

**Recovering
Well**



Royal College of
Obstetricians and
Gynaecologists

**Information for you after a mid-urethral
sling operation for stress urinary incontinence**

Recovering Well



Who is this information for?

This information is for you if you are about to have, or you are recovering from, a mid-urethral sling operation for stress urinary incontinence (see below). You might also find it useful to share this information with your family and friends.

What is stress urinary incontinence?

Stress urinary incontinence is when urine leaks from your bladder when you do things which place pressure (stress) on your bladder. This often occurs with laughing, coughing, sneezing and physical activity.

What is a mid-urethral sling operation?

A mid-urethral sling operation is a type of operation for stress urinary incontinence. It involves placing a sling underneath the urethra (the tube that goes from your bladder to the outside). The sling supports your urethra when you laugh, sneeze, cough or are physically active and so prevents urine leaking from your bladder.

The exact type of mid-urethral sling operation you are having, or have had, may involve:

- one small incision (1 cm) in your vagina and two incisions in your lower abdomen. This is known as a transvaginal tape operation
- one small incision (1 cm) in your vagina and an incision on your inner thigh on both thighs. This is known as a transobturator tape operation.

The type of mid-urethral sling operation will depend on your personal circumstances and will be discussed with you by your gynaecologist before your operation.

You will need an anaesthetic for a mid-urethral sling operation. This may be a local anaesthetic with sedation, a general anaesthetic or a regional anaesthetic (for example, spinal or epidural).

Recovering Well



About this information

You should read this information along with any other information you have been given about your choices and the operation itself. This information gives general advice based on women's experiences and expert opinion. Every woman has different needs and recovers in different ways. Your own recovery will depend upon:

- how fit and well you are before your operation
- the reason you are having a mid-urethral sling operation
- the exact type of operation that you have
- how smoothly everything goes and whether there are any complications.

What can I expect after a mid-urethral sling operation?

Usual length of stay in hospital

A mid-urethral sling operation can be done as a day case operation so you may be able to go home on the same day or, depending on your circumstances, you may need to stay in hospital overnight. Most women who have a mid-urethral sling operation need to stay in hospital for 1 to 2 days.

After-effects of general anaesthesia

Most modern anaesthetics are short-lasting. You should not have, or suffer from, any after-effects for more than a day after your operation. During the first 24 hours you may feel more sleepy than usual and your judgement may be impaired. You are likely to be in hospital during the first 24 hours but, if not, you should have an adult with you during this time and should not drive or make any important decisions.

Recovering Well



Stitches

The stitches or glue in your vagina, lower abdomen or thighs will not need to be removed as they are dissolvable. They will dissolve within a few weeks. You may notice a stitch or part of a stitch coming away after a few days or maybe after a few weeks. When this happens with the stitches in your vagina, you may also get some vaginal discharge. This is normal and nothing to worry about.

Catheter

Having a catheter (tube) in your bladder is not usually necessary after a mid-urethral sling operation. You may need to have a catheter inserted for a few hours after the operation until you are easily able to walk to the toilet to empty to your bladder.

If you have problems passing urine, you may need to have a catheter for a few days or be taught how to empty your bladder yourself with a catheter. This may be for up to 5 to 7 days until any bruising has settled. You will be shown how to look after a catheter and will be monitored at home while you are using this.

Passing urine

It will feel different when you pass urine immediately after your operation.

Vaginal bleeding

You can expect to have some vaginal bleeding for up to a week after your operation. This is like a light period and is red or brown in colour. You should use sanitary towels rather than tampons, as using tampons could increase the risk of infection.

Recovering Well



Pain and discomfort

You can expect some discomfort after your operation. If you have had a transobturator tape operation, you may experience more discomfort. You may experience pain in your legs and thighs for up to 2 weeks – for some women it may be longer than this. When leaving hospital, you should be provided with painkillers for the pain you are experiencing. If you are prescribed additional painkillers which contain codeine or dihydrocodeine, these can make you sleepy, slightly sick and constipated. If you do need to take these medications, try to eat extra fruit and fibre to reduce the chances of becoming constipated.

Taking painkillers as prescribed to reduce your pain will enable you to get out of bed sooner, stand up straight and move around – all of which will speed up your recovery and help to prevent the formation of blood clots in your legs or your lungs.

Starting to eat and drink

You should be able to start eating and drinking as normal 3 to 4 hours after your operation.

Washing and showering

You should be able to have a shower or bath during your stay in hospital after your operation.

Physiotherapy

You will be given advice and information about exercises to help you recover and ways to move easily and rest comfortably. You should be given written information on this. The ward physiotherapist may also visit you after your operation to show you some exercises and have a discussion with you about how to progress with getting out of bed and mobilising. The physiotherapist will also advise you on how to do pelvic-floor muscle exercises.

