

Tension-free Vaginal Tape

Why is this operation done?

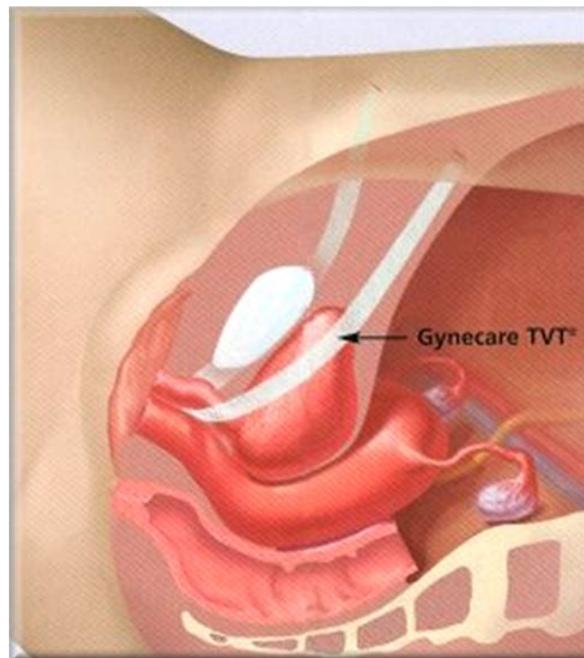
Stress incontinence in women is a common problem. It is caused by a lack of support around the urethra, which is the tube which carries urine from the bladder to the outside. The condition causes urine to leak when a woman sneezes, coughs or exercises. All women undergoing surgery for stress incontinence will need to have had urodynamics (see separate information sheet).

What does it involve?

Tension-free Vaginal Tape is a sling which is inserted using small incisions in the lower abdomen and the front wall of the vagina. The whole procedure takes about 30 minutes. The tape is placed so that it supports and stabilises the urethra.

It is strongly recommended that all women considering a TVT should have a course (3-6 months) of supervised pelvic floor exercises before proceeding to surgery. Physiotherapy and pelvic floor re-education is the first line therapy for stress urinary incontinence.

Diagram showing the finished position of the TVT tape



How is it done ?

The procedure can be performed under a general or regional (spinal) anaesthetic. You may be given a sedative on the ward prior to going to theatre. Your anaesthetist and surgeon work very closely together during the procedure. Your legs will be placed in special stirrups. A catheter is placed in your bladder to drain the urine. Your vagina is opened under your urethra. The tape is fed through to the front of your abdomen, just above the pubic

bone. Once it is in place, the surgeon looks inside your bladder to check the tape with a special telescope. You may then be asked to cough to allow adjustment of the tape and check correct positioning before the end of the tapes are cut off and the cuts stitched up on the abdomen and vagina. Afterwards you will be returned to your ward. You should only experience a minimal amount of pain and discomfort. You will have a catheter until the day after surgery. When the catheter is removed your bladder is checked by ultrasound to confirm that it is empty after you have passed urine on your own.

Then what?

You should be able to go home the day after surgery. We recommend that you have 2-4 weeks off work. You should avoid lifting any item over 2-3 Kg, for the first 2 weeks. This avoids straining the abdominal wall. Straining may cause leakage of urine to return temporarily. You are advised not to have a bath for the first 48 hours after surgery, and not to have intercourse for 4 weeks to enable the cuts to heal. You will be seen in the Out Patient Department at six weeks after the surgery.

Risks:

- The operation is successful in around 90% of cases. In 10% it does not work
- Overactive bladder (5-10%) which requires treatment with tablets
- Difficulty passing urine (5 % of patients). This is usually managed by leaving a catheter in the bladder for an additional week. In the rare event that the bladder emptying does not return to normal then you may need to learn how to pass a catheter intermittently (self catheterisation). Occasionally the tape may be cut in an attempt to improve bladder emptying.
- A less frequent risk is bladder perforation as the needle is introduced. This means the needle has to be repositioned. If this happens, you will need to go home with a catheter in place for a few days whilst the bladder heals itself. There is no long-term damage and this will not affect the success of the operation.
- The tape that is inserted is synthetic there is a small risk that the tape mesh may become infected or “erode” either out into the vagina or into the bladder. Problems with the mesh occur in probably around 1% of cases.
- It is possible for a bruise to form after surgery. This bruise is a collection of blood which will usually absorb itself. Rarely it may need to be drained, but again this should not affect the long-term success of the operation.

Alternatives

The traditional operative procedure for stress incontinence prior to TVT has been a colposuspension, which is a more major operation (see separate information sheet).

Further information link: <http://www.rcog.org.uk/womens-health/clinical-guidance/surgery-stress-incontinence-information-you>