



Bladder Neck Sling

What is a Bladder Neck Sling?

A bladder neck sling provides support to keep the urethra (tube that carries urine out of your body) closed, so that urine does not leak out from the bladder unexpected. The sling can be created in several ways, using either your own body tissue or synthetic (manmade) materials. It is often made using part of the belly wall (the tissue on top of the muscle). Your surgeon will discuss with you what type of sling is best for your child.

Why is bladder neck sling surgery done?

Bladder neck sling surgery is done to improve urinary continence (the ability to hold urine in the bladder). There are many factors that can contribute to why urine leaks out of the bladder. If your child's bladder leakage is due to the weakness in the urethral sphincter muscles (the bladder closing mechanism), a bladder neck sling may be done to help the bladder hold more urine. This surgical procedure is often done at the same time as other urological procedures, such as bladder augmentation (a procedure to make the bladder bigger) and/or creation of a catheterizable channel called a Mitrofanoff (a passage for urine to come out, often through an opening in the belly button)

Bladder neck sling surgery is most common among children with the following conditions:

- Spina bifida and myelomeningocele
- Neurogenic bladder
- Bladder exstrophy
- Anorectal malformations
- Cloacal malformations

What happens during surgery?

Your child will receive general anesthesia to help them sleep and not feel pain during the surgery. The surgical time can vary and depends on if your child is having any other urological procedures at the time of the bladder neck sling. The sling can be created in several ways, using either your own body tissue or synthetic (manmade) materials. It is often made using part of the belly wall (the tissue on top of the muscle).

Your child will stay in the hospital a few days for care and monitoring. The length of stay in the hospital is different for everyone and is determined by the other procedures that



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were done. One or more urinary catheters (flexible tube) will be left in place to keep the bladder empty while the bladder neck heals.

Will my child be in pain?

Your child may experience both incisional pain and bladder pain (bladder spasms). The anesthesiologist and your child's surgeon will prescribe and explain the medications that will be used to keep your child comfortable.

Spasms are a contraction of the bladder wall muscle caused by irritation from surgery, and the catheter(s). Signs of a bladder spasm are sudden irritability, drawing up their legs, urge to urinate, blood in the urine or feeling pressure in their bottom. The spasms can come and go and usually last less than a minute.

Your child may experience bladder spasms until the catheter(s) are removed. During this time, you should keep their urine dilute with good fluid intake. Minimize intake of caffeine, carbonation, citrus, chocolate, and excessive vitamin C, these are bladder irritants and can make the spasms worse. Constipation can also worsen the spasms. Keep stools soft and easy to pass daily. Medications will be prescribed to help alleviate the bladder spasms.

What can I expect when we go home?

Before your child is discharged you will be given written information about their care at home and any questions you have will be answered.

- **Diet:** Resume regular diet as tolerated.
- **Activity:** Avoid contact sports and swimming for 14 days and/or while catheters are in place. Your child may return to school when pain is well controlled.
- **Wound care:** The incision is closed with internal stitches and surgical glue. Occasionally your surgeon will staple the incision closed. Always follow your surgeon's specific instruction on caring for your child's incision.
- **Bathing:** Sponge bathe your child for the first 2 days after surgery. After that it is ok for your child to get in the shower. Once the catheters are removed, your child may resume bathing.
- **Medicines:** Your child may be sore around their surgical incision after surgery. Pain can be controlled by alternating Acetaminophen (Tylenol® or another brand) and Ibuprofen®. Do not give aspirin because it may cause bleeding.
 - If your child is prescribed an antibiotic, follow your surgeon's specific instructions.



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- Your surgeon may supply a prescription for medicine which should help relieve bladder spasms while the catheter is in place, follow your surgeon's specific instructions.
- Your child may be sent home with other pain medications, always follow your surgeon's specific instructions.

What to call the surgeon for:

- Fever associated with worsening redness or pus like drainage at the surgical site.
- Pain not relieved with the prescribed medications.
- If the wound starts separating.
- **Any** problems with the catheter(s)
 - no urine coming out
 - leaking around the catheter
 - the catheter has moved or falls out completely.

Call your primary care provider for any other concerns.

Follow up care: Follow up with your child's surgeon as directed for removal of catheter(s) and radiology studies if needed. Call your surgeons office to schedule an appointment at (612) 813-8000 option 3.

Questions? This information is not specific to your child but provides general information. If you have any concerns, please call your clinic at (612) 813-8000 option 6 for the urology nurses.