Dr Harrie Swanepoel
MBChB(PRET), FCOG(SA), MMED (OetG)(PRET), FRANZCOG

ABN: 20 883 693 898 Provider No. 2911696A

39 Crofton Street
Bundaberg
QLD
4670

Phone:+61 (07) 4331 1545
Fax: +61(07) 4151 0522
Email: bgosreception@gmail.com

Recovery after Mid-Urethral Sling Surgery for Stress Urinary Incontinence

Mid-urethral sling (MUS) surgery for stress urinary incontinence (SUI) is a generally well-tolerated procedure.

Wishing you a speedy recovery

Pain

Mild pain or discomfort in the vagina and/or around the skin incisions is to be expected. This can usually be managed successfully with a combination of paracetamol and anti-inflammatories (for example, ibuprofen or Celebrex). Sometimes, women need stronger pain relief for the first few days after surgery and Dr Swanepoel will prescribe that before discharge from hospital. Pain relief in the early postoperative period is best taken at regular intervals; don't wait for pain to become severe before taking medication. Staying on top of any pain will help to keep you mobile and to recover more quickly.Should your pain worsen or you feel generally unwell this might be a sign of early infection.Please contact your GP or Dr Swanepoel.

Bladder

You may notice a change in your urine stream – it may be slower or spray a little. This is normal. It is important that you relax completely when passing urine and do not strain or push to empty your bladder.
Maintain a normal fluid intake (aim for a total intake of 1.5–2 litres a day) and try to pass urine around every 4 hours. You may experience a burning sensation when you pass urine for the first 2 days after the surgery. This is normal and is related to the catheter and cystoscope used during the operation. Taking Ural sachets can often ease this discomfort. If this sensation persists for more than 2 days then you may have developed a bladder infection. Please see your local doctor for a urine test and commence antibiotics if an infection is present. A small number of women may have difficulty emptying their bladder following the MUS. This may require a catheter to help empty the bladder initially. Rarely, the tape may need to be loosened.

Bowels

Bowel function is generally not affected by the surgery, but pain medications containing codeine, reduced oral intake and reduced activity can all contribute to the development of constipation. Maintain your fluid intake and increase your dietary fibre during this time. If constipation develops,

taking simple laxatives such as Coloxyl,Movicol or lactulose (available over the counter), is usually adequate.

Wound care

During the surgery, a small incision is made just inside the vagina. There may be a small amount of bleeding from the vagina, which turns into a brownish discharge. This is usually present for days to a few weeks until the vaginal skin has healed. If the discharge increases in amount, becomes bright red or smells, please contact your GP or Dr Swanepoel as an infection may have developed. The small skin incisions will heal very quickly, and is covered by a thin layer of skin glue which will start pealing of at 2 weeks.
There are no sutures that need removal. Sometimes, as the sutures dissolve they can be seen as small pieces of loose thread in the discharge or when you wipe. This may be accompanied by a small amount of spotting.Clean water is good for the surgical wound and does not cause harm. However do not soak the wounds in water and shower instead of having a bath. Do not swim before 3-4 weeks.Wear loose clothing.

Sexual activity

Avoid sexual activity until your review with Dr Swanepoel. It is important that the vaginal skin incision has completely healed before you start sexual activity again.

Physical activity

For the first 4-6 weeks light activity only – no heavy lifting (not more than 15kg), no straining, no strenuous exercise. Following this gradually increase your activities, but listen to your body and if you feel tired then rest. General anaesthetic can continue to have an effect on your energy levels for weeks after the surgery.

Driving

You should not drive if you are taking strong painkillers or if you are not confident that you could perform an emergency stop if needed. As a general guide, avoid driving until you are pain free. Some insurance companies place restrictions on driving after surgery, so check your policy details.

Blood clots

The risk of deep vein thrombosis/blood clots in the leg increases slightly after surgery. Continue to wear compression stockings until you are fully mobile. While it is important to rest following surgery, try not to have extended periods of inactivity. When sitting, or in bed, move your ankles and legs intermittently. Avoid crossing your legs. If you notice a swollen, red ,painful lower leg consult your GP.

Return to work

You should be ready to return to work 2–4 weeks after surgery. The timeframe depends on your recovery and the type of work you do. It is best to discuss this directly with Dr Swanepoel.

Follow up

A review appointment is usually scheduled at 6 weeks following surgery. Please phone our rooms at (07)43311545 if you are unsure about your follow visit.If you were on blood thinners (aspirin, clopidogrel) before your surgery, these can normally be commenced 24–48 hours postoperatively; however, this should be discussed with Dr Swanepoel.

Should you feel unwell after being discharged from hospital, please contact my rooms on (07) 43311545 or after hours :The Mater hospital (07) 41539428 or Friendlies Society Private Hospital (07) 43311000.

For any medical emergency, call 000.
The Bundaberg Base Hospital is the only hospital that offers a 24 hours Emergency Department .Contact nr: (07) 41502222

I wish you a speedy recovery and I am looking forward to seeing you again at the 6 weeks post-surgical visit.

Dr Harrie Swanepoel.

FRANZCOG

FELLOW OF THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS