

Tension-Free Vaginal Tape

urogynaecology patient
information

What is a tension-free vaginal tape (TVT) procedure?

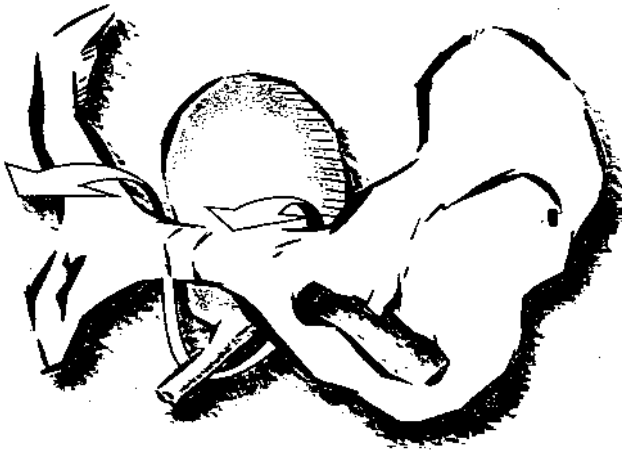
The principle of this minimally invasive operation for the treatment of stress urinary incontinence was devised by Prof Ulf Ulmsten and is being used all over the world.

This procedure is to treat stress urinary incontinence. The SUS is not a cure for urgency although it may help with this symptom.

What is involved?

The procedure is mainly performed under a short general anaesthesia. Local or Spinal anaesthesia may be used if required.

A very small incision is made on the anterior vaginal wall for the placement of tape and two small skin incisions (less than 1.5 cms) just above the pubic bone to fix the tape. The incisions are usually closed with dissolvable sutures .



What can go wrong?

As with any operation there can be infection of the tape since it is foreign material, but this is usually treatable with antibiotics.

There is also a small risk of bleeding which is treatable. 2 to 3 out of 100 women develop difficulty in passing urine and this may require the use of a catheter.

5 to 7 out of 100 women develop bladder overactivity and this can be treated with pelvic muscle exercises and medication.

Anaesthesia is not without risks these are outlined in the Queensland Health consent forms.

What to Expect

The success rate of this procedure is between 83 and 91 per-

cent. This is comparable to the best results with conventional major surgery. Weight loss if overweight, reducing or quitting smoking, improving pelvic muscle tone by doing pelvic muscle exercises, and continuing to do them after surgery will ensure that the operation is a success.

This operation is done as a day procedure. Only if you suffer bladder trauma during surgery (2 to 3 out of 100 women) you may have to stay an additional day or two.

Do bring some pads, as some bleeding will occur.

After the Surgery

When you go home you must not lift heavy objects (more than 9lbs or 4kgs) or do strenuous work for about 6 weeks. Avoid intercourse for the same period. You can return to work usually in ten to fourteen days.

Afterwards: You will be seen in either the clinic or at urodynamics 10 to 12 weeks after the operation. If everything is well the success of your operation should be permanent.

You will have some vaginal discharge for 4 to 6 weeks. This should be light bleeding or spotting only, and this may vary during that period of time as healing occurs and your stitches dissolve.

5 days of antibiotics have to be taken to prevent infection of the mesh. We strongly recommend taking anti-inflammatory medication (Nurofen) for 1 week, twice a day with food post operatively, unless you have a medical reason for not doing so or are already on anti-inflammatory medication

Tips for Success

We recommend you are not to self examine or self assess your operative site till you have been examined by the doctor post operatively.

| | |
|---------------------------------------|---------|
| Do not drive an automatic car for | 1 week |
| Do not drive a manual car for | 2 weeks |
| Do not make a bed for | 2 weeks |
| Do not hang out washing for | 4 weeks |
| Do not use your vaginal oestrogen for | 4 weeks |
| Do not stretch upward for | 6 weeks |
| Do not do any lifting for | 6 weeks |
| Do not have sexual intercourse for | 6 weeks |

Remember to **rest**, particularly in the first week. If you are tired and uncomfortable you have been doing too much and need

Tension-Free Vaginal Tape



urogynaecology patient
information

to slow down.

Do not use tampons for a few weeks postoperatively - pads are a more suitable option.

When emptying your bladder, sit on the toilet, feet flat and lean forwards.

Drink 6-8 glasses of fluid per day; limit your caffeinated drinks to 3 per day. Ensure your fibre intake is 30g per day.

If constipation is a problem, Lactulose, which you can buy from the chemist, or another stool softener should be used.

Pain should be relieved with Panadol® or Panadeine®. Remember - if you take Panadeine®, this increases the risk of constipation, so ensure you have an adequate intake of fibre and fluids.

Contact your GP or Emergency Department if you experience any of the following:

- pain not relieved by painkillers
- burning or difficulty passing urine
- increased vaginal bleeding or passing clots
- smelly or offensive vaginal discharge
- fever or feeling unwell

Your doctor will be happy to discuss any concerns that you may have regarding this operation.

I have read this information leaflet and understand its contents.

Signed: _____

Name: _____

Date: _____

PLEASE BRING THIS DOCUMENT WITH YOU AT THE TIME OF ADMISSION FOR YOUR OPERATION

*It is important to check with your insurance company, re driving your car as each company has different policies on driving and surgery.