A mid-urethral sling system is designed to provide a ribbon of support under the urethra to prevent it from dropping during physical activity, which may include but is not limited to: laughing or lifting. Providing support that mimics the normal anatomy should prevent urine from leaking or reducing the amount of leakage.

Q: What is the difference between a mid-urethral sling system and a transobturator mid-urethral sling system?

A: A mid-urethral sling system is designed to provide a ribbon of support under the urethra to prevent it from dropping during physical activity, which may include but is not limited to: laughing or lifting. Providing support that mimics the normal anatomy should prevent urine from leaking or reducing the amount of leakage.

Q: What are the types of sling options?

A: Many surgical options have been developed, including the difference being how the mesh material is placed under the urethra. Your doctor will recommend which anchoring location is right for you. As disease state and anatomy differs for each patient, outcomes may vary. Consult your physician for all available treatment options.

Q: How can a mid-urethral sling system help my incontinence?

A: A mid-urethral sling system is designed to provide a ribbon of support under the urethra to prevent it from dropping during physical activity, which may include but is not limited to: laughing or lifting. Providing support that mimics the normal anatomy should prevent urine from leaking or reducing the amount of leakage.

Q: What should I expect after surgery?

A: Before your discharge from the hospital, you may be given a prescription for an antibiotic and/or pain medication to relieve any discomfort you may experience. You will be instructed on how to care for your incision area. At the discretion of your physician, most patients resume moderate activities within 2 to 4 weeks, with no strenuous activity for up to 6 weeks.

Q: When will I stop leaking?

A: Most women see results right after the procedure. Talk with your physician about what you should expect. You are on your way!
Q: What is stress urinary incontinence?
A: Urinary incontinence is defined as the involuntary leakage of urine. The problem affects approximately 18 million adults in the United States, 85% of them being women. You are not alone! It usually takes 4–6 years to see a healthcare professional for this condition.

Q: What type of stress urinary incontinence do I have?
A: One condition is called hypermobility, ("hyper" means too much and "mobility" refers to movement) which can result from childbirth, previous pelvic surgery or hormonal changes. Hypermobility occurs when the normal pelvic floor muscles can no longer provide the necessary support to the urethra. This may lead to the urethra dropping when any downward pressure is applied, resulting in involuntary leakage.

Another condition is called intrinsic sphincter deficiency, usually called ISS. This refers to the weakening of the urethral sphincter muscles or closing mechanism. As a result, the sphincter does not function normally regardless of the position of the bladder neck or urethra.

Q: What are some treatment options?
A: Stress urinary incontinence can be treated in several ways, depending on the exact nature of the incontinence and its severity. As disease state and anatomy differs for each patient, outcomes may vary. Consult your physician for all available treatment options.

This guide will focus on surgical procedures.

Q: How will my surgery be performed?
A: Your minimally-invasive sling procedure is estimated to take 30–45 minutes. Your doctor will determine the type of anesthesia you will have during the procedure. Once the anesthesia takes effect, your doctor will begin the procedure.

A small incision will be made in the vaginal area. Next, the synthetic mesh is placed to create a "sling" of support around the urethra. You and your physician may discuss:

- Changes to your diet and fitness routine
- Physical therapy including pelvic floor muscle training
- Vaginal pessaries
- Surgical options including traditional mesh slings, single incision mini-slings, rectopubic colposuspension, and bulking.

For more information, visit the FDA’s Urogynecologic Surgical Mesh website at http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/UroGynSurgicalMesh/default.htm

Q: What are the potential risks and complications of surgery?
A: As with most surgical procedures, there are potential risks and complications associated with surgery. Your physician can further explain your specific risks based on your medical history and surgical approach used. Some potential adverse reactions related to surgical correction for stress urinary incontinence include:

- Pain/Discomfort/Irritation
- Inflammation (redness, heat, pain, or swelling resulting from surgery), edema (swelling caused by fluid retention) and erythema (redness of the skin)
- Infection, including abscess
- Bleeding (vaginal) and hematoma formation (pooling of blood beneath the skin)
- Mesh erosion (presence of mesh material within the organs surrounding the vagina)
- Mesh extrusion (presence of mesh materials within the vagina)
- Fistula formation (a hole/passage that develops between organs or anatomic structures that is repaired by surgery)
- Foreign body (allergic) reaction to mesh implant
- Urinary incontinence (involuntary leaking of urine)
- Urinary retension/obstruction (involuntary storage of urine/blockage of urine flow)

For more information, visit the FDA’s Urogynecologic Surgical Mesh website at http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/UroGynSurgicalMesh/default.htm