

Male Sling (AdVance Sling)

The AdVance male sling is a very successful option in patients with lesser, but still troublesome, urinary leakage.

Procedure

The sling, which is made of inert polypropylene, is placed under general anaesthetic. A 4cm midline perineal incision and 2 small incisions are made in the upper inner thighs. The urethra is mobilised and the sling is placed via two specially designed trocars. The sling is sutured to the urethra and is then tensioned. The wounds are closed with absorbable sutures. The procedure takes about an hour on average. A small catheter is left in the urethra.

Post-Operatively

This is not a particularly painful procedure although the position of the wound can be a little awkward.

The catheter is removed first thing in the morning and the nurse will measure how much you void. Once you have passed satisfactory amounts of urine you can go home. Unlike with the artificial urinary sphincter where you have to wait for the device to be activated, you should be continent from the first postoperative day.

Because there is a risk of the sling slipping it is very important to not do anything strenuous for the first 6 weeks, taking particular care not to do anything which requires you to have your legs apart. After 6 weeks the sling should be bedded in and you can go back to your normal activities.

Patients should expect to take a week or two off work, depending on their job.

Risks and Complications

All surgical procedures involve some risk such as infection, bleeding and blood clot formation but in practise these are rare. The risks specific to the sling are:

1. An inability to void immediately the catheter is removed. This occurs in less than 5% of cases, if you are unable to void immediately, the catheter will be replaced and removed again after a few days.
2. A significant proportion of patients will void more slowly than before, presumably because the sling causes a partial obstruction to the urethra.
3. Less than 5% of patients will develop some scrotal numbness or discomfort. In most this is transient.
4. There has been at least one report in the international literature of the sling eroding into the urethra but this complication has not been seen in NZ.
5. The main issue with the sling device is that whilst it appears to work very well in selected patients, it has only been in existence since 2006 and as such there is no long term data about the long term success or failure rates.

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What if it doesn't work?

Because careful selection criteria are used to determine who should have a sling, the procedure is, in our experience, nearly always successful. There are a few patients however whose leakage is not resolved.

These patients have 2 options:

- Firstly, they could have a second sling placed over the first or,
- if the first sling really made no difference, then they could have an artificial urinary sphincter placed.

There is no particular extra difficulty in carrying out these secondary procedures, the initial sling surgery does not burn any bridges.



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