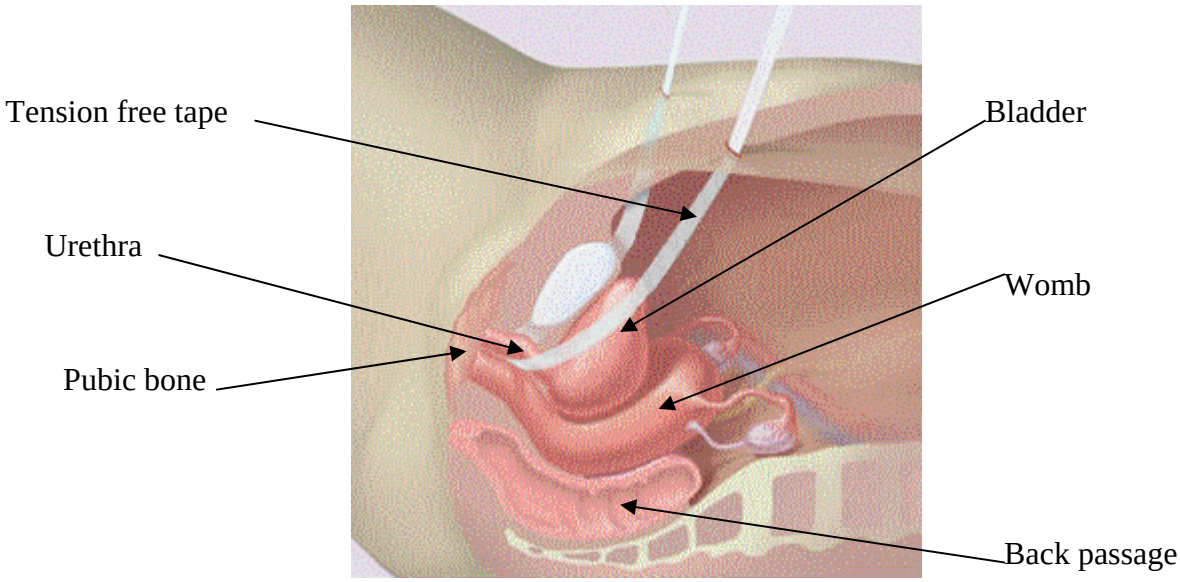
Tension-free vaginal tape
(TVT)
procedure

This information sheet may be available in different formats. It is a brief outline of this problem and is not intended to replace verbal communication with medical or nursing staff.



What does the TVT procedure involve?

The TVT procedure was introduced more recently than Burch Colposuspension for incontinence. It was invented in Scandinavia

and has only been available in the UK in routine practice since 1998. A permanent tape, attached to two needles, is passed under the urethra from a cut in the vagina. The needles are passed behind the pubic bone and emerge on the front of the abdomen (tummy). The bladder is kept empty with a catheter during the operation. When the tape is in position, the outlet (urethra) of the bladder is lifted, providing support to stop leakage when coughing and sneezing. The three small incisions are then closed.

This operation appears to have an 80 % chance of making you dry initially. As this is a new operation, we don't have any results of its success over many years. The success rate is based on people having surgery for the first time; if your bladder has been operated on before, or if you have any specific risk factors which will show up on the bladder tests (urodynamics) then the success rate may be less.

There are a number of things that you can do to make the operation as successful as possible. The stitches that are put in do rely upon the natural strength and support of your pelvic floor muscle, which can become weakened by lack of exercise, smoking and obesity. Pelvic floor exercises, stopping smoking and losing weight can all improve the outcome of the operation.

What are the benefits of having this surgery?

The surgery may successfully treat the troublesome urinary symptoms you are experiencing when all other possible treatments have been unsuccessful.

What alternatives do I have?

Surgery is only performed when other treatment s have been unsuccessful e.g. physiotherapy, Bladder training (see separate leaflet) and Life style changes which may include weight loss, caffeine reduction, smoking cessation

What happens before the operation?

About a week before the operation, you will be invited to attend the pre-operative clinic where your general health will be assessed. Blood tests will be performed and depending on your health, a heart tracing, and chest x-ray may be required. A TVT can be performed under a general anaesthetic, a spinal or local anaesthetic. This decision can be made on an individual basis and may be affected by your general health.

