

## What happens when I go home?

- Take four to six weeks off work to recuperate.
- Do not drive for 3 weeks after your operation.
- Get assistance with vacuuming, washing, cooking, shopping and any heavy housework duties.
- Continue healthy eating, using the five basic food groups for well balanced meals.
- Avoid constipation.
- No heavy lifting. As a general guide, do not lift more than three to four kilograms or a six cup kettle of water.
- The visiting nurse will visit you in your home the third day after the operation. She will remove the sutures in your abdomen.
- Use sanitary napkins instead of tampons for six weeks to allow your vagina to heal.
- Sexual intercourse can occur six weeks after the operation.

An appointment at KEMH six to eight weeks after the operation will be arranged. At this appointment you will be examined to ensure that you have healed well.

*You must arrive for this appointment with a comfortably full bladder.*

**For enquiries please contact:  
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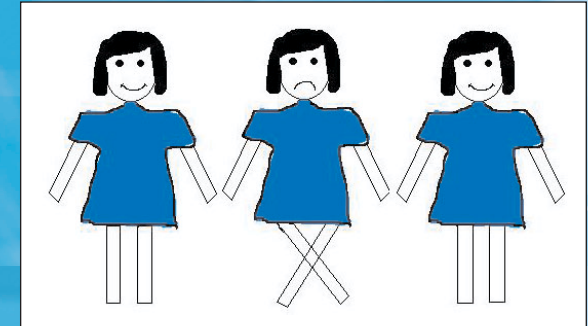
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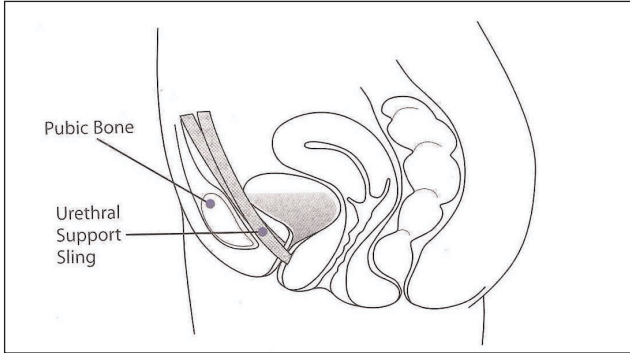
## Minimally Invasive Sling

### Commonly asked questions



## How will the operation be performed?

Three very small incisions (cuts) are made. Two in your abdomen above the pubic bone and one in your vagina just beneath the urethra (the place where your urine comes out).



A small channel is dissected (cut) on each side of the urethra, and a piece of mesh is placed under the urethra. The mesh will rest tension free under the urethra like a hammock. It will create support for your bladder neck and urethra so urine does not leak when you cough, sneeze or lift.

There will be two sutures in the skin of your abdomen that will be removed by our visiting nurse three days after your operation. Sutures in your vagina will dissolve and do not have to be removed.

## What do I need to do before my operation?

You will attend a *Preadmission Clinic* about one week before your surgery date. It is anticipated that you will be admitted the morning of surgery.

At the *Preadmission Clinic* you will meet the following staff.

1. **Medical staff** - the resident or registrar will interview you and complete a medical admission. This includes asking questions that relate to any past operations, illnesses and answering any questions or concerns you may have about your operation.
2. **Anaesthetist** (the doctor who will be putting you to sleep for your operation). He/she will ask you about any previous anaesthetics you may have had and will explain the various types of anaesthesia available. He/she will also discuss the different types of pain relief available after the operation.
3. **Nurse** - discusses when to come to hospital, preparation of skin and bowel, fasting, family/work arrangements that you may need to consider and what to expect after the operation.

**Please bring all medications to this appointment**

## After the Operation

### Will I have a drip in my arm?

Yes, an intravenous infusion (drip) will be in your arm after the operation to ensure that you have adequate fluids and to prevent dehydration. The drip is usually removed after 12 hours. You can drink again as soon as possible provided you are not feeling nauseous.

### Will I have pain?

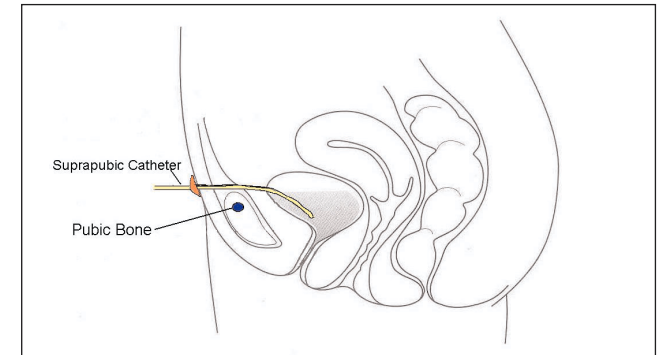
Pain from the procedure is usually minimal. Some pain after surgery is normal and to be expected.

Your anaesthetist will provide appropriate medications for the pain you experience.

### Will I be able to pass urine normally?

At first you will not be able to pass urine normally. A

urethral catheter (tube that is inserted through your urethra and into your bladder) will be draining urine into a bag beside your bed. The catheter will be removed the following morning. If you are able to pass urine after the catheter is removed you will be able to go home that day.



Sometimes a suprapubic catheter may be used.

A suprapubic catheter is a fine plastic tube, which is inserted through your abdomen just above the two surgical wounds and into your bladder. It has a plastic disc with four sutures attached to the abdominal skin to prevent it falling out.

The suprapubic catheter drains freely the first night. On the morning after surgery the catheter is closed and we will start measuring the urine left in your bladder after you have gone to the toilet (residual urine). This is to ensure that your bladder is emptying properly before the suprapubic catheter is removed.

When the residual urine measures less than approximately 150 mLs the catheter will be removed and you will be able to go home.

**Length of stay** - one night.