

Artificial Urinary Sphincter or Male Urethral Sling Surgery

Before and after your surgery

This handout explains how to prepare for and what to expect after artificial urinary sphincter or male urethral sling surgery. These surgeries are done to treat male urinary incontinence.

Why do I need surgery?

Artificial urinary sphincter surgery and male urethral sling surgery are treatments for *male urinary incontinence* (bladder leaks). Your provider may recommend one of these surgeries if you have tried medicines and other treatments to help with bladder control but have not gotten the results you want.

Your provider will talk with you about these 2 types of surgery. Together, you will decide which surgery is the best way to treat your urinary incontinence.



Together, you and your health care provider will decide which type of surgery is best for you.

What are the 2 types of surgery?

Artificial Urinary Sphincter Surgery (AUS)

In AUS surgery, a *prosthetic device* (an artificial body part) is put inside your body. The AUS device works like an artificial *sphincter* (a circular muscle that opens and closes) to control how urine moves through your *urethra* (the tube that carries urine from your bladder to the outside of your body).

The AUS device has 3 parts:

- **Cuff:** This is placed around your urethra in the *perineum* (the area between your anus and your scrotum). It sits below your natural sphincter muscle, where your urethra is strong and healthy. When the cuff is full of fluid, it squeezes shut and keeps urine from leaking.
- **Pump:** This is placed in your scrotum.
- **Balloon:** This is placed in your lower belly, usually behind your pelvic bone.

After the AUS device is placed, you will use the pump to deflate (let the fluid out of) and open the cuff when you are ready to urinate. This allows urine to pass through your urethra and out of your body.

After the AUS device is placed, you will use the pump to *deflate* (let the fluid out of) and open the cuff when you are ready to *urinate* (pee). This lets urine pass through your urethra.



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Male Urethral Sling Surgery

During male urethral sling surgery, a *synthetic* (artificial) mesh sling is placed in your *perineum* (the area between your anus and your scrotum) under your urethra. It is attached on 2 sides to muscles or bones to hold it in place. This sling supports, gently squeezes, and lifts your urethra. This helps your urethra have better control over bladder pressure when your bladder fills with pee.

What do I need to do to prepare for surgery?

Day Before Surgery

- Do **not** eat or drink anything after midnight the day before your surgery.
- Plan for a responsible adult to drive you home from the hospital. You may **not** drive yourself home or take public transportation by yourself.

Day of Surgery

- If you need to take medicine on the morning of your surgery, take it with only a small sip of water.
- Wear loose and comfortable clothing.

What can I expect after surgery?

When you wake up after surgery, you will have a *catheter* (thin, flexible tube) in your penis to help you empty your bladder.

You may be admitted to the hospital, or you may go home right after surgery. If you go home, you will take care of yourself there. Follow these instructions carefully to help you heal and stay safe:

Precautions and Self-care

For **24 hours** after surgery:

- Do **not** drive.
- Do **not** drink alcohol.
- Do **not** use heavy machinery.
- Do **not** eat heavy or large meals. A heavy meal may be hard to digest.
- Do **not** make important decisions. After surgery, the *anesthesia* (medicine to make you sleep) can make it hard to think clearly. This can last for up to 24 hours.
- **Rest.** This will help your swelling.
- **Use cold packs** (like a bag of frozen peas) on your groin area to help reduce swelling:
 - Cover the area with a towel first. Do **not** place the cold pack directly on your skin.
 - Leave the cold pack on for 20 minutes, then off for 20 minutes. Keep doing this for the first 24 hours after your procedure. Keep the area cool, **NOT** cold.

While you are resting in bed, do these exercises:

- **Deep breathing and coughing.** These exercises will help prevent *pneumonia* (a lung infection).
- **Bend your ankles and knees.** These exercises help your blood flow and prevent blood clots.

Fluids and Food

- Drink plenty of water.
- When you get hungry, start with clear liquids or light foods. Slowly start eating your normal foods when your body feels ready.
- Avoid spicy and greasy foods.

Common Symptoms

You may feel a little uncomfortable after your surgery. These symptoms are normal and do **not** mean you need to contact your doctor:

- Bruising and some mild bleeding from your incision
- Pain in your penis, perineum, lower abdomen (belly)
- Some bruising or pain where the IV was placed
- Some pink color in your urine
- **If you had a sling:** pain in your inner thigh

If you had *general anesthesia* (medicine to make you sleep), you may have a sore throat, nausea, constipation, and body aches. These symptoms should go away within 48 hours.

