Tension Free vaginal tape

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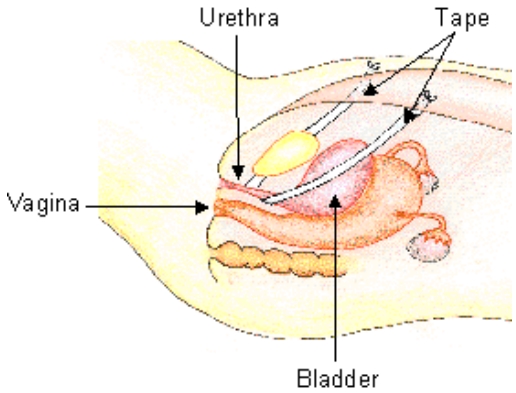
What is a TVT procedure?

A TVT (Tension Free Vaginal Tape) procedure is an operation to help women with stress incontinence – the leakage of urine when coughing, sneezing or moving. Stress incontinence is caused by a weakening of the ligaments which support the urethra (the tube which carries urine from the bladder).

Two small (half a cm) cuts are made on your abdomen just above the pubic area and another small cut is made in the vagina. During the procedure a telescope is put into the bladder to ensure correct positioning of the tape. The tape, made of a synthetic mesh, is then passed through these cuts and placed around the urethra to form a sling. The tape prevents leakage by creating extra support for the urethra. It stays in place permanently.



The TVT procedure can be performed under local anaesthetic and sedation or general anaesthetic. Sometimes it can be performed under spinal anaesthetic. If you have spinal anaesthetic, you will be awake during the operation but will have no sensation in the lower half of your body. A screen is placed over your legs, so that you do not see the operation.

What are the chances of success?

In the short term this operation has a 90-95% success rate which is as good as any other major procedure used for controlling bladder leakage, but with a quicker recovery.

However there are a small group of women for whom the operation does not seem to work. The operation is less likely to be a success if you have had previous bladder surgery.

This operation has been available for over 10 years. Follow up studies show that most patients continue to benefit in the long term.

What are the risks?

The following complications can occur with a TVT.

- Bladder perforation – Needles are used to position the mesh through small cuts. Sometimes they can accidently pierce the bladder. This can happen in 4-5 out of 100 patients. If it does happen, the needle is removed and repositioned. A tube (catheter) will be put into your bladder to drain the urine and is left for 24 to 48 hours after the surgery. This does not affect the success of the procedure.

- Haematoma – Occasionally a small blood vessel is punctured where the needles go through the skin. This causes a small lump (haematoma) that will usually get better by itself. This happens in about 1 in 100 people.

- Severe bleeding. – Rarely there can be severe bleeding. This occurs in less than 1 in 500 patients. If this happens it would be necessary to give you a general anaesthetic and open up your abdomen to stop the bleeding.

- Bladder infection – This can give you symptoms of burning on passing urine. This happens in around 1 in 5 patients during the first six weeks of surgery. You should see your doctor who might advise you to take some antibiotics.

- Passing urine frequently – This operation is not likely to cure your symptoms of urinary frequency and needing to rush to the toilet with urgency. If you have these symptoms as well as stress incontinence you need to be aware that these symptoms are likely to continue and in some cases they may be made worse by surgery.

- Slow urinary flow.- Your urinary flow may become slow after the surgery and you may take longer to empty your bladder. In 5 out of 100 patients the bladder does not work properly soon after the surgery. If this happens, we will teach you how to put a catheter into your bladder to empty it. ("intermittent self catheterisation"). This is usually a short term problem but if it continues the tape can be loosened.

- As the mesh is a foreign tissue which stays in your body over a long period of time there is a risk of it wearing through or "eroding" into the vagina. When this happens it can cause a vaginal discharge. The problem can usually be helped by trimming the mesh and re-stitching the vagina over it. This occurs in less than 1 in 100 patients.

- Bladder and urethral erosion?

