
Bladder neck suspension

Elevation of the neck of the bladder with sutures to treat incontinence. This will include a telescopic examination of the bladder. The incision is in the lower abdomen.

This patient information leaflet is drawn from the consensus panels of many worldwide urological societies, as a supplement to any advice that you may already have been given. Alternative treatments are outlined below and can be discussed in more detail with Dr Campbell.

What are the alternatives to this procedure?

Observation, pads, physiotherapy, medication, injection therapy (around the urethra), sling operations.

Before the procedure

Please be sure to inform Dr Campbell in advance of your procedure if you have any of the following:

- ~ An artificial heart valve
- ~ A coronary artery stent
- ~ A heart pacemaker or defibrillator
- ~ An artificial blood vessel graft
- ~ A neurosurgical shunt
- ~ Any other implanted foreign body
- ~ Blood thinning medications, particularly
 - ~ Asasantin
 - ~ Aspirin
 - ~ Fish oil
 - ~ Iscover
 - ~ Persantin
 - ~ Plavix
 - ~ Warfarin
- ~ Mesh hernia repair
- ~ Previous abdominal surgery
- ~ Angina
- ~ Hypertension
- ~ Diabetes
- ~ Recent heart attack

You will usually be admitted on the day of surgery. You may be asked to attend a pre-admission clinic 5–10 days before the procedure to assess your general fitness and to perform some baseline investigations.

If you are taking warfarin, Clopidogrel, iscover, asaantin, or persantin on a regular basis, you must discuss this with Dr Campbell because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding but this can result in increased clotting, which may also carry a risk to your health. This will, therefore, need careful discussion with regard to risks and benefits.

You will be asked not to eat or drink for 6 hours before surgery. Immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

You will be given an injection under the skin of a drug (heparin), that along with the help of elasticated stockings fitted on admission, will help prevent thrombosis (clots) in the veins of the legs.

After admission, you will be seen by members of the urological team which may include not only Dr Campbell, but the specialist registrar, the intern, and your named nurse. The specialist registrar may perform your procedure in conjunction with Dr Campbell and with your permission.

Where do I go for my procedure?

The admissions section of the hospital at the appointed time, on the appointed day. The admissions section of the particular hospital will give you instructions well in advance of the operation. If no contact has been made telephone Dr Campbell's secretary on (07) 3367 1608, and the problem will be addressed.

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Do I need to do anything special before my procedure?

You will need to not drink or eat anything for 6 hours prior to the procedure.

During the procedure

You will be given intravenous antibiotics at the time the anaesthetic is given, and possibly after surgery too.

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. Both methods minimize pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

This procedure involves elevation of the neck of the bladder with sutures to treat incontinence. This will include a telescopic examination of the bladder. The incision is in the lower abdomen.

The operation takes approximately 2 hours to complete.

Immediately after the procedure

A catheter will be placed in the bladder for a day or two (sometimes via a small incision in the skin) and there will probably be a wound drain

The average hospital stay is 5 days.

Are there any side-effects?

Most procedures have a potential for side-effects and these are outlined below. Please use the check circles to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than 1 in 10)

- ~ Failure to improve urinary incontinence
- ~ Recurrence of urinary incontinence at later time
- ~ Recurring bladder infections due to poor emptying of bladder

Occasional (between 1 in 10 & 1 in 50)

- ~ Infection of incision requiring further treatment
- ~ Development or worsening of frequency and urgency of urination
- ~ Retention of urine requiring prolonged catheterisation or self-catheterisation
- ~ Discomfort from pulling of the sutures holding up the bladder
- ~ If sexually active, discomfort with sexual intercourse
- ~ Development of a rectocele (bulging or prolapse of the rectum into the vagina)

Rare (less than 1 in 50)

- ~ None

General side-effects of any procedure

Any operative procedure that involves regional (spinal) or general anaesthetic can have side-effects. These are explained in the leaflet on anaesthesia.

Hospital-acquired infection

- ~ Colonisation with MRSA (0.9%, 1 in 110)
- ~ Clostridium difficile bowel infection (0.2%; 1 in 500)
- ~ MRSA bloodstream infection (0.08%; 1 in 1,250)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)

What should I expect when I get home?

You will require pain-killing tablets at home for several days and it may take a week at home to become comfortably mobile.

You should avoid driving for at least three weeks, and it may be longer before this is possible.

If you work, you will need a minimum of two weeks off, and it may be significantly longer if your work involves physical activity.

Heavy lifting should be avoided for 6 weeks.

Sexual intercourse should be avoided for at least a month.

You may see blood in the urine or vaginal discharge for up to a month after surgery.

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When you leave hospital, a discharge summary of your admission will be sent to your family doctor. This holds important information about your inpatient stay and your operation.

What else should I look out for?

If you find it increasingly difficult to pass urine, or If you develop symptoms of a urine infection (burning, frequency and urgency), you should contact Dr Campbell.

For after hours emergencies Dr Campbell can be contacted on (07) 3367 1608.

The Wesley Hospital Emergency Centre (07) 3232 7333, and The Greenslopes Private Hospital Emergency Centre (07) 3394 7111 are other resources that are also available.

Are there any other specific points?

A follow-up appointment will be arranged at about 6–8 weeks after surgery.

Is there any research being carried out in this field?

There is no specific research in this area at the moment but all operative procedures performed are subject to rigorous audit at monthly Audit & Clinical Governance meetings.

Who can I contact for more help or information?

Dr Peter Campbell

Suite 9, level 9, Evan Thomson Building, The Wesley Hospital, Chasely St,
Auchenflower, QLD 4066
(07) 3367 1608,
www.campbellurology.com.au

The Wesley Hospital, Urology Ward

451 Coronation Drive,
Auchenflower, QLD 4066
(07) 3232 7168
www.uhc.com.au/wesley

The Wesley Emergency Centre

451 coronation Drive,
Auchenflower, QLD 4066
(07) 3232 7333

Greenslopes Private Hospital, Continence Advisor

Newdgate St,
Greenslopes, QLD 4120
(07) 3394 7978
www.greenslopesprivate.com.au

Greenslopes Private Hospital Urology Ward

Newdgate St,
Greenslopes, QLD 4120
(07) 3394 7261
www.greenslopesprivate.com.au

Greenslopes Private Hospital Emergency Centre

Newdgate St,
Greenslopes, QLD 4120
(07) 3394 6777
www.greenslopesprivate.com.au

The Queen Elizabeth II Jubilee Hospital, Urodynamics Department

Kessels Rd,
Coopers plains, QLD 4108
(07) 3275 6346

American Urological Association Foundation

1000 Corporate Blvd, Suite 410,
Linthicum, MD 21090
1800 828 7866
www.UrologyHealt

Thank you for taking the trouble to read this information sheet. If you are satisfied with the explanation of the test, please sign below and this leaflet will be filed in your chart.

If you wish to retain a copy for you own records, one will be provided.

I have read this information sheet and I accept the information it provides.

Signature

Date
