Information Protocol for Sling Surgery for Urinary Incontinence

Name: First name: Date of birth:

Dear patient,

This page should provide you with information, not worry you. It is only part of the information you will receive. The planned intervention will be discussed with you in person. Please ask about anything that is unclear or seems important, and don't hesitate to say if you would prefer not to know too much about the forthcoming procedure.

Reasons for the surgery
You suffer from urinary incontinence and have been diagnosed with "stress incontinence". With stress incontinence, urine leaks out when the body is under low levels of physical stress (sneezing, coughing, lifting items, walking, exercise). This is due to a weak bladder closure system (pelvic floor muscles, urethra and pelvic floor connective tissue). Hormonal changes after the menopause, the natural ageing process, pregnancy and childbirth, as well as previous operations are possible reasons for urinary incontinence.

Alternatives
In principle, non-surgical treatment should be carried out before an operation for urinary incontinence. This takes the form of pelvic floor physiotherapy and/or pessary treatment.
Other surgical methods such as bladder suspension surgery may be a good alternative in certain situations.

Surgical method and technique
To strengthen bladder closure, an "incontinence band" is inserted. The material used remains in the body. The procedure can take place under local anaesthetic with prior sedative medication and analgesia (pain medication) via infusion, under regional anaesthetic (spinal anaesthesia) or general anaesthetic. Before the procedure, an antibiotic will be injected into your vein. An anaesthetist will be present throughout the operation. The drug for local anaesthesia, usually combined with a drug to stop bleeding (vasoconstrictor), is injected into the tissue over the pubic bone and the front and side vaginal walls. If the band to be used is designed to be tightened after the operation, the procedure can also be carried out under regional or general anaesthetic.
During the operation, two small incisions will be made over the pubic bone (traditional incontinence sling, retropubic slings) or to the inner thigh near the outer labia (transobturator sling) and a smaller incision in the front vaginal wall. Special needles are then passed through two small channels next to the urethra from the vagina, behind the pubic bone upwards or sidewards to the thigh incisions on both sides. The sling is then placed using the special needles. It moves around the urethra and lies behind the pubic bone. No stitches are used to attach the sling - it quickly grows into the tissue and remains free of tension under the urethra, thus giving greater stability and a better seal during stress such as coughing or sneezing.
With slings that can be tightened after the surgery, this adjustment is carried out on the day after the surgery using a cough test and/or residual urine measurement.
After the operation: Normally, a catheter is not required, or only required for a few hours, after the procedure. You can get up a few hours after the surgery and leave the hospital on the same day or 1-2 days later, depending on your specific case and bladder function.

Chances of success
Sling surgery has been around since 1997. The changes of success are approximately 80 to 90%. Failures can include urination disorders, overactive bladder and continuing incontinence. Individual success depends on various anatomical and functional values. Your doctor can give you more precise information on your personal chances of success.

Risks and complications
Even if an operation is carried out properly, it is impossible to guarantee that treatment will be successful and there will be no complications. During the operation, bleeding can occur. In rare cases, bleeding can also occur after the operation. It is therefore important that your circulation is checked after the operation. Significant blood loss is very rare.
Rare injuries of neighbouring organs are also possible, in particular affecting the bladder, the urethra, the ureter, blood vessels and connective tissue. Such injuries are usually detected during the operation and treated immediately. Inflammation, wound complications, thrombosis (blood clots) and embolism cannot be fully ruled out, despite medical progress. Risk-appropriate thrombosis prophylaxis minimises the risk.
After the procedure, a (usually temporary) voiding disorder (issues with urinating) can occur.
Erosion (parts of the sling breaking off and not being covered by the vaginal tissue) and pain can be late complications of sling surgery, potentially occurring many years after the procedure. Despite proper patient positioning and correct equipment connection, pressure-related and other damage to nerves and soft tissues can occur as very rare complications. Only rarely do these leave permanent symptoms (e.g. numbness, painful sensations) or scars.

After the operation
Bladder emptying must be monitored. If there are issues, a catheter may be needed for a short time or one or more days. In rare cases, the sling must be loosened or tightened. Heavy physical stress and lifting of items (max. 5 kg) should be avoided for approximately two weeks following surgery so that the sling can grow into the tissue properly. It is usually possible to return to work after 1-2 weeks. It is possible to shower after the operation. You should not have sexual intercourse for 4-6 weeks. If the sling doesn't grow into the tissue correctly, erosion can occur. This manifests as increased discharge or pain for you or your partner during sexual intercourse. Contact your doctor if this happens. The exposed pieces of mesh can usually be covered with local oestrogen cream or a minimally invasive operation. Pain in the area of the operation can also occur at a later point in time. Please talk to your doctor about this.

Cost
The operation is a standard benefit covered by health insurance. If you have supplementary insurance: is cost recovery clarified?

Your questions:

_____

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Explanatory consultation

Interpreter:
_____

Proposed operation:
_____

Doctor's notes on explanatory consultation
(waiver of explanation stating reason, individual risk factors: age, heart disease, obesity, etc.).

Alternative treatment possibilities:

Date: Time: Duration of explanatory consultation:

Treatment contract

Dr_____ carried out an explanatory consultation with me. I have understood the explanation and could ask any questions I had.
I consent to the planned procedure, including any discussed changes and extensions that may be found necessary during the operation.

Place, date: Patient:

The text on the front page was discussed with the patient, the questions answered, and a copy of this explanation protocol was given to the patient.

Date, time: Doctor:

Outline of the operation:
(surgical method, incision, what will be removed, reconstructed etc. side designation left/right)