- Pain management, i.e Paracetomol/Ibuprofen.

- There are rare complications such as bowel or nerve injury in less than 1 in 1000 patients.

What are the alternatives to TVT?

You should have this operation only if you feel the stress incontinence is badly affecting your quality of life.

Pelvic floor exercise – if you have been doing these on your own you may like to see a physiotherapist or a specialist nurse to check that you have been doing them correctly. If this has not been suggested you should ask your doctor. She may suggest use of a special equipment like an electric stimulator to strengthen you muscles if necessary.

Incontinence devices – These are placed in your vagina to stop urine leaking out. They need to be replaced regularly.

Bladder neck bulking – This involves injecting a material such as collagen into the neck of bladder. This can give you relief but it has to be repeated.

There are other major operations like Burch Colposuspension. They are usually no more effective than a TVT and has a lot longer recovery period. You can discuss these surgeries with your surgeon.

Life style changes –

- Try to avoid things that may put too much stress on the bladder this can help stop it getting worse and might even improve your symptoms.
- If you are overweight, loosing weight will reduce your chances of developing more symptoms. If you are a smoker you should stop, as smoking makes you more likely to get chest infections which put stress on the bladder when you cough.

Pre-admission clinic

Before your surgery you may be asked to come to a pre-admission clinic to check that you are fit and well for the operation.

We will ask you about your general health, past medical history and any medicines you are taking. If you need any investigations like blood tests, ECG or chest x-ray we will organise these. We will tell you about your admission, the operation itself and your care before and after the operation.

You will be able to ask any questions or raise any concerns you have.

Before the operation:

You will be asked to come into hospital on the same day as your operation. You will be seen by the anaesthetist and the surgeon. We will explain the operation to you, what will happen during the operation and the risks associated with it. You will be asked to sign a consent form, unless you have already done so. You will also have an opportunity to ask any further questions about anything you are still unsure about.

You should continue your normal medications unless you are told other wise.
Let your surgeon know if you are on warfarin or clopidegrel.
Follow your surgeon's advice about stopping medication before the operation.

Will I need an Anaesthetic?

The procedure is usually performed under sedation and local anaesthetic. This anaesthetic is very effective. We ensure that you do not feel any pain during the entire procedure. In some cases general anaesthetic is more appropriate for this procedure. You will have a chance to discuss anaesthetic aspect with the anaesthetist on the day of the operation.

After the operation

Most women will go home on the same day after ensuring that you empty your bladder appropriately.

Most women experience some pain or discomfort for the first few days. We will offer you appropriate painkillers in the form of injections, suppositories or tablets to help you with this. The anaesthetist will discuss pain relief with you before you have your surgery.

If you have difficulty emptying your bladder immediately after the operation we may pass a catheter to empty your bladder. Occasionally the bladder takes longer to return to normal. In this case, although rare, you may need to be taught to put a catheter into your bladder to empty it your self. If you are emptying the bladder by self catheterising we will regularly review your progress by phone to support and advise you. Alternatively, you may go home with a catheter in the bladder with a valve on it for few days. If you have gone home with a catheter in the bladder, you will come back for a day to have the catheter removed. Usually these are short term problems. If the problem continues we will discuss “loosening” the tape with you.

Getting back to normal

Recovery
Recovery after a TVT usually takes 1 to 4 weeks. Most patients take 1-2 weeks off work depending on type of your work.

Driving and other activities
You should be able to drive and be fit enough for your usual activities within 1-2 weeks of surgery.

We advise you to avoid heavy lifting and sport for 6 weeks to allow the wounds to heal and mesh to settle in place.

Sex
We usually advice you to wait for 6 weeks after the operation before having sexual intercourse. If you had symptoms of urinary leakage during intercourse, this procedure might make it better, but unfortunately this is not always the case.

How to contact us

If you have any questions or concerns, please telephone

Helen Barker
(01536) 411241

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