



Insertion of a synthetic sling for stress urinary incontinence in men

Placing a support sling to help stop pee leaks in men

This leaflet gives you simple, easy-to-read details about your operation. Expert doctors in the UK have written it. Please also remember the advice your own doctor or nurse has already given you.

Key points

- This operation helps men who leak pee when they move, cough, laugh or sneeze.
- It is done for men who have this problem after they have had their prostate removed.
- About 7 out of 10 men are pleased with the result.
- There are different kinds of slings. Most are made from a soft plastic mesh.
- If the mesh ever needs to be removed, the operation is very hard. It may not always be possible to take the mesh out.
- There have been problems with mesh used in women. You should discuss this with your doctor.

Why do you need this treatment?

This surgery treats stress incontinence. Stress incontinence means you leak pee when you move, cough, laugh or sneeze. Sometimes men leak pee after they have had their prostate removed.

What does this operation involve?

The doctor puts a soft plastic mesh sling under the tube that carries pee. This tube is called the urethra. The sling lifts and supports the urethra to help stop leaks.

Some slings can be adjusted later. Others stay fixed.

About 7 out of 10 men find this operation helps. They are happy with the result.

We don't yet know how safe mesh is for men in the long term. This is worrying. Some women have had problems with mesh many years after surgery.

There may be other risks for men that we don't know about yet. But the male and female bodies are different.

Some other treatments for leaking pee in men may not work for everyone.

What are your other options?

There are some other choices. Talk to your doctor about which is the right one for you.

Non-surgical options. This is where an operation is not needed.

These choices avoid the risks that come with surgery.

- **Pads to soak up the leaks.** This is a good choice if the leaking does not bother you.
- **Pelvic floor exercises.** These are special movements that help strengthen the muscles that control when you pee. A nurse or therapist can teach you how to do them. About 7 out of 10 men get better with these exercises.
- **Lifestyle changes.** Weight loss and stopping smoking can help some men.
- **Penile clamps.** These press gently on the penis to stop pee from leaking.

Surgical options

There are other operations that may help. Each one has good points and bad points. Your doctor will help you choose what is best for you.

- **Urethral bulking.** A thick liquid is injected into the wall of the urethra. This is the pipe that carries the pee from your bladder.
- **An artificial sphincter.** This is an operation to implant a small device around your urethra. It squeezes the urethra to stop the leaks.
- **Catheter.** A soft tube is placed into the bladder through the urethra. This drains your pee into a bag.
- **Urostomy.** Your pee goes from your kidneys through a small opening in the tummy. It comes out into a bag. The bag stays attached all the time. You will need to empty it. The nurses and doctors will teach you how to look after it.
- **Other devices.** There are other types of devices. Doctors do not have much information about how well they work.

You can find out more about the options to treat stress incontinence [here](#). You can also read guidance from national health experts [here](#).

What happens on the day of the operation?

- Your doctor will talk to you about your medical record. They will also make sure that you understand and agree to the treatment. You will hear this called “giving your consent”.
- You’ll meet the anaesthetist. They will talk to you about what type of anaesthetic you will have.
- You may have a general anaesthetic. This is where the operation is done whilst you are asleep. Or you may have a spinal anaesthetic. This is when the doctor makes you numb from the waist down.
- The anaesthetist will talk to you about pain relief.
- The nurse may give you special stockings and an injection to stop blood clots. Some people might need to use these stockings at home, after the operation. Your medical team will tell you if you need to do that.
- Antibiotics are often given before surgery to avoid infection.
- The nurses will check to make sure you don’t have any allergies.

What happens during the operation?

- You will be asleep during the operation
- The doctor makes a small cut between your scrotum and your back passage. Your scrotum is where your testicles sit
- This cut is about 5 to 10 cm long
- They make 2 very small cuts. One in each side of your groin
- The doctor will put the sling under your urethra. This will lift and support it
- They will close the cuts with stitches. They dissolve within 3 weeks
- The doctor will put a soft tube into your bladder through the urethra. We call this a catheter
- This drains your pee into a bag. It is usually removed the next day
- Most men go home the day after the operation

How does the surgery help?

