

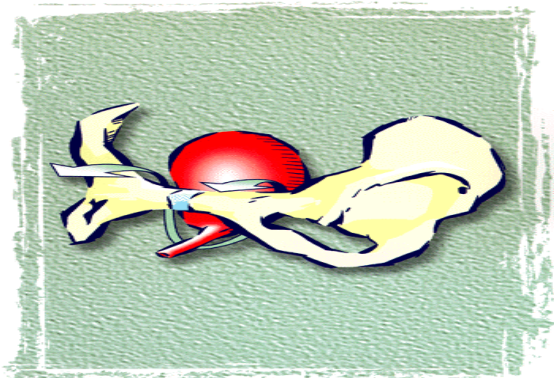
## **Tension Free vaginal Tape or TVT**

### ***What is a TVT?***

This operation is done to help relieve stress incontinence or accidental leakage of urine which may happen with coughing etc. It is usually only offered after a trial of physiotherapy treatment and after a urodynamics test has confirmed that it may help the problem.

### ***How is a TVT done?***

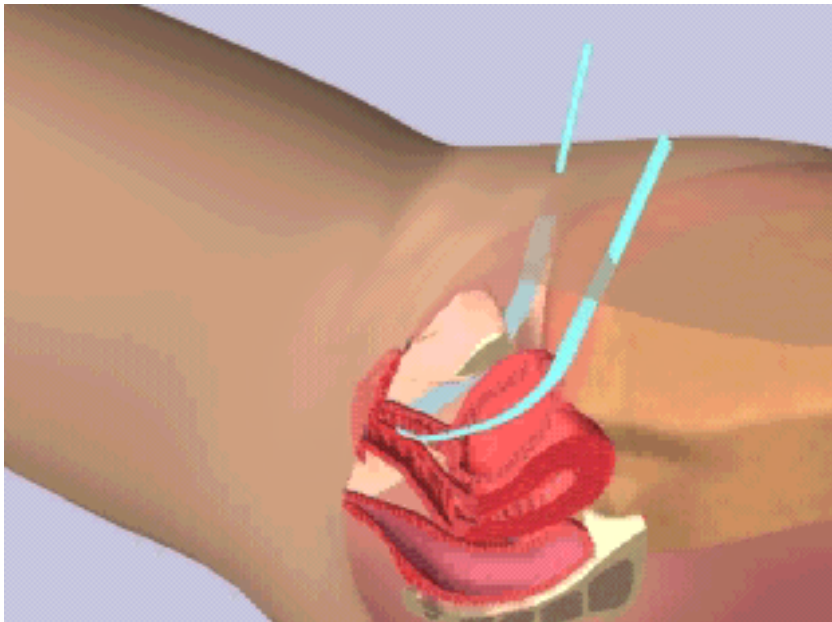
The TVT is a small sling or tape placed to support the urethra or tube which drains urine from the bladder. The tape is made of a



synthetic material which will last a lifetime and remains in your body. It is a relatively new treatment having been developed in 1996 in Sweden. It is completely successful for around 80% of women and helps another 10-15%. It fails to help in around 5%. As this is a new operation we don't yet know how good the very long term results will be ie does it fail with time. Recent research has shown that results are as good 7 years after surgery.

A TVT can be done without the need for a general anaesthetic (being put to sleep). Sometimes a general anaesthetic is given but this will be discussed with you. If local anaesthetic is used sedation or medication to make you feel more relaxed and sleepy is usually also given to make you more comfortable during the surgery. Sometimes a spinal anesthetic is advised instead.

During the operation your legs will be held up in supports. Your bladder is emptied with a catheter (small tube) and local anesthetic fluid is injected into the tummy just above the pelvic bone. Two very small cuts are made in the area and a small cut is made in the vagina. A special needle is used to insert the TVT tape and this is passed on each side.



