



PATIENT & CAREGIVER EDUCATION

About Your Advance™ XP Male Sling System and Placement Surgery

This information explains what an AdVance™ Sling is and how it's placed during surgery. It also explains how to get ready for surgery and what to do after surgery.

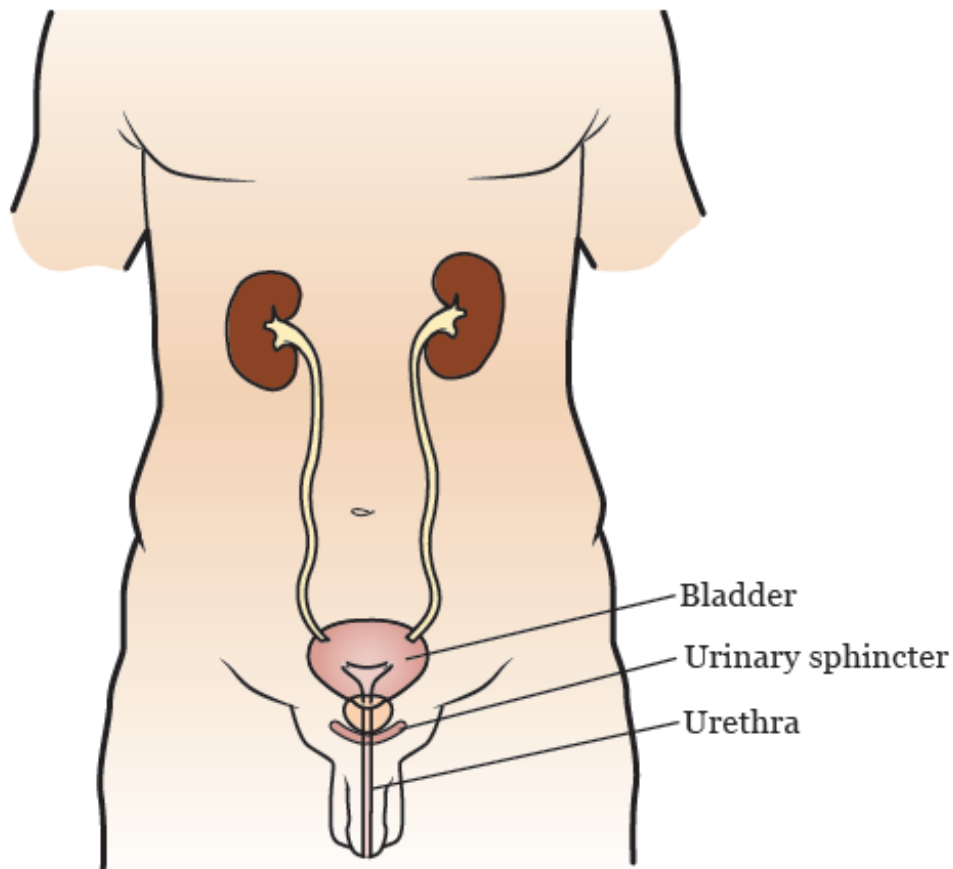


Figure 1. Urinary sphincter

About your urinary sphincter

Your urinary sphincter (SFINK-ter) is a muscle that controls the flow of urine (pee) out of your bladder (see Figure 1). When your urinary sphincter is contracted (closed), it blocks the opening of your bladder. This stops urine from leaking out.

Normally, your urinary sphincter stays closed until you choose to relax (open) it to urinate (pee). When you relax your urinary sphincter, urine leaves your bladder and flows out of your body through your urethra. Your urethra is the tube that carries urine from your bladder out of your body (see Figure 1).

Some people have trouble controlling their urinary sphincter. This causes them to leak urine. This can happen after surgery to remove the prostate or radiation therapy to the prostate.

About AdVance Sling

AdVance sling is a strip of mesh used to help improve incontinence (urinary leakage). The sling acts like a hammock and is designed to lift and support the urethra (see Figure 2). This helps your urinary sphincter stay closed and prevent leaks.