Medicine

- You may take your normal medications **except** for aspirin or other blood-thinners such as warfarin (Coumadin) and heparin. Your doctor will tell you when you can safely take these. Ask your care team if you have any questions.
- If you have been prescribed antibiotics, take **all** the antibiotics as prescribed, until all the pills are gone.

Pain

For mild pain, you can take acetaminophen (Tylenol) or ibuprofen (Advil, Motrin).

- If this does not help your pain, you can take the pain medicine your doctor prescribed. Many doctors prescribe Vicodin, Oxycodone, or Percocet for pain relief.

If you are taking prescription pain medicine:

- Do **not** drive while you are taking this medicine.
- If you are taking Vicodin, Oxycodone, or Percocet, always take it with food in your stomach so that you do not get nauseated.
- Do **not** take acetaminophen while taking Vicodin or Percocet.
- If your pain medicine is not Vicodin or Percocet, ask your provider if it is safe to take acetaminophen (Tylenol) while you are using your prescription pain medicine.
- Prescription pain medicine may cause constipation, itching, nausea, and dizziness.
- Avoid getting constipated. You may want to take Metamucil, milk of magnesia, or a stool softener. You can buy these at a drugstore without a prescription.

Day After Surgery

- Call the Men's Health Center at 206.598.6358 to make a follow-up appointment in 1 to 2 weeks.
- Your pain and swelling may be worse today than it was yesterday.
- Your urinary catheter will be removed.
- You may have a hard time urinating (peeing). Your nurse will check to make sure you are able to empty your bladder.
- *For AUS patients:* Your new implant will be deactivated.
- Your nurse will check your incision and change your dressing before you leave the hospital.

Self-Care

- Keep your incision dry for 2 days after surgery. You may clean yourself with a damp washcloth. Cover the area with a plastic bag if you want to take a shower.
- Keep using cold packs on your scrotum to help with swelling (see page 2). After 24 hours, stop using the cold packs.

2nd Day After Surgery

- Your penis and scrotum may be more swollen and bruised than they were on the 1st day.
- Remove the yellow gauze on your perineum today. After you remove the gauze, put antibiotic ointment such as bacitracin or Polysporin to your incision 2 times a day for 5 more days.
- *For AUS patients:* Remove the dressing on your abdomen today.
- You may start doing normal, **light** activity when you feel ready.
- If you want to take a shower on the 2nd day after surgery, cover the incision area with a plastic bag to keep the area dry. On the 3rd day after surgery, you may shower without covering the site.

After 1 Week

- Avoid hard exercise or heavy lifting for 4 weeks. After that, you can do all your normal activities but **listen to your body**. If an activity feels uncomfortable, slow down or stop and rest.
- *For urethral sling patients:* Avoid bending your hip joints. Do **not** step up more than 1 step at a time, do **not** squat, and do **not** climb.
- Avoid **all** sexual activity, including masturbation, for 6 weeks.
- Do **not** take a bath, sit in a hot tub, or go swimming for 6 weeks.
- You should be able to return to work in 1 to 2 weeks, depending on the type of implant you have and the type of work you do. Talk with your provider about going back to work.
- Your incision will be closed with stitches. These will dissolve and do not need to be removed. It may take up to 3 to 4 weeks for them to fully dissolve.
- It is normal for your incision to be a little red or to separate slightly.
- We will activate your AUS and show you how to use it at your follow-up visit in 5 to 6 weeks.

When to Call the Clinic

- After this surgery, **it is normal to have:**
 - Bruising around your incision
 - A small amount of bloody discharge (fluid) from your incision
- Call the Men's Health Center if:
 - Your incision becomes red, painful, or has a pus-like drainage (thick, yellow, or bad-smelling)
 - You are worried about the amount of swelling

Call the Men's Health Center during clinic hours, or go to the Emergency Room after hours if you:

- You have pain that is not helped by your pain medicine
- You cannot pee for more than 8 hours
- You have a fever higher than 101°F (38.3°C), with shaking and chills
- Any of your medications cause hives, rash, nausea, or vomiting. This can be a sign of an allergic reaction.

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns.

Men's Health Center:
206.598.6358

Weekdays from 8 a.m. to 5 p.m.

After hours and on weekends or holidays, call this same number or go to the Emergency Room.

Find more information at:
depts.washington.edu/uroweb