



Surgical treatment of urinary stress incontinence with tension free vaginal tape

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Many surgical operations are available for the treatment of urinary stress incontinence (accidental leakage of urine during normal everyday activity). Some are performed through a cut in the lower part of the abdomen and others through the vagina.

TVT Or Insertion of Tension-Free Vaginal Tape (artificial sling)

The aim of the procedure is to pass a one centimetre wide non-absorbable prolene tape (mesh) under the mid-portion of the urethra (the tube through which urine runs from the bladder to the outside). The tape will form a supportive sling so as to keep the urethra closed to prevent leakage of urine during an increase in intra-abdominal pressure (coughing, lifting and running etc.)

Surgical technique

- The operation is performed through two one centimetre incisions made transversely in the skin of the lower abdomen on each side of the midline just above the pubic bone. Another small incision is made in the vagina just beneath the urethra
- The prolene tape is then passed under the urethra and both ends of the tape are brought through the abdominal incisions on either side. The surgeon may ask you to cough if you are awake after the insertion so as to adjust the degree of tension in the tape according to your need. The wounds are usually closed by dissolvable stitches
- The surgeon may leave a catheter to drain the urine out of your bladder until the following day

Advantages

- Minimally invasive procedure that requires small cuts to be made (no need for opening the abdomen)
- Can be performed under local or spinal anaesthetic
- Short-term (up to five years) success rate is 80 per cent
- Quick recovery
- Can be used in conjunction with surgical repair of genital prolapse

Drawbacks

- The operation is generally not suitable for women who may go on to have children
- As with any surgical procedure, the operation is associated with risks and the possibility of complications

After the operation

You will be encouraged to empty your bladder a few hours after the catheter is removed. The nurse will then have to check to see if your bladder is emptying properly on two occasions. This will be done either by inserting a catheter in the bladder or by using an ultrasound machine.

If you are passing urine without any difficulty, you would be allowed to go home and then to be seen six to eight weeks later in the clinic for follow up.

There will be some discomfort following surgery which will be controlled by pain relief medication. The average hospital stay is two days.

Possible complications

As in any other major surgical procedure, there is always a possibility of complications like bleeding or infection.

Complications which are directly related to the insertion of the tension-free vaginal tape itself are:

■ Injury to the bladder

Bladder perforation may happen during the insertion of the tape. Leaving a catheter in the bladder for a few days usually treats this. The bladder will usually heal spontaneously without adverse consequences.

■ Injury to adjacent structures

Traumatic injuries to pelvic blood vessels and bowels have been reported but are very rare.

■ Haematoma

A collection of blood in the pelvic cavity may arise and can lead to pelvic pain. In rare occasions more severe bleeding may occur. This may necessitate giving you anaesthetic and perform an incision on your abdomen to deal with the problem.

■ Erosion of tape material

The tape may rarely erode into the bladder, urethra or vagina. To reduce the possibility of this happening we advise to abstain from having sex for four to six weeks and refrain from inserting tampons in the vagina as this may interfere with healing and may also lead to infections.

■ Risk of over-active bladder

Occasionally, a few patients may develop for the first time, a feeling of a sudden desire to go and pass urine (urgency). This may result from infection (cystitis) or irritation of the base of the bladder. If you experience this symptom please contact your doctor or inform the surgeon when you attend your follow-up appointment.

When you get home

- Rest is important following any surgery, however, you should feel well enough to walk around and resume light activities
- We strongly advise you to continue performing pelvic floor exercises for at least three months after the operation
- You should avoid any heavy lifting for two weeks, preferably not more than two to three kilograms. It is important not to lift so much that the wall of the abdomen is strained because it could cause leakage problems to return temporarily
- You can expect to have a blood stained discharge for up to ten days while the wounds in the vagina heal. You may also notice small pieces of thread in the discharge, which is completely normal. You may bathe and shower as normal
- You may experience some discomfort following the operation, which can be controlled by pain relief medication such as paracetamol. This should settle down after two weeks
- However, if you develop severe pain, possibly with a temperature or any heavy bleeding or discharge, you should contact your GP without delay
- The stitches on your abdomen will be dissolvable and can take a couple of weeks to disappear. If you notice a burning sensation, discharge or swelling around the incisions please seek advice from your GP
- Sexual intercourse may be resumed after four weeks if you are feeling comfortable and your discharge has stopped
- The time off work is normally two to four weeks depending on the type of work you do
- A follow up appointment will be made for about six to eight weeks after surgery

Please use this space for any questions

If you would like this leaflet in another format or in a different language, please ask a member of staff.

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