Tiredness

You may feel tired for the first few days after your operation as your body is healing. It is unlikely that you will feel tired for any longer than this.

Recovering Well



What can help me recover?

A pelvic-floor muscle exercise programme

It takes time for your body to heal and for you to get fit and well again after a mid-urethral sling operation. There are a number of positive steps you can take at this time. The following will help you recover:

Your pelvic-floor muscles span the base of your pelvis. They work to keep your pelvic organs in the correct position (prevent prolapse), tightly close your bladder and bowel (stop urinary or anal incontinence) and improve sexual satisfaction.

It is important for you to get these muscles working properly after your operation, even if you have stitches. To identify your pelvic-floor muscles, imagine you are trying to stop yourself from passing wind or you could think of yourself squeezing tightly inside your vagina. When you do this you should feel your muscles 'lift and squeeze'.

It is important to breathe normally while you are doing pelvic-floor muscle exercises. You may also feel some gentle tightening in your lower abdominal muscles. This is normal. Women used to be told to practise their pelvic-floor muscle exercises by stopping the flow of urine midstream. This is no longer recommended, as your bladder function could be affected in the longer term.

You can begin these exercises gently once your catheter has been removed and you are able to pass urine on your own. You need to practise short squeezes as well as long squeezes:

- Short squeezes are when you tighten your pelvic-floor muscles for one second and then relax.
- Long squeezes are when you tighten your pelvic-floor muscles, hold for several seconds and then relax.

Start with what is comfortable and then gradually increase – aiming for ten long squeezes, up to 10 seconds each, followed by ten short squeezes.

Recovering Well



You should do pelvic-floor muscle exercises at least three times a day. At first you may find it easier to do them when you are lying down or sitting. As your muscles improve, aim to do your exercises when you are standing up. It is very important to tighten your pelvic-floor muscles before you do anything that may put them under pressure, such as lifting, coughing or sneezing.

Make these exercises part of your daily routine for the rest of your life. Some women use triggers to remind themselves such as, brushing their teeth, washing up or commercial breaks on television.

Straining to empty your bowels (constipation) may also weaken your pelvic-floor muscles and should be avoided. If you suffer from constipation or find the pelvic-floor muscle exercises difficult, you may benefit from seeing a specialist women's health physiotherapist.

A daily routine

Establish a daily routine and keep it up. For example, try to get up at your usual time, have a wash and get dressed, move about and so on. Sleeping in and staying in bed can make you feel depressed. Try to complete your routine and rest later if you need to.

Eat a healthy balanced diet

Ensure your body has all the nutrients it needs by eating a healthy balanced diet. A healthy diet is a high-fibre diet (fruit, vegetables, wholegrain bread and cereal) with up to 2 litres a day of fluid intake, mainly water. Remember to eat at least five portions of fruit and vegetables each day. You will only gain weight if you eat more than you need to and you are not exercising enough.

Recovering Well



Stay active

Start with a short walk on the day after you leave hospital and build up slowly. Listen to your body. If the exercise you are doing is causing you pain, stop and try something less active for a few days. Low-impact exercises are ideal in the first few weeks, along with the exercises advised by the physiotherapist. Regular short walks will not harm you and are the ideal form of exercise. If you are not experiencing any problems you can soon increase the number of walks each day and walk further each time, otherwise you will lose fitness.

Stop smoking

Stopping smoking will benefit your health in all sorts of ways such as lessening the risk of a wound infection or chest problems after your anaesthetic. By not smoking – even if it is just while you are recovering – you will bring immediate benefits to your health. If you are unable to stop smoking before your operation, you may need to bring nicotine replacements for use during your hospital stay. You will not be able to smoke in hospital. If you would like information about a smoking cessation clinic in your area speak with the nurse in your GP surgery.

Support from your family and friends

You may be offered support from your family and friends in lots of different ways. It could be practical support with things like shopping, housework or preparing meals. Most people are only too happy to help – even if it means you having to ask them! Having company when you are recovering gives you a chance to say how you are feeling after your operation and can help to lift your mood. If you live alone, plan in advance to have someone stay with you for the first few days when you are at home.

Recovering Well



A positive outlook

Your attitude towards how you are recovering is an important factor in determining how your body heals and how you feel in yourself. You may want to use your recovery time as a chance to make some longer-term positive lifestyle choices such as:

- starting to exercise regularly if you are not doing so already and gradually building up the levels of exercise that you take
- eating a healthy diet: if you are overweight it is best to eat healthily without trying to lose weight for the first couple of weeks after the operation. After that you may want to lose weight by combining a healthy diet with exercise.

