

Mid-Urethral Sling (for Stress Incontinence)

Patient Information · A quick, effective surgery for stress urine leakage

WARWIKI

A mid-urethral sling is the most common surgery for **female stress urinary incontinence** — leaking with coughing, laughing, lifting, or exercise. A narrow strip of soft mesh is placed under the middle of the urethra to support it, so it stays closed when pressure rises. It is quick, usually outpatient, and both highly effective and long-lasting.

About This Procedure

Through a small incision inside the vagina, a thin tape is positioned **tension-free** under the mid-urethra like a hammock. When you cough or strain, the urethra presses against the sling and stays closed. There is **nothing to operate** afterward — it works on its own. Different routes exist (retropubic and transobturator) and single-incision “mini” slings; your surgeon will pick the best for you.

About the Mesh

The synthetic mid-urethral sling is one of the **most studied** procedures in women’s health, with strong long-term safety and success. It is **different** from the transvaginal mesh used for prolapse that drew FDA warnings. If you prefer to avoid synthetic mesh, a sling made from **your own tissue** (autologous fascial sling) is an alternative.

LEARN THE TERMS

Stress incontinence

Leaking with pressure — coughing, laughing, lifting.

Mid-urethral sling

A mesh tape supporting the middle of the urethra.

Tension-free

The sling rests under the urethra without squeezing it.

Retropubic / transobturator

Two routes the sling can take; both work well.

Autologous sling

A sling made from your own tissue instead of mesh.

Mesh exposure

An uncommon problem where a bit of mesh becomes visible; treatable.

WILL IT HURT? It's done under anesthesia (general or spinal), so you feel nothing during it, and it usually takes under 30 minutes. Most people go **home the same day** with mild soreness and are back to light activity quickly.

How to Get Ready

- Follow your **anesthesia instructions** (fasting, hold blood thinners as told).
- A **urine test** to rule out infection; sometimes bladder-function testing beforehand.
- Arrange a ride; plan for light duty for a couple of weeks.

What Happens

- 1 You are asleep or numb; antibiotics are given.
- 2 A small vaginal incision is made and the tape is placed tension-free under the mid-urethra.
- 3 Tiny exit points (above the pubic bone or in the groin) close on their own; the vaginal incision is closed.
- 4 You usually urinate before going home to confirm you're emptying.

After Surgery

- Mild soreness and a little spotting are normal.
- **Avoid heavy lifting, straining, and sex for about 6 weeks.**
- Occasionally a catheter is needed briefly if emptying is slow at first.

Call your care team if you have:

- You **cannot urinate** or feel you're not emptying
- A fever, or heavy bleeding
- Worsening pain, or later pain with sex or vaginal discharge (possible mesh issue)

THREE THINGS TO REMEMBER

1. A mid-urethral sling supports the urethra to stop stress leakage — quick, outpatient, highly effective, with nothing to operate afterward.
2. Its mesh is well-studied and different from recalled prolapse mesh; an own-tissue sling is an option if you prefer.
3. Avoid heavy lifting and sex ~6 weeks. Call if you can't urinate, get a fever, or later have pain/discharge.