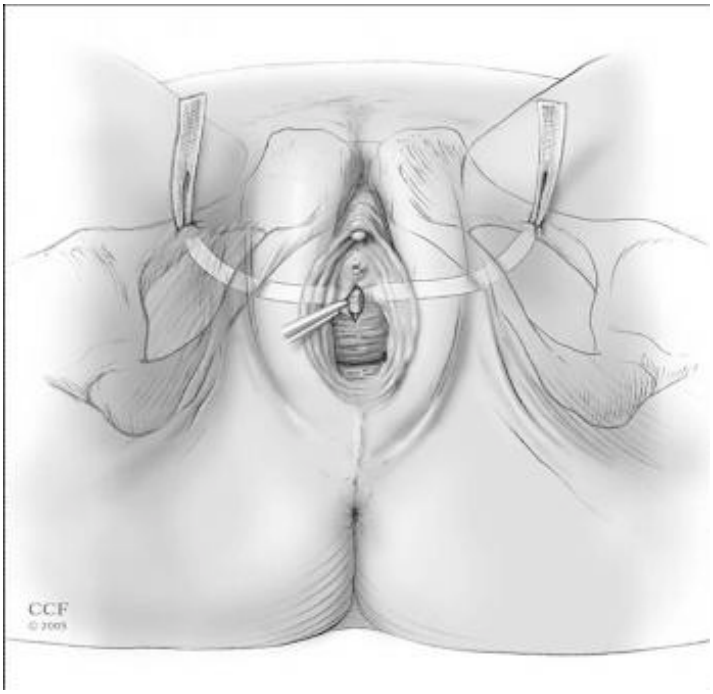
LOS LIVOS
WOMEN'S MEDICAL GROUP

Monarc Procedure for Stress Urinary Incontinence

Treatment for stress incontinence usually involves surgery if conservative treatments have failed. Depending on your particular symptoms and preference, the procedure can be performed in one of two ways: abdominally via the retropubic space (Burch procedure) or vaginally via the transobturator space (Monarc procedure).

The Monarc procedure involves placing a piece of synthetic mesh (polypropylene mesh) under the urethra to create a hammock of support to prevent the urethra from opening when the intraabdominal pressure is elevated due to coughing, laughing, or sneezing. The procedure involves placing a mid-urethral sling.



Through a vaginal incision, a strip of mesh is positioned under the urethra to create a supportive sling and to reduce or even eliminate urinary incontinence. Many patients also have a cystocele (dropped bladder), rectocele (herniated rectum in the vagina) or enterocele (herniated small bowel at the top of the vagina) that can be repaired during the same procedure.

In October, 2008, the FDA issued a Public Health Notification regarding the use of synthetic meshes within the vagina for either pelvic organ prolapse. Mesh placed for the treatment of a dropped bladder is never recommended. Mesh used for urinary stress incontinence procedures has no warnings and is specifically addressed by the FDA. For more information, please visit http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/PublicHealthNotifications/ucm061976.htm

How is the surgery performed?

Urethral sling surgeries are usually performed as an outpatient procedure. The procedures are done almost entirely through the vagina. Small incisions are also made in the thigh creases for placement of the mesh. The vaginal sutures do not need to be removed and usually reabsorb within six weeks. Glue placed on the skin incisions should be washed off 3-4 days after the procedure.

What are the risks and complications of the vaginal sling procedure?

Complications following the Monarc procedure are rare. Surgical risks of all surgeries include bleeding, infection, injury to surrounding structures, pain, urinary retention (inability to urinate), recurrent or worsening incontinence, bladder urgency or urge type incontinence. Graft erosion infection and rejection of the graft material has also been reported. These issues were predominantly associated with a specific type of mesh that has been removed from the market. Please discuss risks, benefits and alternatives of the surgery with your physician prior to your surgery and make sure all of your questions have been answered.

What happens after surgery?

Catheter: Following surgery, there will be a catheter in your urethra . The catheter allows the bladder to empty, as there is swelling after surgery that may make urination difficult. The catheter may be removed in the recovery room or on the first day after surgery. If you are discharged home with the catheter, you will be given a syringe and instructions to remove it in the morning after surgery. If you have any difficulty voiding (urinary retention) after the catheter is removed, please call your physician. Your normal voiding pattern may not return for a few weeks.

Pain medication: Use ibuprofen and tylenol together for discomfort after surgery. Use a narcotic instead of tylenol with ibuprofen if additional pain relief is required.

Constipation: Prevent constipation by using a stool softener and fiber in your diet. If you become constipated, use a Fleets enema, Miralax or Ducolax.

Vaginal drainage or discharge: This is normal for several weeks following surgery as the sutures dissolve.

Spasms, pressure and bladder urgency: These symptoms may occur with manipulation of the bladder or urethra and may last up to three months.

Showering and bathing: You may shower on the day following surgery and use a bath after three days.

Lifting: Do not lift anything heavier than a gallon of milk (i.e. over 10 pounds) for 4-6 weeks.

Exercise: You may begin walking and light exercise when you feel comfortable**.** Do not engage in any high impact exercises for 6 weeks following surgery.

Return to work: Most patients return to work one week after surgery.

Sexual activity: Refrain from sexual activity for 6 weeks after surgery. Use water soluble lubricants when you resume sexual relations until you are comfortable.

Driving: Do not drive or operating machinery when taking pain medications.

CALL YOUR DOCTOR IF YOU:

- have vaginal discharge with a foul odor
- have bright red vaginal bleeding larger in quantity than a period
- experience a temperature greater than 101.5 degrees (38.5C)
- have persistent vomiting
- have worsening pain not relieved by prescription pain medications
- have redness in incisional areas or severe tenderness or drainage from incisions