Then a small telescope (cystoscope) is passed through the urethra (the tube that drains the bladder) to check that the bladder has not been punctured or injured during the positioning of the TVT tape. If there has been any puncture of the bladder the needles are re-positioned and the bladder checked again. Normally you do not have a catheter left in after the operation unless you are having a repair at the same time but if there has been a puncture the catheter is left in to allow the bladder to heal. If this does happen it should not cause you any problem and the puncture will heal quickly.

Once the checks have been done the TVT tape is adjusted to give enough support and then it is trimmed off at the skin so that the wounds are closed over with dissolving stitches.

### ***What can I expect afterwards?***

You may notice some vaginal blood staining afterwards. This will settle within a couple of weeks.

There may be some bruising and discomfort low in your tummy and there is often some watery discharge from the wounds there. You may find mild painkillers eg paracetamol, help if you have discomfort.

You may have difficulty passing urine-either slow to start, the stream starting and stopping, difficulty in emptying your bladder completely or not being able to pass urine at all. The nurses will measure any urine you pass and they will check that your bladder has emptied with a scan of the tummy. You may find the passage of urine is quite slow to come back to normal and, if needed, you will be shown how to use a catheter yourself so that

you can be independent. This is called CISC (clean intermittent self-catheterisation) and is easy to learn. Once you are confident that you can either manage to empty your bladder normally or use a catheter, you will be allowed home. Usually any difficulties with emptying your bladder settle quickly but occasionally it may take a few weeks. Very occasionally it remains a problem and then you may be advised to have a small operation to loosen the TVT tape. (About 1 patient in every 50-100) If this is necessary it is usually delayed for 4-6 weeks to allow some scar tissue to develop as this should help to keep you dry should the TVT tape need to be cut on one side. This is done through a small cut in the vagina and will require an anaesthetic.

You may find that you need to run to the toilet more often particularly in the first few weeks after surgery. In about 5% of patients

this problem persists and there may be difficulties with urgency or even accidental leaks of urine before reaching the toilet. Unfortunately this is an unpredictable problem. Some women who have stress incontinence also have and overactive bladder and complain of these problems before a TVT. Sometimes the TVT can help improve this but it can also worsen after surgery.

Urine infections can be a problem after any bladder surgery. If you have symptoms antibiotics will probably be advised. Some women seem to be more prone to urine infections after TVT.

You may notice that your stream of urine is permanently slower and that you have to be a little more patient in ensuring that you empty your bladder properly after TVT.

Some types of prolapse of the vaginal walls are more common after TVT. This is probably because the pressure on your bladder is now taken up by the TVT and the forces of coughing etc. are directed to other parts of your pelvic anatomy instead.

### ***Complications***

Major complications are unusual. At surgery there is the possibility (4-9 per hundred) of bladder puncture. This is easily managed and not a matter of concern. Bruising or 'haematoma' may form in the area behind the pelvic bone. This may need to be released. Sometimes there can be quite a bit of bleeding from the vaginal wound needing stitches or a vaginal pack. Infection can occur at any of these sites and may need antibiotic treatment. This can be serious if the tape itself becomes infected and the tape

may have to be removed if the infection doesn't clear.

If the tape erodes into the bladder or urethra this can cause pain, chronic infection or bladder stone and the tape will have to be removed. The tape may also become exposed in the vagina but skin can usually be used to cover this again. The risk of tape erosion is around 1 in 1000.

### ***Advice when you go home***

You are advised not to do any heavy work, very strenuous exercise or lifting (more than 4 Kgs or 8lbs) for 4 weeks after your surgery. This is to allow scar tissue to anchor the tape firmly in position and to prevent any possible slackening of the TVT. As there is a vaginal wound you should avoid the bath/swimming or sexual intercourse until the wound has

healed completely (4 weeks) to avoid an infection developing around the tape.

### ***Help***

If you think all is not well please ask the nurses and doctors before you leave hospital. If you have concerns after leaving hospital please contact the ward.

*28.8.08 Adapted with kind permission from Dr A. Love, Lagan Valley Hospital.*

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