Having a tension-free vaginal tape (TVT) operation for stress urinary incontinence

This leaflet explains more about tension-free vaginal tape (TVT) including the benefits, risks and any alternatives, and what you can expect when you come to hospital.

If you have any further questions, please speak to a doctor or nurse caring for you.

What is stress urinary incontinence?

Stress urinary incontinence occurs when the muscles which help to support the bladder, vagina and back passage (the pelvic floor muscles), or those at the opening of the bladder (sphincter muscles), become weak. When this happens, urine may leak out under sudden pressure such as when coughing, sneezing or laughing.

Stress urinary incontinence is the most common form of incontinence for women, affecting at least two in every five women. Common causes of stress incontinence include childbirth, hormonal changes after the menopause, chronic straining with constipation, chronic coughing, obesity, or lifting heavy objects repeatedly.

What is TVT?

TVT is a surgical procedure which aims to cure stress incontinence in patients who have been diagnosed with the condition using a type of test called urodynamics. Following your diagnosis your doctor will discuss with you if you are suitable for TVT surgery.

The procedure is not suitable for pregnant women, or women who may be planning to get pregnant in the future.

The procedure has a success rate of 85–90 per cent in the short term and 60–70 per cent in the long term. The main advantage of this operation is that there is usually minimal pain after surgery, which means less time spent in hospital.

Are there any alternatives?

Pelvic floor exercises: you should have already completed a course of pelvic floor exercises before being offered a TVT to treat your stress urinary incontinence. This is usually a structured programme of exercises for three to six months, provided by the nurse specialist or physiotherapist. Pelvic floor exercises are the most effective non-surgical treatment for stress urinary incontinence.

Electrical stimulation: this is usually only offered to women who are physically unable to perform a pelvic floor contraction. It is not routinely offered to all who have stress urinary incontinence.

Bladder neck bulking: this involves injecting a material such as collagen into the neck of your bladder to help improve your continence/bladder control. The results of this operation tend not to last very long and it is not suitable for all patients.

Other surgical procedures: there are other kinds of surgical treatments which aim to cure stress urinary incontinence and your doctor will discuss these with you. They are bigger operations and are usually no more effective than the TVT. The advantage of having a TVT is that the operation only needs a few cuts, so patients generally make a faster recovery.

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

What happens when I get to hospital?

Most women are admitted to the surgical admissions lounge (SAL) on the day of surgery. However, this may not be appropriate for some patients. If this is the case, the nurse in the pre-admissions clinic will discuss the arrangements with you.

Please bring to hospital any medicatines that you normally take at home including those you get from your doctor on prescription, medicines you have bought yourself which were not prescribed by your doctor, and any alternative medicines, such as herbal remedies.

You will be taken from the SAL to the operating room for your operation. Your belongings will be taken up to the ward for you when you return.

You must not eat or drink anything for six hours before your operation. It is important that your stomach is empty during your operation to prevent complications if you vomit while you are under anaesthetic. You should have received a copy of our leaflet **Having an anaesthetic**. If you have not, please ask for one.

On the day of your operation, you will be asked to put on a theatre gown and a pair of elasticated stockings (TEDS). The stockings help to prevent clots (thrombosis) in your legs. You will need to keep these on until you are discharged from hospital.

The surgeon will visit you in the SAL or on the ward before your operation to answer any final queries that you may have. You will also be seen by an anaesthetist who will decide with you the best type of anaesthetic to use.

You are advised to leave all your valuables such as jewellery, money and credit cards at home as the hospital cannot accept responsibility for the safety of your belongings. Visiting hours on the gynaecology ward are between 2 and 8pm every day.

What happens during the operation?

A piece of mesh (made of prolene, a synthetic material) is inserted through a small cut in the front wall of the vagina. It is then passed under the urethra (the tube through which the urine flows down when you empty your bladder) to support it. The mesh is secured through two small cuts in the abdominal wall or through one small cut in each inner thigh. You can not see the mesh once it is in position. A catheter (thin hollow tube) is inserted into the bladder to drain the urine away and is usually left in until the next day. A vaginal pack (a long piece of gauze) may also be inserted during the operation to absorb any bleeding, which will be removed the next day.

The mesh remains in place permanently to support the urethra.

This procedure can be performed under local or spinal regional anaesthetic (a small injection in the lower part of your back).

After your operation

On your return to the ward, the nurses will check your blood pressure and your temperature regularly. If you are experiencing any pain or are feeling sick, please tell the nurse looking after you who can give you some painkillers and/or anti-sickness tablets. You will be allowed to eat and drink when you return to the ward after your operation.

On the day after your operation, your catheter (the small tube inserted in your bladder) and a vaginal pack (if it has been inserted) will be removed. You will need to try to drink 1½ – 2 litres of fluids within the first 24 hours (six to eight cups). Please don't drink more than this or you may put unwanted pressure on your bladder. You will need to pass urine in a jug/disposable bedpan for the nurse to measure.