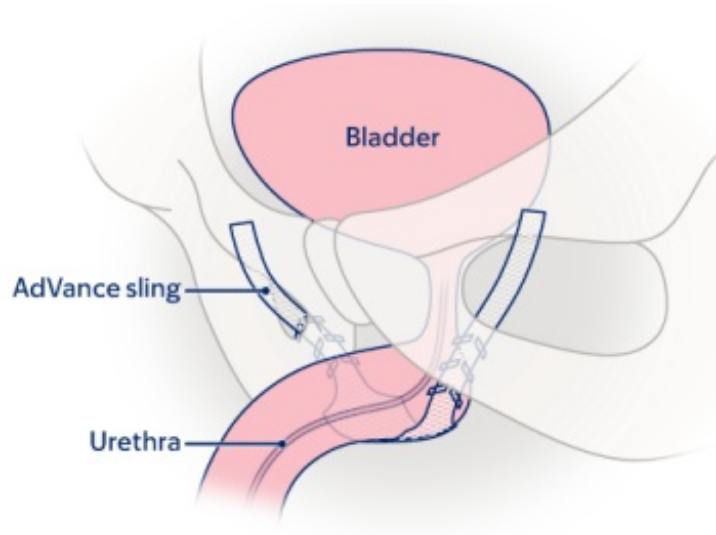


Figure 2. AdVance Sling

Your urinary sphincter may not work properly due to loss of support after the

surgery. The AdVance sling system helps your urinary sphincter muscle function.

AdVance sling works best if you:

- Have not had radiation therapy.
- Have a lower volume (about 1 to 2 pads) of urinary loss per day.

Risks of AdVance sling

The following problems can happen with AdVance sling:

- Bleeding at your incision site (where your surgeon made cuts).
- Infection.
- Problems urinating right after surgery.
- Continued incontinence.
- Damage to other areas, such as the urethra or rectum. Your rectum is the end of your colon (large intestine), where poop is stored before it leaves your body.
- Need for another operation to remove the sling (this is very rare).

Other options for improving incontinence

If AdVance sling does not work, there are other options to help improve incontinence. These include:

- Artificial urinary sphincter (AUS). Read *About Your Artificial Urinary Sphincter (AUS)* (www.mskcc.org/pe/aus) to learn more.
- Incontinence clamps you wear on your penis that prevent urine from leaking. Read *How to Use Your Incontinence Clamp* (www.mskcc.org/pe/incontinence-clamp) to learn more.
- Urine collection devices.
- Urinary pads or diapers.

About your AdVance sling placement surgery

Surgery to place your AdVance sling is minimally invasive (done with smaller cuts). A urologist will do your placement surgery. They'll give you information about how to get ready for your surgery. Follow their instructions. Call your doctor's office if you have any questions.

Most people go home the same day as their surgery, but others may need to stay in the hospital overnight. Your healthcare provider will tell you what to expect.

What do the day before your AdVance sling placement surgery

Note the time of your surgery

A staff member will call you after 2 p.m. the day before your surgery. If your surgery is scheduled for a Monday, they'll call you the Friday before. If you do not get a call by 7 p.m., call 212-639-7606.

The staff member will tell you what time to get to the hospital for your surgery. They'll also remind you where to go.

Arrange for someone to take you home

You must have a responsible care partner take you home after your surgery. A responsible care partner is someone who can help you get home safely. They should be able to contact your care team if they have any concerns. Make sure to plan this before the day of your surgery.

If you don't have a responsible care partner to take you home, call one of the agencies below. They'll send someone to go home with you. There's a charge for this service, and you'll need to provide transportation. It's OK to use a taxi or car service, but you still need a responsible care partner with you.

Agencies in New York

VNS Health: 888-735-8913

Caring People: 877-227-4649

Agencies in New Jersey

Caring People: 877-227-4649

If you live far away, you may want to arrive the day before your surgery. If you plan to do this, make sure we have your contact information, such as a cell phone number. This will help us reach you to be sure you know what time to show up for surgery.

We also recommend that you stay near the hospital the night after surgery.

Instructions for eating



Stop eating at midnight (12 a.m.) the night before your surgery. This includes hard candy and gum.

Your healthcare provider may have given you different instructions for when to stop eating. If so, follow their instructions. Some people need to fast (not eat) for longer before their surgery.

What do the day of your AdVance sling placement surgery

Follow your healthcare provider's instructions for taking your medicine the morning of your surgery.

Instructions for drinking

Between midnight (12 a.m.) and 2 hours before your arrival time, only drink the liquids on the list below. Do not eat or drink anything else. Stop drinking 2 hours before your arrival time.

- Water.
- Clear apple juice, clear grape juice, or clear cranberry juice.
- Gatorade or Powerade.
- Black coffee or plain tea. It's OK to add sugar. Do not add anything else.
 - Do not add any amount of any type of milk or creamer. This includes plant-based milks and creamers.
 - Do not add honey.
 - Do not add flavored syrup.

If you have diabetes, pay attention to the amount of sugar in your drinks. It will be easier to control your blood sugar levels if you include sugar-free, low-sugar, or no added sugar versions of these drinks.