Whatever your situation and however you are feeling, try to continue to do the things that are helpful to your long-term recovery.

What can slow down my recovery?

It can take longer to recover from a mid-urethral sling operation if:

- you had health problems before your operation; for example, women with diabetes may heal more slowly and may be more prone to infection
- you smoke; some women who smoke are at increased risk of getting a chest or wound infection during their recovery: smoking can delay the healing process
- you were overweight at the time of your operation; if you are overweight it can take longer to recover from the effects of anaesthesia and there can be a higher risk of complications such as infection and thrombosis
- there were any complications during your operation.

Recovering Well



Recovering after an operation is a very personal experience. If you are following all the advice you have been given but do not think you are at the stage you ought to be, talk with your GP.

When should I seek medical advice after a mid-urethral sling operation?

While most women recover well after a mid-urethral sling operation, complications can occur – as with any operation. You should seek medical advice from your GP, the hospital where you had your operation, NHS Direct or NHS 24 if you experience:

- **burning and stinging when you pass urine:** if you also have blood in your urine, you may have a urine infection or cystitis. Treatment may be with a course of antibiotics.
- **difficulty passing urine and emptying your bladder**
- **heavy or smelly vaginal bleeding or bleeding which starts again:** this may be caused by an infection. Treatment may be with a course of antibiotics.
- **sharp pain experienced by either you or your partner during sex:** this may be due to a complication from the operation.

Getting back to normal

Around the house

While it is important to take enough rest, you should start some of your normal daily activities when you get home and build up slowly. You will find you are able to do more as the days pass.

It is helpful to break jobs up into smaller parts, such as ironing a couple of items of clothing at a time and taking rests regularly. You can also try sitting down while preparing food or sorting laundry. In the first week

Recovering Well



you should restrict lifting to light loads such as a 1 litre bottle of water, kettles or small saucepans. You should avoid lifting heavy objects, such as shopping bags or children, or do any strenuous housework like vacuuming, until 2 to 3 weeks after your operation. Try getting down to your children rather than lifting them up to you. If you feel pain you should try doing a little less for another few days.

Remember to lift correctly by having your feet slightly apart, bending your knees, keeping your back straight and bracing (tightening or strengthening) your pelvic floor and stomach muscles as you lift. Hold the object close to you and lift by straightening your knees.

Exercise

While everyone will recover at a different rate, there is no reason why you should not start walking on the day you return home. You should be able to increase your activity levels quite rapidly over the first few weeks. There is no evidence that normal physical activity levels are in any way harmful and a regular and gradual build-up of activity will assist your recovery. If you are unsure, start with short steady walks close to your home a couple of times a day for the first few days. When this is comfortable you can gradually increase the time while walking at a relaxed steady pace. Many women should be able to walk for 30 to 60 minutes by the second week and will be back to their previous walking levels by the end of the second or third week.

Swimming is an ideal exercise that can usually be resumed within 2 to 4 weeks provided vaginal bleeding and discharge has stopped.

Contact sports and power sports should be avoided for at least 6 weeks, although this will depend on your level of fitness before your surgery.

Recovering Well



Driving

You should not drive for 24 hours after a general anaesthetic. Each insurance company will have its own conditions for when you are insured to start driving again. Check your policy.

Before you drive you should be:

- free from the sedative effects of any painkillers
- able to sit in the car comfortably and work the controls
- able to wear the seatbelt comfortably
- able to make an emergency stop
- able to comfortably look over your shoulder to manoeuvre.

In general, it can take 1 to 2 weeks before you are able to do all of the above. It is a good idea to practise without the keys in the ignition. See if you can do the movements you would need for an emergency stop and a three-point turn without causing yourself any discomfort or pain. When you are ready to start driving again, build up gradually, starting with a short journey.

Travel plans

If you are considering travelling during your recovery, it is helpful to think about:

- The length of your journey: journeys over 4 hours where you are not able to move around (in a car, coach, train or plane) can increase your risk of deep vein thrombosis (DVT). This is especially so if you are travelling soon after your operation.
- How comfortable you will be during your journey, particularly if you are wearing a seatbelt.
- Overseas travel:
 - Would you have access to appropriate medical advice at your destination if you were to have a problem after your operation?

Recovering Well



- ☐ Does your travel insurance policy cover any necessary medical treatment in the event of a problem after your operation?
- ☒ Are your plans in line with the levels of activity recommended in this information?

If you have concerns about your travel plans, it is important to discuss these with your GP or the hospital where you have your operation before travelling.

