Central Manchester University Hospitals NHS
NHS Foundation Trust

Saint Mary's Hospital
The Warrell Unit

An operation for stress incontinence – Tension-free Vaginal Tape (TVT)

Information for Patients

INVESTORS IN PEOPLE
POSITIVE ABOUT DISABLED PEOPLE

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.

Why am I being offered a TVT?

Most often exercise 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.

You may also be offered surgery at the same time for other conditions such as prolapse. The doctor will discuss this with you.

What is Tension-free Vaginal Tape (TVT)?

TVT is surgical treatment for stress urinary incontinence (SUI). SUI 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.

The TVT is a mesh tape that provides support underneath the urethra, helping it to stay closed during physical exertion but leaving it open when you need to pass urine.

What are the benefits and how long will it work for?

85-90% of women are substantially improved. This means you may get back to physical activity – running, dancing, gym and resume sexual relations (if hindered beforehand).

What are the alternative treatments?

Other treatments for stress incontinence include periurethral bulking injections, colposuspension or the fascial sling procedure.

What will happen before the operation?

Here are some tests that you may have before your operation:

EPAQ questionnaire: You will be asked to complete a questionnaire about your bladder, vagina and bowel symptoms as part of your assessment as well as 6 months after surgery for stress incontinence. This is done on a computer and can be completed at home or in the clinic.

Urodynamics: This test is carried out before surgery for stress incontinence. This is a more advanced test to find out the cause of your bladder problems and to see how well your bladder empties. It involves filling your bladder with water via a thin tube in your bladder. The tube is removed as soon as the test is over.

Pre-op: You will be invited for a pre-operative check up by a nurse and you may need some other tests depending on your general health. They will also advise you on what type of pain relief you might need for your return home from hospital.

How is the operation performed?

You will be admitted to hospital on the morning of your operation and after completing some paperwork with your nurse you will be taken to theatre. You will be given a general or spinal anaesthetic.

The tape is attached to 2 needles and inserted through the vaginal wall either side of the urethra. The needles leave the body just above the pubic bone and are cut away, leaving the tape inside. You will have 2 small wounds (1cm each) and 2 stitches that will dissolve.

The vaginal skin is closed over the tape with more dissolving stitches. You will then return to the ward to recover.

Most women do not have a catheter left in after the operation.

What will happen after the operation?

Your nurse will monitor you closely afterwards, checking your blood pressure, pulse and any vaginal bleeding regularly.

If you have not passed urine for 4 hours you will be asked to try. Any fluid you drink or pass out will be measured and recorded on a chart. When you are passing urine with ease you will be allowed to go home, this is usually the same day.

If you have difficulty passing urine your nurse may need to pass a catheter to empty your bladder. This may be left in for a day or two. You may still be allowed to go home with the catheter.

There will be slight vaginal bleeding, like the end of a period, after the operation. This may last for a few weeks. Do not use tampons for 6 weeks following surgery.

What happens after I get home?

Full recovery usually takes about 2–6 weeks. During this time you should slowly build up the amount of activity you do.

You should not drive for at least 48 hours and then only when you can comfortably make an emergency stop. You should refrain from sexual activity for 4-6 weeks and swimming for 2-4 weeks. You will be seen in clinic again after 6 months.

What are the risks of surgery for stress urinary incontinence?

General Risks of Surgery

Anaesthetic risk: This is very small unless you have specific medical problems. This will be discussed with you.

Haemorrhage: There is a risk of bleeding with any operation. The risk from blood loss is reduced by knowing your blood group beforehand and then having blood available to give you if needed. It is rare that we have to transfuse patients after their operation.

Infection: There is a risk of infection at any of the wound sites. A significant infection is rare. The risk of infection is reduced by our policy of routinely giving antibiotics with major surgery. Urine infections are relatively common in patients having surgery for incontinence.

Deep Vein Thrombosis (DVT): This is a clot in the deep veins of the leg. The overall risk is at most 4-5%, although the majority of these are without symptoms. Occasionally this clot can migrate to the lungs which can be very serious and in rare circumstances it can be fatal (less than 1% of those who get a clot). The risk is significantly reduced by using special stockings and injections to thin the blood (heparin).

Risks of continence surgery

Failure: 10% of women do not gain benefit from the operation, although further surgery can be performed.

Voiding difficulty: Approximately 10% of women will have some difficulty in emptying their bladder in the short term and if this happens, we may send you home with a catheter for up to a week. If you still have difficulty emptying your bladder after 10 days (less than 3%), then the options will be either learning how to catheterise yourself (you may need to do that few times

a day after passing urine, to get rid of any urine left behind in your bladder), or going back to theatre to have the tape cut.

Bladder overactivity: (Less than 10%): Any operation around the bladder has the potential for making the bladder overactive, leading to symptoms such as urgency (needing to rush to the toilet) and frequency (needing to visit the toilet more often than normal).

Are there any other risks of the TVT procedure?