What happens after the operation – the hospital stay?

Some patients, after a TVT require a catheter if they cannot pass urine. You may notice vaginal bleeding which is normal. The area around your pubic bone will be sore and may be bruised from the needles.

Most women feel well enough to go home the following day, providing that you are able to pass urine normally. If a catheter has been required, then it may take a little longer for your bladder to start working again.

What happens after discharge home?

At home you will feel very tired for about a week. You should be able to return to all your normal activities including driving and going to work, after two weeks. Take your normal pain killers if necessary for any discomfort.

The small cuts should remain clean and dry, redness or oozing may be a sign of infection.

You should be passing normal amounts of urine; if it is painful or smells, you may have a urinary infection. If you are concerned about your progress after you go home, please arrange an appointment with your GP, who will be able to contact us if necessary.

Risks and side effects of surgery

No operation is without risk, however the majority of procedures are carried out without any problems. Please read this section and discuss any concerns with your doctor.

Anaesthetic risks

Any anaesthetic carries risks, although complications are rare. After a general anaesthetic, you may feel sick and have a sore throat. If you smoke, there is an increased risk of a chest infection.

Operation risks

There is a small chance of excessive bleeding in any operation, which rarely leads to the need for a blood transfusion. There is occasionally damage to other structures near the site of the surgery (usually the bladder or bowel). After the operation, there is always a risk of infection in the abdomen, in the wound or in the bladder, which will be treated with antibiotics. Surgery carries a risk of a blood clot in the legs afterwards, and you may require injections of heparin if you are in a high risk group.

In a TVT procedure, the needles are passed under the urethra by feel, not vision. As a result, it is more difficult to recognise complications until later. Because the procedure is carried out through such small cuts, if there were any complications your abdomen (tummy) would have to be cut leaving a bigger wound.

FOR THE TVT, THERE ARE SOME SPECIFIC COMPLICATIONS WHICH ARE MORE COMMON.

Difficulty in passing urine
Occasionally, the bladder does not work well after the operation and this could vary in the length of time it lasts.

This leads to you retaining urine in the bladder, which increases the risk of a urinary infection. The problem is usually due to swelling around the urethra which will settle with time. It can be treated either by leaving the catheter in for 1 to 2 weeks, or by teaching you to pass a small temporary catheter yourself. . This is called clean intermittent self catheterisation (CISC). In approximately 1 % of patients this situation becomes permanent, requiring them to perform CISC several times each day. If you are at particular risk of this your doctor may want you to practice CISC before you consider surgery.

In order to make you dry, the operation obstructs the flow of urine out of the bladder and the bladder may react to this by becoming 'irritable'. This can lead to difficulty "hanging on" when your bladder is full and may sometimes leak urine with an urge to pass small volumes of urine frequently, getting up at night and sometimes an unexpected and sudden leak (NOT with cough or sneeze). This complication can occur in around 10 % of patients. It often settles after a period of time and can also be treated with tablets.

Bowel prolapse
Due to the way in which the bladder exit is 'hitched up' during the operation, there is an alteration in the angle at which the bladder, bowel and uterus pass through the pelvic floor (muscles and tissues at the bottom of your pelvis), leaving a larger space for the bowel than before the operation. This may expose any other weaknesses in your pelvic supports After a period of time this may result in a prolapse (hernia) of the bowel or rectocoele. Often this condition is manageable with pelvic floor exercises and keeping a regular bowel habit; sometimes surgery may be required to repair the prolapse.

The TVT procedure has the advantage of being carried out with very small cuts, leading to a much shorter stay in hospital and less need for painkillers after the operation. The results in the short-term seem to be good, but we don't know the very long-term success rate. Due to the nature of the procedure, if there are complications, it may be difficult for the surgeon to recognise damage to other structures such as bladder, bowel or blood vessels.

The staff on the ward are always available to discuss this and any other issues with you in full, please do not hesitate to contact the

Urodynamics Specialist Nurse/ Continence Advisor on 0151 708 9988 Ext 4319 / 4016 at Liverpool Women's Hospital

Ref: Gyn 03/03
Review date August 2005

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