

Midurethral Sling Supplemental Information Checklist

For many years, the American Urogynecologic Society (AUGS) has supported the use of polypropylene midurethral slings for the treatment of stress urinary incontinence (SUI) in women, and its availability as one of several acceptable surgical treatment options for women with SUI. The medico-legal climate surrounding mesh in general, and slings specifically, has created anxiety among some health care providers offering MUS to their patients.

In order to optimize the quality and consistency of information reviewed with patients, and make it easier for health care providers to document this information exchange, AUGS has developed this Supplemental Information Checklist.

Please note that this checklist in no way replaces local Informed Consent forms, and is not meant to be a legally binding agreement; it is an optional tool that may be useful in streamlining and enhancing the process and documentation for patients selecting to undergo MUS procedures.

Additional resources for patients considering MUS include the following:

- AUGS Patient Information Fact Sheet: https://www.augs.org/assets/2/6/Mid-urethral_Sling.pdf
- AUGS-SUFU FAQs for Providers: https://www.augs.org/assets/1/6/Provider_FAQs_MUS_for_posting.pdf
- AUGS-SUFU FAQs for Patients: https://www.augs.org/assets/1/6/Patient_FAQs_MUS_for_posting.pdf
- AUGS-SUFU Joint Position Statement on MUS: https://www.augs.org/assets/1/6/AUGS-SUFU_MUS_Position_Statement.pdf

Information About the Midurethral Sling

Stress urinary incontinence (SUI) is the leakage of urine with activity, such as coughing, sneezing, exercising, or straining. Your surgeon has determined that you are a surgical candidate and has offered treating this condition with a midurethral mesh sling surgery. Although this type of sling is currently the most commonly chosen surgery for stress urinary incontinence, there are some important things to know:

- SUI is one of several forms of incontinence. Slings are effective in > 90% of women treated for SUI, but may or may not have any effect on other forms of leaking (such as “overactive bladder” or “urgency urinary incontinence”).
- Nonsurgical treatments, including no treatment (“watch and wait”), Kegel’s exercises, physical therapy, losing weight, quitting smoking, or use of vaginal inserts like tampons or pessaries, should always be *considered* before choosing to have surgery.
- Slings are not the only surgical procedure available; there are other surgical alternatives that do not involve the use of mesh.

The mesh sling is made from polypropylene, which is a medical grade plastic material. After decades of study, this material has been noted to be safe and effective. It is widely used in other medical procedures, and does not dissolve in the body. It is permanent and your own tissue will grow into the mesh, and stabilize it in place.

To perform the surgery, your doctor will make a small incision in the vagina and you may have two additional small incisions on the skin near the pubic bone or groin area. The mesh sling is placed using special needles that are passed on either side of the urethra (a tube that empties urine out of the bladder). The sling supports the urethra, helping to prevent urine leakage.

Risks

All surgical procedures have some risks, including bleeding, infection, injury to nearby organs, blood vessels or nerves, or other serious but very rare complications.

Most women, more than 90%, are happy with the outcome of midurethral sling surgery. However there is always a possibility that the procedure may not be successful.

All procedures meant to treat SUI also can result in short-term difficulty with the bladder’s ability to empty; this might require a catheter to help the bladder empty. Usually, catheter use is temporary (~2-3 days), but rarely is an additional procedure needed to help correct the bladder’s difficulty emptying.

In addition, slings have some risks that are *related to the mesh* itself. These include the following:

- Exposure of mesh in the vagina. The mesh is meant never to be seen or felt, but sometimes the material works its way through the skin of the vagina, which can cause bleeding or discomfort. If the mesh is exposed but there are no symptoms, it is safe to do nothing, but many women who have a mesh exposure in the vagina will need a procedure or a surgery to remove part or all of the mesh.
- Exposure of mesh in other organs. It is possible that the mesh could be found in the bladder, urethra, or nearby bowel. This is very rare, but it would require additional surgery to correct.
- Implanted mesh can put tension on nearby muscles or tissue which can result in chronic (persisting beyond the postoperative period) pain or pain with sex, and may occur in 1% or less of patients. There are several kinds of treatment for this, but women with pain may need a surgery to remove some or all of the mesh.
 - Most women who have mesh removed for pain have less pain afterwards, but pain can persist and/or be very difficult to treat in some cases.
- Infection of mesh. This is very uncommon with the mesh that is currently used.
- Surgery to remove mesh can be more complex than the surgery to put it in.

There is no evidence that the mesh causes cancer.

I have read and understand the above information about midurethral mesh sling surgery.

Patient Signature _____

Date _____