

Midurethral Slings:

An Effective Treatment for Incontinence

By Scott P. Edwards



Advances in urinary incontinence treatment are allowing millions of women around the world with a specific type of incontinence to get on with their lives, free of the complications associated with older procedures.

Urogynecologists Drs. Oz Harmanli and Keisha Jones use a midurethral sling in a minimally invasive, 30-minute outpatient procedure to treat women with stress urinary incontinence.

Tension-free support, also called a midurethral sling, is a minimally invasive, effective, 30-minute outpatient procedure to treat women with stress urinary incontinence (SUI).

“Today’s incontinence procedures are not the same as our grandmothers’,” says Oz Harmanli, MD, chief of Urogynecology and Pelvic Reconstructive Surgery at Baystate Medical Center. “The midurethral sling is 90 percent effective, with very few complications. Some recent modifications that we also use at Baystate make it even safer.”

The Procedure

SUI occurs when a woman increases the pressure on her bladder by sneezing, coughing, laughing, lifting, exercising, etc. The pelvic floor muscles normally support the urethra, maintaining a tight seal and preventing urine from involuntarily leaking. In women with SUI, these muscles and other connective tissue are weakened, most commonly by pregnancy, childbirth, and aging. They cannot support the urethra in its normal position any more. When pressure is exerted on the urethra, urine leaks out.

To correct the problem with tension-free support, a surgeon places a piece of synthetic mesh at the mid-portion of the urethra, creating a sling that helps keep the urethra closed, especially when the patient coughs or sneezes.

A small incision (about 2 cm) is made inside the vagina, with two additional, 1/2-cm incisions just above the pubic bone or in the groin area. “We then place the mesh to support the midurethra,” says Keisha Jones, MD,



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a Baystate urogynecologist who has been performing the procedure for more than four years, “and scar tissue attaches it to the body. This scarring mimics the suburethral fibromuscular support, and restores continence.”

The patient returns home the same day as the procedure and can return to work and normal activity within a couple of days. Women can exercise after about a week, once the mesh is firmly in place, but intercourse must wait for the incisions to heal completely.

“This procedure is for women of any age with stress urinary incontinence,” says Dr. Jones. Women should have completed childbearing to be candidates for the tension-free support procedure.

The best indication that the procedure works, say Drs. Harmanli and Jones, are patient satisfaction rates above 90 percent. In addition, they say, several well

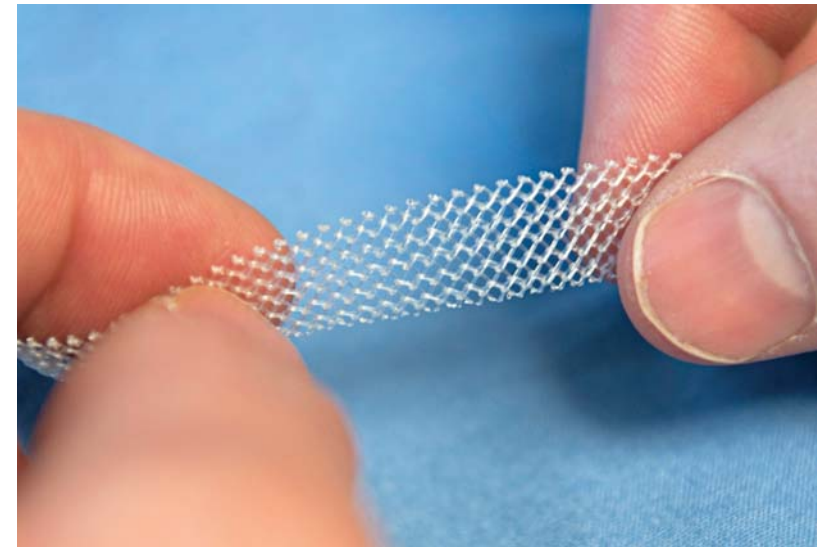
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designed, randomized trials have shown that tension-free support is “statistically better” than other SUI treatments.

Changing Lives

When hearing about treatments for urinary incontinence, says Dr. Harmanli, many women think of older, more complicated procedures to fix these problems because they have heard of a relative who had one. Prior to tension-free support, surgery to correct SUI included a large incision in the abdomen—similar to a C-section—more tissue dissection and blood loss, extensive tissue grafting, and greater risk to surrounding organs. Patients typically stayed in the hospital for a couple of days, most had a urinary catheter, and recovery took considerably longer.

Other treatments for urinary incontinence include behavior techniques such as bladder training to delay urination; pelvic floor muscle exercises to strengthen the muscles that help control urination; and medications to treat the symptoms of incontinence. Medical devices and interventional therapies (radiofrequency therapy and sacral nerve stimulators) are also used to treat certain types of incontinence, including SUI.



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Refer a Patient

Baystate Urogynecology
3300 Main Street, Suite 4D
Springfield, Massachusetts
413-794-7045

Pelvic Floor Repository Aids Patient Care, Science

A new pelvic floor repository at Baystate Medical Center, designed to gather information about a range of urogynecologic procedures, will help improve patient care and further scientific knowledge, says Oz Harmanli, MD, chief of Urogynecology and Pelvic Reconstructive Surgery at Baystate.

The repository includes information about all patients who come to the urogynecology clinic at Baystate, including procedure type, complications, patient satisfaction data, and

notes on follow-up visits. Patients are not identified by name, so patient confidentiality remains intact.

“This gives us a wealth of information to look at objectively,” says Dr. Harmanli. “We can use the data internally for quality improvement, and share it with our colleagues through studies, papers, and presentations to improve science.”

The repository is the idea of Baystate urogynecologist Keisha Jones, MD. She says the data gathered can be used in future studies on

complications and outcomes. “We’re gathering the same information on all patients so that we can compare them equally in the future,” she says.

Dr. Harmanli says the pelvic floor repository is the first of its kind at Baystate. Other departments are involved in national repositories, or registries, but, he says, “this one was born here.” Now, other departments at Baystate are contacting Drs. Harmanli and Jones to gain their insight before starting repositories of their own.