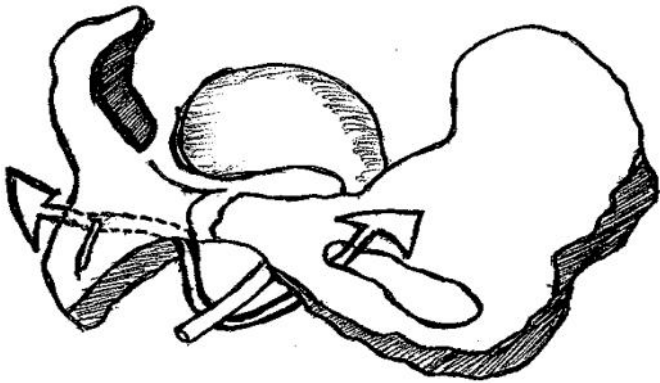


The Monarc® Sling

What is a Monarc sling?

The Monarc transobturator sling is a minimally invasive operation performed to correct stress urinary incontinence (SUI). It utilises the concept of providing support for the urethra. This procedure has been shown to improve SUI in 80 to 90% cases. The Monarc sling is performed with a different approach that is thought to reduce the risk of bladder injury during surgery. The sling used in this operation is made up of polypropylene, which have been shown to be very well tolerated by the body.

This procedure is to treat stress urinary incontinence. The MONARC is not a cure for urgency although it may help with this symptom.



What is involved?

The procedure is mainly performed under a short general anaesthetic, and takes about 15 minutes. Local or spinal anaesthesia may be used if required. During the procedure, 2 small incisions will be made at the vulval area and another small incision will be made inside the vagina just under the urethra. The sling will be tunnelled between these incisions inside the body. The incisions are then either closed with dissolvable sutures or surgical glue.

What can go wrong?

There can be a small risk of bleeding (which is rarely severe enough to require blood transfusion), wound infection and injury to surrounding organs (e.g. bladder). There is also a very small risk of sling rejection or infection, which may require sling removal. A small number of women may develop difficulty-passing urine following surgery, and this may require the use of a catheter temporarily. Some women can develop bladder overactivity, but this can be treated with pelvic muscle exercises and medication. Anaesthesia is not without risks - these are

outlined in the anaesthetic consent forms.

What to Expect

Initial studies have shown it to cure SUI in 92.9-94.1% of cases in the short term (follow up of up to 5 years). Weight loss if overweight, reducing or quitting smoking, improving pelvic muscle tone by doing pelvic muscle exercises and continuing to do them after surgery will ensure that the operation is a success.

After the Surgery

You may experience for up to 72 hours:

- Urinary frequency
- Dysuria (burning and stinging sensation when you pass urine)
- Haematuria (blood stained urine)

When you go home you must not lift heavy objects (more than 9lbs or 4kgs) or do strenuous work for about 6 weeks. Avoid intercourse for the same period. You can return to work usually in ten to fourteen days.

You will be seen in either the clinic or at urodynamics 10 to 12 weeks after the operation. If everything is well the success of your operation should be permanent. 5 days of antibiotics have to be taken to prevent infection of the mesh. We strongly recommend taking anti-inflammatory medication (Nurofen) for 1 week, twice a day with food post operatively, unless you have a medical reason for not doing so or are already on anti-inflammatory medication.

You will have some vaginal discharge for 4 to 6 weeks. This should be light bleeding or spotting only, and this may vary during that period of time as healing occurs and your stitches dissolve.

Tips for Success

We recommend you are not to self examine or self assess your operative site until you have been examined by the doctor post operatively.

Do not drive an automatic car for	1 week
Do not drive a manual car for	2 weeks
Do not make a bed for	2 weeks
Do not hang out washing for	4 weeks
Do not use your vaginal oestrogen for	4 weeks
Do not stretch upward for	6 weeks
Do not do any lifting for	6 weeks
Do not have sexual intercourse for	6 weeks



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Remember to **rest**. If you are tired and uncomfortable you have been doing too much and need to slow down.

When emptying your bladder, sit on the toilet, feet flat and lean forwards.

Drink 6-8 glasses of fluid per day; limit your caffeinated drinks to 3 per day. Ensure your fibre intake is 30g per day.

Pain should be relieved with Panadol or Panadeine. **REMEMBER:** if you take Panadeine, this increases the risk of constipation, so ensure you have adequate intake of fibre and fluids in your diet.

Contact your GP or Emergency Department if you experience any of the following:

- pain not relieved by painkillers
- burning or difficulty passing urine
- increased vaginal bleeding or passing clots
- smelly, offensive, or unusual genital discharge
- fever or feeling unwell

Your doctor will be happy to discuss any concerns that you may have regarding this operation.

I have read this information leaflet and understand its contents.

Signed: _____

Name: _____

Date: _____

PLEASE BRING THIS DOCUMENT WITH YOU AT THE TIME OF ADMISSION FOR YOUR OPERATION

*It is important to check with your insurance company, re driving your car as each company has different policies on driving and surgery.