Tape exposure and extrusion (1%): The vaginal area over the tape may not heal properly or may get infected and therefore part of the tape may need to be cut away (excised). This may result in a return to theatre and may result in the operation being ineffective. Alternatively an attempt to re-cover the tape can be made. Very rarely the tape might erode into the urethra (urine pipe) or the bladder which would require a further operation. The risk of exposure is increased by smoking and early resumption of intercourse.

Post-operative pain lasting (more than 6 months) or pain on intercourse: This may arise from scar tissue in the vagina as a result of the incision. It is unusual (less than 1.5%) but unpredictable.

Visceral trauma: During the sub-urethral sling operations the needle used may damage an abdominal organ such as the bladder, bowel or urethra (urine pipe). If the bladder is injured, the tape will be removed and repositioned. You will then need a catheter for 24 hours. There are no long term problems from this complication. Bowel injury is a very rare (less than 5 per 1000 cases) but serious complication necessitating abdominal surgery to repair the damaged organ.

If you go home with a catheter

Arrangements will be made for you to return to the Warrell Unit for the catheter to be removed the following week. Your bladder emptying can then be re-assessed.

On occasion some women may need to learn how to put a catheter in and out to empty their bladder.

General advice

1. Try to drink 1½-2 litres (3-4 pints) of fluid each day – mostly plain water.
2. Avoid things that may irritate your bladder, such as tea, coffee, fizzy drinks, alcohol, very acidic juices, chocolate, tomatoes.
3. Keep you bowels regular by eating plenty fruit and vegetables, wholemeal bread and cereals. Constipation can affect your bladder emptying.
4. See your GP for medicine to help your bowels if you do become constipated.

What questions should I ask my surgeon?

- 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 associated side-effects and what are the pros and cons of alternative procedures?
- What sexual problems may be encountered with 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?

Other sources of information

Bladder and bowel foundation:

www.bladderandbowelfoundation.org/bladder/bladder-treatments.asp

British society of urogynaecology:

www.bsug.org.uk/patient-information.php

NHS choices:

www.nhs.uk/conditions/Incontinence-urinary/Pages/Introduction.aspx

If you experience any difficulties/problems, please ring:

Out-patient nurse answerphone: (0161) 276 6911

For urgent out of hours enquires:

Emergency Gynaecology Unit: (0161) 274 6204
(24 hours, 7 days)

Violence, Aggression and Harassment Control Policy

We are committed to the well-being and safety of our patients and of our staff. Please treat other patients and staff with the courtesy and respect that you expect to receive. Verbal abuse, harassment and physical violence are unacceptable and will lead to prosecutions.

Suggestions, Concerns and Complaints

If you would like to provide feedback you can:

- Ask to speak to the ward or department manager.
- Write to us: Patient Advice and Liaison Services, 1st Floor, Cobbett House, Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL
- Log onto the NHS Choices website www.nhs.uk - click on 'Comments'.

If you would like to discuss a concern or make a complaint:

- Ask to speak to the ward or department manager – they may be able to help straight away.
- Contact our Patient Advice and Liaison Service (PALS) – Tel: 0161 276 8686 e-mail: pals@cmft.nhs.uk. Ask for our information leaflet.

We welcome your feedback so we can continue to improve our services.

Please use this space to write down any questions or concerns you may have.

No Smoking Policy

The NHS has a responsibility for the nation's health.

Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted within any of our hospital buildings or grounds.

The Manchester Stop Smoking Service can be contacted on Tel: (0161) 205 5998 (www.stopsmokingmanchester.co.uk).

Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. Should you require an interpreter ask a member of staff to arrange it for you.

تنص سياستنا على عدم السماح لافراد عائلة المرضى او اقاربهم او اصدقائهم بالترجمة لهم. اذا احتجت الى مترجم فيرجى ان تطلب ذلك من احد العاملين ليرتب لك ذلك.

ہماری یہ پالیسی ہے کہ خاندان ، رشتہ دار اور دوست مریضوں کےلئے ترجمہ نہیں کرسکتے۔ اگرآپ کومترجم کی ضرورت ہےتو عملے کےکسی رُکن سے کہیں کہ وہ آپ کےلئے اس کا بندوبست کردے۔

ইহা আমাদের নীতি যে, একজন রোগীর জন্য তার পরিবারের সদস্য, আত্মীয় বা কোন বন্ধু অনুবাদক হতে পারবেন না। আপনার একজন অনুবাদকের প্রয়োজন হলে তা একজন কর্মচারীকে জানান অনুবাদকের ব্যবস্থা করার জন্য।

Nasze zasady nie pozwalają na korzystanie z pomocy członków rodzin pacjentów, ich przyjaciół lub ich krewnych jako tłumaczy. Jeśli potrzebują Państwo tłumacza, prosimy o kontakt z członkiem personelu, który zorganizuje go dla Państwa.

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我们的方针是，家属，亲戚和朋友不能为病人做口译。如果您需要口译员， 请叫员工给您安排。

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