Having sex

You should usually allow 4 to 6 weeks after your operation to allow your scar to heal. It is then safe to have sex – as long as you feel comfortable. If you experience any discomfort or dryness, you may wish to try a vaginal lubricant. You can buy this from your local pharmacy.

Your doctor would usually only discuss the option of a mid-urethral sling operation with you once your own family is complete. This is because the benefits from having had a mid-urethral sling operation are likely to be affected by any future pregnancy and birth.

It is important to use contraception after a mid-urethral sling operation, if you are within childbearing age and your family is complete. For information on the most suitable form of contraception for you, speak with your GP.

If you do become pregnant after having a mid-urethral sling operation, your obstetrician may advise you to give birth by caesarean section.

Recovering Well



Returning to work

Everyone recovers at a different rate, so when you are ready to return to work will depend on the type of work you do, the number of hours you work and how you get to and from work.

You may experience more tiredness than normal after any operation, so your return to work should be like your return to physical activity, with a gradual increase in the hours and activities of work. If you have an occupational health department they will advise on this.

Some women are fit to work after 3 to 4 days and will not be harmed by this if there are no complications from surgery.

Many women are able to go back to normal work after 3 weeks if they have been building up their levels of physical activity at home.

Returning to work can help your recovery by getting you back into your normal routine again. Some women who are off work for longer periods start to feel isolated and depressed. You do not have to be symptom-free before you go back to work. It is normal to have some discomfort as you are adjusting to working life. It might be possible for you to return to work by doing shorter hours or lighter duties and building up gradually over a period of time. Consider starting partway through your normal working week so you have a planned break quite soon.

You might also wish to see your GP or your occupational health department before you go back and do certain jobs – discuss this with them before your operation. You should not feel pressurised by family, friends or your employer to return to work before you feel ready. You do not need your GP's permission to go back to work. The decision is yours.

Recovering Well



Recovery tracker

Days after my operation	How might I feel?	What is safe to do?	Fit to work?
1–2 days	<ul style="list-style-type: none"> You are likely to be in hospital or have just been discharged home Moving in and out of bed may be a bit sore especially around your thighs and pelvic area You may have some bleeding like a light period 	<ul style="list-style-type: none"> Get up and move about Get yourself dressed Eat and drink as usual You will feel tired and perhaps feel like a sleep in the afternoon 	No
3–7 days	<ul style="list-style-type: none"> You should be at home by now Your pains will be reducing in intensity and you will be able to move about more comfortably. You will still tire easily Bleeding should have settled or be very light 	<ul style="list-style-type: none"> Continue as day 1–2 Go for a short walk in the morning then go home and rest. You may want to go for another short walk in the afternoon. These movements help keep the joints and muscles supple Continue with exercises that have been recommended by the team looking after you Wash, bath and shower as normal Have a sleep or rest for an hour in the afternoon 	Some women can start doing some desk-based work
1–2 weeks	<ul style="list-style-type: none"> There will be less pain as you move more and more and you will find your energy levels returning 	<ul style="list-style-type: none"> Build up the activities you do around the house. You should almost be getting back to normal now although you may still have aching around your thighs 	Some women will be getting back on reduced hours or lighter duties
2–3 weeks	<ul style="list-style-type: none"> There will be little or no pain now as you move more and you will find your energy levels back to normal 	<ul style="list-style-type: none"> Build up the activities you do around the house to the level you did before your operation. You are encouraged to go for longer and more frequent walks during the day and to perhaps limit your rest period to one in the afternoon You can start to do low-impact sport or controlled stretches. Further work on the knowledge that you've gained and aim to make those lifestyle changes permanent Talk to your doctor about going back to work 	Yes on reduced hours or light duties at first especially if your work is more physically demanding. Most people will be back to full-time work after 3 weeks

Recovering Well



Recovery tracker (continued)

Days after my operation	How might I feel?	What is safe to do?	Fit to work?
4–6 weeks	<ul style="list-style-type: none"> ■ If you have not had any complications from surgery, you should be back to your full range of activities 	<ul style="list-style-type: none"> ■ If you have not had any complications to do with your surgery and you are still off work, it is possible that you are feeling anxious about returning to work and could do with some help from your GP or your employer. Talk to them both about a gradual return to work ■ If you are off work for too long, there's a risk of developing problems to do with anxiety, isolation, and lack of confidence. These could affect your quality of life in the long term. Talk to your doctor about how best to avoid this becoming a problem for you 	Yes



**The Royal College of Obstetricians
and Gynaecologists**

27 Sussex Place, London NW1 4RG

More Patient Information is available on our website:

www.rcog.org.uk/womens-health/patient-information