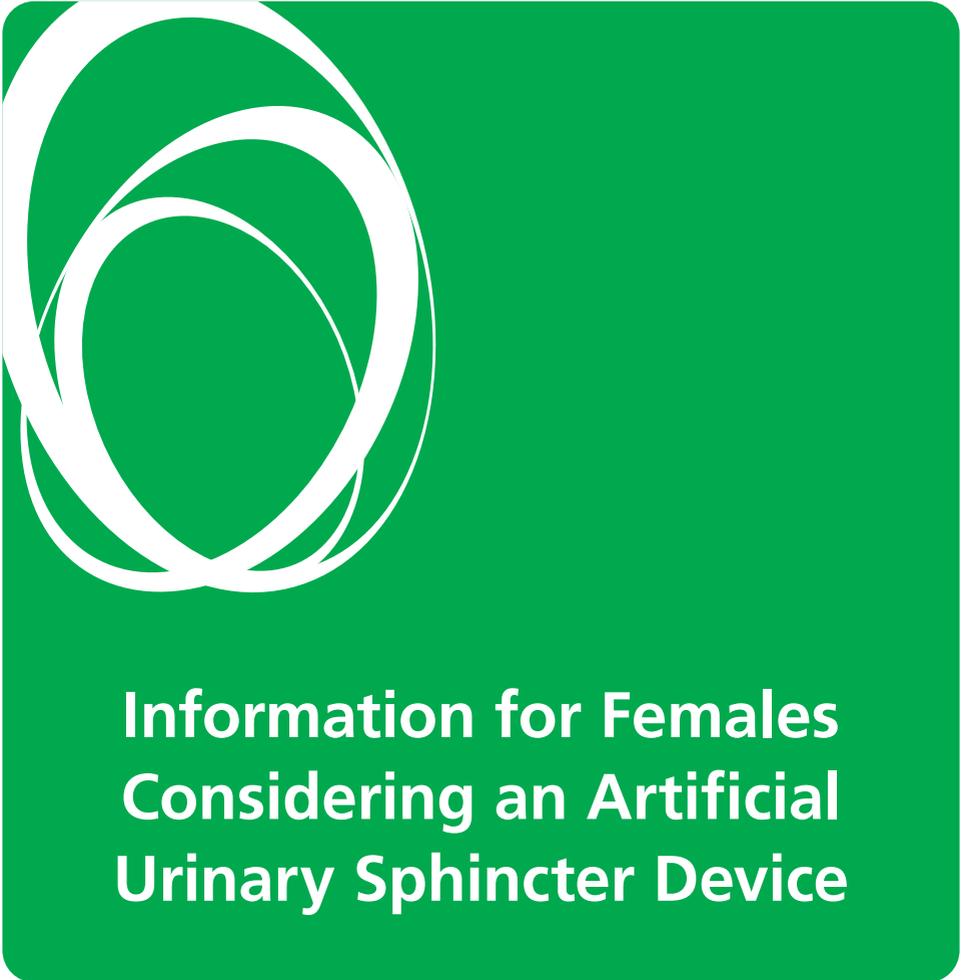




**University Hospitals Birmingham**  
NHS Foundation Trust



# Information for Females Considering an Artificial Urinary Sphincter Device

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## Introduction

This leaflet is designed to give you information about the artificial urethral sphincter (AUS) procedure. It is essential that you read this booklet carefully before the surgery, so that you fully understand the operation and the care that is required before and after the operation. If you have any questions or concerns about the procedure you can contact the specialist urology nurses on **0121 371 6929**.

## Why do I need an artificial urethral sphincter (AUS)?

A sphincter is a muscle structure, normally circular, which controls the flow of bodily fluids such as urine. A normal sphincter prevents urine from leaking however sometimes the sphincter fails and urine leaks out making you incontinent.

Artificial urinary sphincter implantation is usually second line treatment for moderate to severe stress urinary incontinence. Your consultant may recommend it when other treatment options have a low chance of being successful or after a previous surgical treatment has failed. The goal of the device implantation is to reduce leakage of urine during activities such as sneezing, coughing, laughing or running.

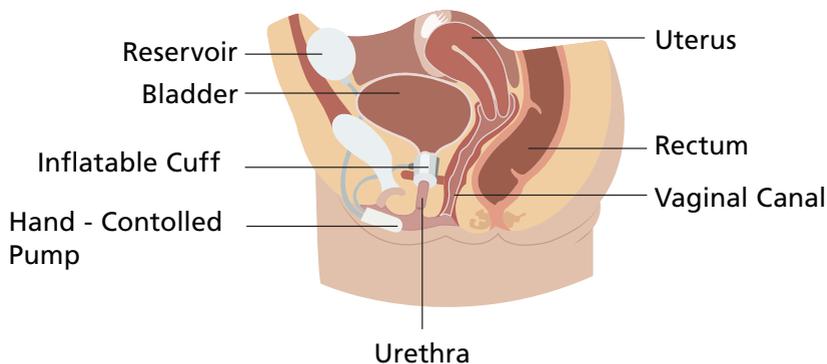
Urodynamic testing (see Urodynamic Studies leaflet PI/0185/4) will be required to ensure that there are no contraindications for this surgery.

## What is an AUS?

An AUS is an artificial device that takes the place of the damaged sphincter to restore control of the flow of urine. It is a hand-controlled device filled with a sterile saline solution that opens and closes the urethra to give you control of your bladder.

