Information for the public

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What has NICE said?

There is not much good evidence about how well single-incision short sling mesh insertion for stress urinary incontinence in women works in the long term. Also, there is evidence that it causes rare but serious complications such as lasting pain, discomfort and failure. The mesh implant is supposed to be permanent. But, if it needs to be removed, this can be very difficult or impossible because of the way it's fixed in place. It should only be used if extra care is taken to explain the risks, and extra steps are put in place to record and review what happens.

What does this mean for me?

Your health professional should fully explain what is involved in having this procedure, and discuss the possible benefits and risks with you. In particular, they should explain the uncertainty about the evidence on how likely it is to improve your symptoms and possible complications. You should also be told how to find more information about the procedure. You should only be asked if you want this procedure after having this discussion. Your health professional should ask you if details of your procedure can be collected.

Your healthcare team

A healthcare team experienced in managing stress urinary incontinence in women should decide who should be offered single-incision short sling mesh insertion. Only clinicians with specific training in the procedure should carry it out. Removal should only be done by people with expertise in this specialised surgery.

The condition

Stress urinary incontinence is when urine leaks out at times when your bladder is under pressure, for example, when you cough or laugh, or during exercise. It usually happens because the muscles (such as the pelvic floor muscles) that stop urination are weakened or damaged. Current treatment includes lifestyle changes such as weight loss and pelvic floor muscle training. If these don't work, surgery can be considered such as inserting special tapes (mesh) or slings, or colposuspension by open surgery.

NICE has looked at using single-incision short sling mesh insertion as another treatment option.

NHS Choices and NICE's guideline on the management of urinary incontinence in women may be a good place to find out more.

The procedure

Single-incision short sling mesh insertion aims to reduce the risk of urinary leakage in women with stress urinary incontinence. It can be used when lifestyle changes haven't worked. The aim is to reduce the risk of complications that can happen with some other sling or tape procedures because the way the meshes are fixed in place may reduce the risk of injury to blood vessels or internal organs, and chronic pain. The procedure involves making a small cut in the vagina to then put 2 short synthetic slings (typically 8–14 cm long) around the urethra (the tube that carries urine from the bladder) to support it. The slings have anchors on the tips to hold them in place. The procedure can be done with a local anaesthetic, with our without sedation, or a regional or general anaesthetic. The slings are meant to be permanent.

Benefits and risks

When NICE looked at the evidence, it decided that there was not enough long-term evidence to support single-incision short sling mesh insertion being routinely recommended to treat stress urinary incontinence in women. The 12 studies that NICE looked at involved a total of 8,971 women.

Generally, they showed that this procedure is similar to other types of slings and tape procedures in terms of reducing incontinence in the short term, and has the following benefits:

- less daily incontinence pad use
- improvement in symptoms of stress urinary incontinence

- less need for medicines for incontinence 12 months after the procedure
- return to normal activities and work sooner than women who had different procedures
- improved quality of life.

The studies showed that the risks of single-incision short sling mesh insertion included:

- pain, including groin pain, but less often than with other procedures
- bleeding during the procedure, with pelvic bruising in 1 woman
- erosion, which is when the mesh wears through body tissues so that it pokes through the vaginal wall or, less commonly, through the wall of the urethra, bladder or bowel; often surgery was needed
- overactive bladder symptoms, and difficulty or pain when passing urine
- damage to the bladder or vagina during surgery
- urinary tract infections.

These risks were only found in a small number of patients (about 1% to 3%). NICE also received 22 questionnaires from women who had had the procedure (most within 2 years). Nineteen reported positive outcomes on quality of life but 6 still had some leakage. Two women went on to have another procedure.

If you want to know more about the studies, see the guidance. Ask your health professional to explain anything you don't understand.

Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?

- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- How easy is it to remove the mesh if it does go wrong?
- What may happen if I don't have the procedure?

About this information

NICE interventional procedures guidance advises the NHS on the safety of a procedure and how well it works.

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