It's helpful to stay hydrated before surgery, so drink if you are thirsty. Do not drink more than you need. You will get intravenous (IV) fluids during your surgery.



Stop drinking 2 hours before your arrival time. This includes water.

Your healthcare provider may have given you different instructions for when to stop drinking. If so, follow their instructions.

What to bring with you

- Any records from your cardiologist (heart doctor), if you see one.
- Your medicine or a list of the medicine you take and the dosage. The anesthesia team will tell you which medicine to take before the surgery.

What to expect when you arrive

Many staff members will ask you to say and spell your name and birth date. This is for your safety. People with the same or similar names may be having a procedure on the same day.

When it's time to change, you'll get a hospital gown, robe, surgical head covering, and nonskid socks to wear.

It is important that you do not have a urinary tract infection (UTI) at the time of surgery. We will do a urine culture before your surgery. If you have a UTI, we will treat it. We may need to reschedule your surgery if you have a UTI.

Meet with a nurse

You'll meet with a nurse before surgery. Tell them the dose of any medicines you took after midnight (12 a.m.) and the time you took them. Make sure to include prescription and over-the-counter medicines, patches, and creams.

Your nurse may place an intravenous (IV) line in one of your veins, usually in your arm or hand. If your nurse does not place the IV, your anesthesiologist (A-nes-THÉE-zee-AH-loh-jist) will do it in the operating room.

Meet with an anesthesiologist

You'll also meet with an anesthesiologist before surgery. They will:

- Review your medical history with you.
- Ask if you've had any problems with anesthesia in the past. This includes nausea (feeling like you're going to throw up) or pain.
- Talk with you about your comfort and safety during your surgery.
- Talk with you about the kind of anesthesia you'll get.
- Answer questions you have about anesthesia.

Going into the operating room

You'll either walk into the operating room or a staff member will bring you there on a stretcher. A member of the operating room team will help you onto the operating bed. You'll lie on your back during your surgery.

Inside the operating room

Once you're comfortable, an anesthesiologist will give you anesthesia to make you sleep. Once you're asleep, your surgeon will start your surgery.

The surgeon will make an incision (small surgical cut) in your perineum. Your perineum is the area between the back of your scrotum and your rectum. They will also make 2 small incisions in your thigh.

Your surgeon will use 2 trocars (needles) to help position the sling and lift the urethra. They will place the sling through the incisions.

When they're finished, your surgeon will close the incision in your perineum with sutures (stitches). They may use skin glue to close the incisions in your thigh. The sutures and glue will dissolve on their own in about 2 to 4 weeks.

Your surgery will take 1 to 2 hours.

What to do after your AdVance sling placement surgery

In the Post-Anesthesia Care Unit (PACU)

You'll be in the PACU when you wake up after your surgery. A nurse will be keeping track of your temperature, pulse, blood pressure, and oxygen levels. You may get oxygen through a tube resting below your nose or a mask over your nose and mouth. You'll also have compression boots on your lower legs.

You will have a catheter in your urethra. If you stay in the hospital overnight, a member of your care team will remove it the day after surgery. If you go home the same day, they will teach you how to remove it at home the day after surgery. We will give you more information about this in the PACU.

Once your care team feels you are ready, they will discharge you from the hospital.

Moving around and walking

It is important that you get up and walk around as soon as possible after surgery. This helps prevent blood clots from forming in your legs.

Physical activity and exercise

Your body needs time to “grow” into the sling so that your tissues hold it in place. This is because the sling is not sewn into place.

For 6 weeks after surgery:

- Avoid strenuous activity, such as lifting anything heavier than 10 pounds.
- Avoid squatting or raising your legs more than 90 degrees. Be careful getting in and out of larger cars.
- Do not do any activities that require you to spread your legs wider than your shoulders.

Going back to work

You should plan to be out of work for at least a week following surgery. Talk with your healthcare provider about your job. They'll tell you when it may be safe for you to start working again based on what you do. If you move around a lot or lift heavy objects, you may need to stay out a little longer. If you sit at a desk, you may be able to go back to work sooner.

Driving

Do not drive while you are taking pain medicine or have a catheter in place. You cannot drive if you are still taking narcotic pain medication or have limited mobility.

Follow-up care

Schedule a follow-up appointment 3 months after your surgery.

When to call your healthcare provider

Call your healthcare provider if you have:

- A fever 101 °F (38.3 °C) or higher.
- Blood in your urine.
- A burning feeling when you urinate.
- Drainage from your incisions.
- Redness or swelling at the incision site.
- Trouble urinating.
- Any other questions or concerns.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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