The device consists of an inflatable cuff, a pump and a pressure-

regulating balloon. An incision (cut) is made in the lower abdomen (tummy) to place the cuff around the bladder neck. The reservoir is positioned in the lower tummy and finally the pump is put in the labia. This pump is the part that is squeezed to inflate and deflate the cuff therefore you have to be able to manually control it.



## Are there any alternatives to an artificial sphincter?

If following investigation you are deemed to require an AUS, there are no other surgical alternatives.

## Prior to surgery

Before surgery is scheduled you will be seen by a nurse specialist to discuss how the device works and to ensure you would feel comfortable using it.

Once your surgery date has been set you will be seen in the pre-operative assessment clinic prior to your surgery to make preparations for your admission and general anaesthetic. At this clinic we will take your details including your current medications, and arrange any necessary tests for example heart tracing, blood tests, urine test, chest X-rays and infection screening.

You will also be given the necessary medications and body washes required and the nurses will answer any further questions that you may have.

### **Three days prior to surgery**

**Use Octenisan daily as a shower gel to wash in**  
(Octenisan is prescription-only)

**Commence oral antibiotics** (Metronidazole 400mg three times daily)

Day of admission

**Continue washing with Octenisan**  
**Continue oral Metronidazole 400mg three times daily**

Midnight prior to the day of your operation

**Nothing to eat after midnight**  
**Clear fluids until 02:00**

## **Day of operation**

You will need to shower with Octenisan before attending the Admissions Lounge at 07:00.

You will be given an operation gown and some stockings to wear. This is to reduce the chance of blood clots forming in your legs known as deep vein thrombosis (DVT). A theatre porter will come and collect you and take you to the urology theatre. You will be accompanied by a nurse.

## **After your operation**

When you return to the ward you will be under close observation. The nursing staff will monitor your blood pressure, temperature and pulse at regular intervals.

You will be attached to a drip (intravenous infusion) to provide the fluids you require. At first you will only be able to drink but you will soon be able to eat food. Once you are able to drink satisfactorily, your drip will be removed.

Pain relief will be given to you as required.

You will also have a urinary catheter (this is a tube that drains urine from the bladder). This is usually removed the day after surgery and once it has been removed you will immediately be fitted with an incontinence containment pad. Pads will need to be worn continually until the sphincter is activated.

You will normally be discharged the next day if passing urine without difficulty, however, in some cases it may be the day after.

## Discharge advice

Your body will need time to fully recover from this surgery; therefore the device will not be activated until your lower urinary tract (water pipe) has healed.

Continue to wear pads until the sphincter cuff is closed. You should already have supplies at home.

You will be advised to massage your labia where you can feel the control pump, to keep the tissue supple. You should do this twice a day.

It is important to keep your wound clean and dry. Bathe daily and pat the wound dry with a clean towel afterwards. We advise that you do not take a bath for two weeks after your surgery but you may start using the shower 48 hours after surgery.

You should avoid heavy lifting (nothing heavier than a full kettle) and no strenuous activities for six weeks including:

- No driving for two weeks
- No sexual intercourse for six weeks

It is important to avoid constipation as straining could damage the sphincter. Ensuring you eat a balanced diet with plenty of fruit and fibre can help. If you find you are becoming constipated your GP can prescribe a stool softener.

It is not uncommon to experience pain in the pelvic area and on passing urine initially. You will be given pain relief on discharge. Please ensure that you follow the instructions on the bottle/packet.

You will be seen in the outpatient department after you are discharged:

**Two–three weeks after discharge** – you will see the specialist nurse to check how you are and to check the wounds.

**Four–six weeks later** – you will see the specialist nurse to activate the sphincter; this appointment can last about two - four hours because we want to be sure you are happy managing the activation at home.

**Eight–12 weeks later** – you will be seen by the consultant.

If you notice any redness, swelling, heat or oozing from the wound, develop a fever, are unable to urinate on your own, have heavy blood loss or have blood in the urine you must contact this hospital for advice as soon as possible.

If you have any problems once discharged, please call the specialist nurses Monday–Friday between 09:00–17:00 on **0121 371 6929** otherwise call the ward on **0121 371 6263**.

## Benefits

There is an 80% success rate (where patients regain control of their bladder) from this type of surgery.

## Complications

- The most common complication is infection, although this is minimised by the use of pre-operative body washes such as Octenisan and antibiotics
- There is a 15% chance that even after this type of surgery you will not be completely dry and may need pads to manage your urinary incontinence. This varies from person to person
- A less common side effect is erosion. Erosion is when the tissue next to the device is 'worn away', and usually results in the device having to be removed. This affects about 5% of patients. If the sphincter has to be removed, your symptoms will revert back to how they were before
- It is not unusual to experience pain in the pelvic area. This varies from one person to another but about 5% of patients say they experience severe pain to begin with. Any pain should improve over a two - four week period. You will be discharged with pain relief medication to ease this
- When you have a general anaesthetic, side effects can include nausea/vomiting after surgery, sore throat, headache and tiredness which can last a few days. Complications from allergic reactions to anaesthetics can occur. The exact risks are specific to you and any underlying illnesses you may have. Ask your anaesthetist to explain how these risks apply to you

The anaesthetist will see the patient and explain the anaesthetic process to them giving opportunity to ask pertinent individualised questions.

If you have any queries before or after this procedure please contact the Urology Nurse Specialist Team:

Telephone: **0121 371 6929** (24-hour answer machine)

## Bibliography

British Association of Urological Surgeons patient information - Insertion of an AUS in Men.

European Association of Urology patients.uroweb.org - Artificial Urinary Sphincter Implantation in Women.



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