Directorate of Women’s Services

Surgery for Stress Incontinence

Tension Free Vaginal Tape

Information for Patients

Direct dial number
Ward 40 – 0191 282 5640
**Stress Incontinence**

Stress incontinence is a leakage of urine occurring on physical exertion. It may occur when coughing or sneezing, walking or exercising. It is caused by a weak sphincter (a muscle at the bladder outlet), or by poor support to the bladder outlet from the pelvic floor muscles and ligaments.

**Surgical treatment**

Most often exercises for the pelvic floor muscles are used as the first form of treatment for stress incontinence; you may already have tried this. If the leakage continues and remains a problem despite exercises, then surgery may be required.

The particular operation which has been discussed with you is the minimally invasive Tension Free Vaginal Tape Procedure, often abbreviated to T.V.T.

**Tension Free Vaginal Tape**

The tape is made from a synthetic, non-absorbable material. The procedure is usually carried out under local anaesthetic plus light sedation in the operating theatre. Local anaesthetic is injected into the lower abdomen at two sites where two small cuts are made in the skin, and into the wall of the vagina. The tape is inserted through the vagina to support the urethra (outlet pipe from the bladder).

When the tape is in place, your bladder will be filled with sterile water. You will be asked to cough a few times to ensure that the tape is in the correct position to stop leakage. At the end of the operation the surgeon will carry out a cystoscopy (looking inside the bladder with a special camera), to check there is no damage to the bladder and urethra.

Dissolvable stitches or steristrips are used on the skin.

Most patients are discharged on the day of the operation, assuming they are emptying their bladder satisfactorily, and there are no complications.

However if you have had TVT in conjunction with surgery for prolapse then your hospital stay will depend on your recovery from the prolapse operation.

**Risks**

Although most patients go through TVT operation without any difficulties, in common with any surgical procedure there are some risks.
• **Passing urine**
It is sometimes difficult to empty your bladder completely following surgery. The amount of urine left in the bladder after trying to pass urine yourself is known as the **residual** volume. The residual urine usually decreases quite quickly after the bladder has had a chance to settle down after the operation.

If you are unable to pass urine within approximately 4 hours of the operation, nursing staff on the ward will pass a catheter into your bladder to drain the urine. The catheter will be removed immediately, (often called “in out” catheterisation). If you are unable to pass urine after a further 4-6 hours the “in out” catheterisation will be repeated. This procedure can be repeated until you are able to pass urine normally.

Very occasionally, patients are unable to pass urine, or are unable to empty the bladder completely. These patients can therefore be taught to perform the catheterisation themselves. This is a simple, safe procedure to carry out and is known as Clean Intermittent Self Catheterisation or C.I.S.C. For a small proportion of women this could result in a long-term need to carry out intermittent self catheterization. This is very unlikely in women whose bladder behaves normally before surgery. If this happens, your consultant may discuss the option of dividing the tape; in which case they would also explain the likelihood of your leakage returning.

If there has been damage to the bladder this is easily dealt with and heals quickly. A catheter may be required for a short time after your operation, you would usually be able to go home the next day.

There is a very small risk of bowel damage or blood vessel damage at the time of insertion of the tape. The risk is thought to be around 1 in 10,000 operations. Your surgeon will discuss this with you in more detail.

**Skin healing**
• **Tape erosion**
As the tape is made from synthetic material there is a small risk that the vaginal skin may not heal immediately, or of it eroding into the vagina at a later stage. This can cause vaginal discharge and/or you or your partner may experience discomfort during intercourse. The problem can be helped by restitching the vaginal skin or by trimming the mesh.

• **Infections**
The most common problems are associated with wound or urine infections. Urine infections may occur after the surgery and can easily be treated with antibiotics.
• **Chronic pain**  
A very small number of women, less than 2%, describe a problem with chronic pain after this operation.

• **Bruising**  
A haematoma or bruise may form on the lower abdomen, which will gradually fade over approximately seven to ten days.

**Before admission to Hospital**

Make sure your family knows that you will not be able to do any heavy lifting or housework for approximately one month. You will be able to return to your normal activities, work etc. within two to four weeks.

**Admission to hospital**

You will usually be seen in the pre admission clinic before your admission to hospital. The Consultant or a member of the medical team will also see you before your operation to discuss the operation and plan of care. Nursing staff will complete an assessment. Please let nursing staff know if you require a special diet. Some blood specimens will be taken. You may require a chest x-ray or an electrocardiogram. If you are medically fit you will be admitted to hospital on the day of the operation. Otherwise you may be admitted on the day before your operation.

**Preparation for Operation**

On the morning of surgery you will need to have a bath or shower, remove make-up and nail polish, before putting on the theatre gown. An antibiotic will be given in theatre just before your operation.

Support stockings may be provided which help circulation while you are less mobile. These are worn immediately before going to the operating theatre, usually after your bath or shower.

**After the Operation**

After the operation you will be transferred to the recovery unit where you will stay for a short time. Nursing staff will record your blood pressure and pulse regularly for the next two hours and check there is no vaginal bleeding.

You may have intravenous therapy (drip, I.V.T.), in progress until you are eating and drinking again on your return to the ward. When you feel able you can have something to eat and drink. It is not necessary to drink excessive amounts of fluid. You will not become dehydrated, since you have had the intravenous therapy in progress during the procedure. Drink as much as you would normally at home.
You can start walking about for short periods when the effects of the sedation have worn off.

If you are able to pass urine without any problems then you will be discharged home on the day after the operation.

It is advisable not to carry out pelvic floor exercises immediately after the operation.

**Discharge Information**

- You may experience some frequency of passing urine. This should lessen with time. When you pass urine try to empty your bladder completely. This will reduce the risk of infection. You may have to alter your normal position slightly, and lean forward or stand up to do this.

- Drinks containing caffeine (tea, coffee and coke) can cause irritation of the bladder and also act as a diuretic (making you produce extra urine). No more than 3 to 4 cups should be taken unless decaffeinated. Drink sufficiently, making sure that you drink at least 1.5 litres / 3 pints in 24 hours.

- Avoid constipation by eating a high fibre diet including plenty of fresh fruit and vegetables, bran and brown bread.

- Sexual intercourse can be resumed within 3 to 4 weeks providing you feel comfortable.

- You should be able to drive again shortly after operation, when you are pain free, able to wear a seat belt comfortably and able to carry out an emergency stop. This is a relatively minor operation and you would probably be able to drive within a couple of weeks. However, please check your motor insurance policy as it may stipulate a minimum time span before being able to drive following an operation.

- You may resume gentle exercise 2 to 4 weeks following surgery.

- Take a minimum of 2 weeks off work. Sick notes can be issued by your G.P. or ward nursing staff before discharge home. Self-certifying notes are valid for the first seven days of absence.

- A follow up appointment will be arranged to discuss your progress. It would be helpful if the doctor could examine you to check healing.

- If you have any problems when you get home, you can contact the ward for advice.
Ward 40: Tel: **0191 233 6161 extension 25640**  
Ward 40: direct line Tel: **0191 282 5640**

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