginal repair.

Mid-urethral sling surgery is a relatively new operation. Its advantages are:
- a quick recovery time
- it is quite simple
- you usually only need to stay in hospital for one night
- there is very little pain afterwards compared to other operations.

What happens during surgery?
- Women can comfortably have the operation with a local anaesthetic and some mild sedation, or with regional or general anaesthetic.
- You will have one small incision in your vagina and two on your lower abdomen, or your groin.
- A special tape is looped under your urethra to provide lift and support.
- At the end of the operation the surgeon looks inside your bladder with a medical telescope to check for bladder injury.
- The operation takes about 30 minutes to perform.

There are three types of slings that are most commonly used, they are:
- the TVT sling that requires two small incisions at the lower abdomen
- the TVT-O that requires two small incisions in the groin
- the TVT-Secure that requires only one small vaginal incision and no skin incisions.

Your doctor will talk with you about the most appropriate sling for you.

Positioning of the mid-urethral sling

How do I know if this operation is for me?
Your doctor will examine you, to confirm the diagnosis and to make sure that there is no other cause for your incontinence.

A bladder test called urodynamics is done to check how well the bladder is working. This test will also help you and your surgeon make a decision with you about the suitability of this operation for you. It also helps the surgeon to know how much support the tape needs to provide to keep you dry.
How successful is the operation?
Research tells us that over 80% of women with stress incontinence are cured or have significantly improved at a five year follow up. Longer term effects are unknown at this point in time as this is a relatively new procedure.

Can there be any complications?
There can be complications with any type of surgery but serious complications are rare with this operation. The risks are:
- a small risk of damage to the bladder, urethra or blood vessels when the tape is inserted
- between one and five women in a hundred will have trouble going to the toilet and may need a catheter after the surgery until normal bladder emptying is established
- very rarely division or adjustment of the tape is required
- between five and ten women in a hundred will develop an irritable bladder
- one to five women in a hundred will develop an infection
- one in a hundred women will develop a wound infection
- a very small risk of blood clots in the legs or tape becoming infected or rejected
- after the 'TVT-O' sling, you may experience pain in your groin for a few days or weeks.

Recovery time
Most women return home within 24 hours of the operation. You will be sent home once you are feeling well and once you are able to pass urine with no problem. If you need pain relief, tablets are usually enough.

It is important to rest after the operation and allow the area to heal. Generally, it is recommended:
- you restrict activity for two weeks
- after two weeks do light activity only
- avoid heavy lifting for six weeks, including shopping bags, washing baskets and children
- abstain from sexual activity for six weeks
- avoid playing sport for four weeks.

Your surgeon will be happy to answer any questions you have, and can give you more specific advice.

Where to get more information
Urogynaecology Pelvic Floor Service
Royal Women’s Hospital
Tel: (03) 8345 2000

Related fact sheets
Urodynamics bladder test