The nurse will need to check that you are emptying your bladder properly using a special bladder scanner. She will move a small probe around on top of your tummy just over where your bladder is. This will measure the amount of urine left in your bladder after you have been to the toilet. Once you are passing 200mls of urine or more at a time and leaving less than 100mls in your bladder, you should be able to go home. The nurse looking after you will explain this to you in more detail once your catheter has been removed.

You will be encouraged to get out of bed, wash at your bedside and walk around the ward on the day after your operation.

If you are having any problems emptying your bladder properly after the catheter has been removed, another catheter will be inserted. This catheter will be removed the next morning and your bladder will be scanned again after you have passed urine to see if there is any urine being left behind.

If you are still having problems emptying your bladder properly following the removal of the second catheter, then one of the following will happen:

- You will go home with a catheter for up to a week, to let the bladder rest after the surgery, and then come back in onto the gynaecology ward and try without the catheter again.
- You will be taught how to put a catheter into your bladder to remove the urine left there. This is called intermittent self-catheterisation (ISC). You may have to do this for a few weeks, or for some women a few months until your bladder starts working again properly

following the operation. Very rarely some women may have to continue with ISC longer term.

What are the possible risks?

As with all operations, there are risks associated with the insertion of a tension-free tape (TVT), most being minor. Complications are not common.

- You may develop a wound infection which can cause irritation around the wound site. We give antibiotics to prevent or treat this.
- You may notice that you are going to toilet more frequently. This will improve on its own for the majority of cases but occasionally it is necessary to prescribe a tablet that will help this symptom.
- Sometimes bleeding or a bladder or bowel injury can occur during the operation. If there is any heavy bleeding or bowel injury, you may require surgery to rectify the damage but bladder injury can usually be managed by simply leaving the catheter in for a bit longer (three to four days) to let it rest.
- There is a small risk that over time, the tape/mesh can erode into the vagina. Surgery may then be required to cover it.
- You may experience pain when you resume sexual intercourse following TVT surgery. If this happens, and the pain is persistent and sharp, mention this to your GP or practice nurse, or to the doctor at the hospital when you return for your outpatient appointment.
- A few patients have problems with emptying the bladder following this procedure. This is usually a temporary problem. It may be necessary to insert a catheter into your bladder to drain off the urine. Resting your bladder will help any swelling to go down which may be making it difficult to urinate.

The risks listed above are taken from a Medicines and Healthcare Products Regulatory Agency (MHRA) report on the procedure. The MHRA have published a list of questions that you should make sure you discuss with your surgeon before proceeding with the surgery.

- Why have you chosen the use of surgical tape or a traditional non-tape repair in my particular case?
- What are the alternatives?
- What are the chances of success with the use of tape versus use of other procedures such as traditional surgery?
- What are the pros and cons of using tape including any side-effects
- What are the pros and cons of alternative procedures?
- What sexual problems may be encountered with the use of tape and traditional surgery and/or other procedures?
- If tape is to be used, what experience have you had with implanting these devices?
- What have been the outcomes from the people whom you have treated?
- What has been your experience in dealing with any complications that might occur?
- What if the tape does not correct my problems?
- What other treatments are available?
- What can I expect to feel after surgery and for how long?
- If I have a complication related to the tape, can the tape be removed and what are the consequences associated with this?

Will I feel any pain?

You may experience some mild pain the first 24–48 hours after surgery. Simple pain relief such as paracetamol can control your discomfort and will be offered regularly. You will also have painkillers to take home with you when you leave hospital. Make sure you follow the instructions you are given about taking them. If you have had two cuts in your inner thighs when the tape was inserted, your thighs may feel sore for slightly longer.

When can I play sport?

Usually after four to eight weeks. This will give you plenty of time for the wounds to heal and the mesh to settle into place.

When can I have intercourse?

After four to six weeks. Pain during intercourse is one of the rare complications of this surgery (see 'What are the possible risks?' section above).

When can I drive?

Usually within one week of surgery, but check with your insurance provider.

Follow-up appointments

You will not usually need to be seen in clinic by the consultant following your operation, although you may be given a follow up clinic appointment if you have any concerns or complications.

Contact us

If you have any questions or concerns about tension-free vaginal tape for stress urinary incontinence, please contact the **urogynaecology nurse specialist** on **020 7188 3671** (Mondays and Tuesdays, answerphone at other times), or contact the gynaecology ward on **020 7188 2679**.

Pharmacy Medicines Helpline
If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.
t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns
For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.
t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk
t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language Support Services
If you need an interpreter or information about your care in a different language or format, please get in touch:
t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111
Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.
t: 111

NHS Choices
Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.
w: www.nhs.uk

Get involved and have your say: become a member of the Trust
Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, and to become a member:
t: 0800 731 0319 **e:** members@gstt.nhs.uk **w:** www.guysandstthomas.nhs.uk/membership

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