- We know less about the long-term effects of the male sling operation. We know more about the operation for the artificial valve
- About 7 out of 10 men find this operation helps them. They are pleased with the results. This is true even if they still leak a little pee
- A study looked at how well the male sling and the artificial valve work. It found that both helped with leaking pee. Men who had the valve were slightly happier with the results
- The sling does not need to be controlled by the patient. If you have the valve operation, you need to squeeze it when you want to pee
- If you had radiotherapy or X-ray treatment to the prostate, this operation may not work as well. You are more likely to have problems afterwards

Possible after-effects of the procedure

Most people recover well, but there are some things that can happen. Everyone is different. Your doctor will talk with you about what these risks might mean for you.

Common problems. These happen to more than 1 out of every 10 people:

- Burning or stinging when you pee
- Swelling and bruising. This could be:
 - around the wound
 - in the area between the scrotum and the back passage
 - in the scrotum
- The surgery may not make a big change to your urine leak

Occasional problems. These happen to about 1 out of every 50 people:

- You may not be able to pee. This may get better. It may last for a long time. If this happens, you may need to keep using a catheter. You may need to learn to use a single-use catheter
- You may get an infection in the wound. We treat this with antibiotics
- You may need to pee more often or more urgently than before. This may happen more if you already had this problem before the surgery

Rare problems. These only happen to about 1 out of every 250 people:

- The doctor may damage your urethra during surgery. If this happens, they will not use the mesh to treat you
- The mesh may move into your urethra months or years later
- You may feel ongoing pain in your groin or between the legs
- The doctor may damage your bladder or urethra during the surgery. If this happens, you may need a catheter for a bit longer

Risk of getting an infection in hospital

About 6 out of 100 people get an infection whilst they are in hospital. This includes MRSA or

C. difficile infections. The risk is higher if you:

- have a tube in place for a long time
- have had your bladder removed
- stay in hospital for a long time
- have been in hospital many times

What happens before you go home?

Your medical team will tell you how the operation went. You should:

- ask questions. You should know what has been done
- ask the surgeon if everything went as planned
- let the staff know if you have any pain or discomfort
- ask what you can and cannot do at home
- make sure you know what happens next
- get advice about how to look after yourself at home
- be told what to look out for when you get home
- ask when you can start doing the things you normally do
- be told who to contact if you have problems

What should you expect when you go home?

- You may notice swelling and bruising between your legs or in the groin. This can last a few days
- Keep your bowels moving regularly. Use a gentle laxative if needed.
- Rest for 2 weeks
- Avoid heavy lifting for 3 months
- After 2 weeks, you can start normal daily tasks
- If your job is physical, wait 6 weeks before starting again
- Wait 6 weeks before doing hard exercise
- Plan to take 3 weeks off work. Take longer if your job is physical
- You will get a copy of your hospital notes. Your GP will also get a copy
- You will be given the tablets you need before you leave

General information about your operation

Before your operation

- Tell your team if you have implants. These are things like:
 - a pacemaker
 - a joint replacement
- Tell your doctor if you take blood-thinning tablets.
- If you have ever had MRSA, you should tell your doctor.
- You should tell your doctor if you may be at risk of variant CJD. This might be if you have had:
 - a corneal transplant
 - a neurosurgical dural transplant
 - human growth hormone treatment
- You can ask your doctor about their own results and experience with this operation.

Smoking and surgery

Smoking makes surgery riskier. Stopping before your operation helps. For help to stop smoking, call the NHS Smoke-Free Helpline: 0300 123 1044.

Driving after surgery

You must make sure that you are well enough before driving again. Talk to your doctor about this. If you cannot drive for more than 3 months, [tell the DVLA](#). You should also check with your insurance company before driving again.

Important

We have worked hard to make this leaflet clear and correct. But it cannot replace advice from your own doctor or nurse. Always ask them if you are worried or unsure.

What should you do with this leaflet?

You can keep this leaflet. If you have more questions, ask your doctor or nurse. They can explain more.

Online access

You can see this leaflet on the internet.

Scan the special picture (QR code).



<https://rb.gy/y7is15>

Feedback

We'd love to know what you think! You can share your thoughts by emailing us at admin@baus.org.uk

1. **Identify the problem.** The first step in the problem-solving process is to identify the problem. This involves recognizing the issue, gathering information, and defining the problem in clear, specific terms.