

# Tension-free Vaginal Tape (TVT) operation

## Introduction

This leaflet is for women who are thinking about having the Tension-free Vaginal Tape (TVT) operation. It describes some of the benefits and risks of this operation as well as what to expect during your recovery.

Please ask your nurse or doctor if there is anything about the TVT surgery that you are not sure about.

## What is TVT surgery and why is it sometimes necessary?

- During the TVT operation a thin plastic tape is positioned under the bladder sphincter (valve) like a sling or hammock to give it extra support.
- The TVT is used to treat women with a weakness in the valve that causes 'stress incontinence'. Women with this problem will leak urine when a stress, such as coughing, sneezing or exercise, is put on the weak valve.
- The tape is made of a plastic mesh. This is the same mesh used for other types of surgery (prolapse and hernia surgery). The TVT tape is **much smaller** than the other types of mesh
- 85%-95% of women with stress incontinence are dry or very happy after the TVT operation.
- The TVT is **not** designed to treat **urge incontinence** (urge urinary leakage). Urge incontinence occurs with a strong urge to pass urine rather than with coughing or sneezing. **Urge incontinence is treated in a different way to stress incontinence.**
- The TVT operation is **not** an operation for prolapse of the bladder.

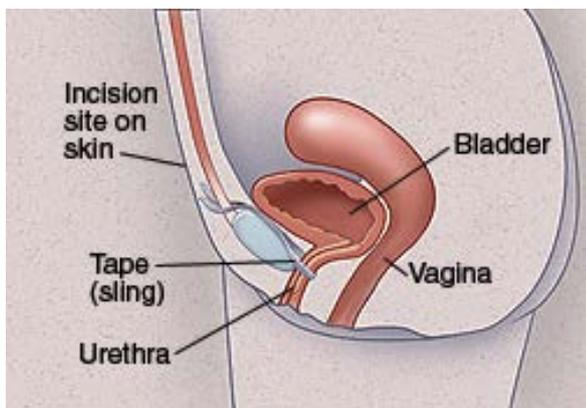
## What are the alternatives to the TVT?

- Before deciding on a TVT we advise you to try pelvic floor exercises (PFE) under the care of a specialist nurse or physiotherapist. Six out of 10 women are dry or notice a big improvement after PFE.
- Some women have bulking substances that are injected close to the bladder valve instead of the TVT. These produce good results but need to be repeated every 2 to 3 years. If you are interested in this operation, please ask your doctor for more information.

- The traditional operation for stress incontinence is the colposuspension. This has a similar success rate to the TVT but is a much bigger operation, with a longer recovery time. Because of this, the colposuspension is not commonly done.

### What does a TVT operation involve?

- The operation is usually performed under a general anaesthetic (you are asleep).
- The TVT takes 20 to 40 minutes.
- A small incision (cut) is made in the vagina under the urethra (the natural bladder opening).
- The plastic tape passes under the bladder valve towards two small cuts in the pubic area.
- The cuts are closed with dissolvable stitches.
- A cystoscope (bladder camera) is used to check the bladder.



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### Will I have a catheter (tube that empties the bladder)?

This will depend on what your surgeon finds and how the operation goes.

- You might not need a catheter.
- You may have a **temporary** catheter that comes out through your lower abdomen (tummy) called a **suprapubic catheter**. This will empty your bladder until you can pass urine normally.
- You may have a **temporary** catheter from where you normally pass urine (urethra).
- You may be taught to self catheterize with a small plastic tube for a **few days** after your operation.

### What else should I expect after a TVT?

- When you wake up, your suprapubic catheter (if you have one) will be clamped allowing you to pass urine normally. When you can pass urine normally three times, your suprapubic catheter will be removed and you can then go home.
- You should expect to go home on the day of your operation or the day after.

## What are the possible risks or complications of the TVT operation?

- Pain – pain / discomfort is normal even after minor operations. Simple painkillers, such as Paracetamol and Ibuprofen should help this. It is extremely rare for the pain to continue for months / years after the TVT operation.
- Failure – unfortunately, no operation to cure incontinence is perfect, 5%-15% of TVTs will fail, meaning that 85%-95% of TVTs are successful.
- Unable to empty the bladder – A small number of women will not pass urine naturally for the **first few days or weeks**. They go home with the catheter until they are able to do so or will be taught to use a small tube (catheter) to empty their bladders 2-3 times per day (intermittent self-catheterisation). Intermittent self-catheterisation is **usually done for a few days/weeks**.
- Long term self catheterisation – less than 1 in 100 women will never be able to pass urine naturally after a TVT. These women will have to practice on going intermittent self-catheterisation.
- Infection – there is a small risk of infection (1-5 in 100 women) which is usually a bladder or wound infection. We give you antibiotics during the operation to reduce this risk. Please see your GP if you experience a fever, increasing pain, or a smelly discharge after a TVT - these can be signs of an infection.
- Urge incontinence (urge urinary leakage) – although stress leakage is likely to improve after the TVT, 5 in 100 women will have new or worse urge incontinence.
- Injury – it is very rare to have an injury to the bowel during a TVT operation (less than 1 in 100 women). It is slightly more common to injure the bladder (5 in 100 women). Most bladder injuries heal naturally.
- Bleeding / bruising – less than 1 in 100 women will have severe internal bleeding after a TVT.
- Tape exposure – less than 5 in 100 women may feel that a small part of the tape is no longer covered by the vaginal skin. Although the tape cannot be seen, it may be felt during sex or cause irritation and a vaginal discharge. If this occurs the tape can usually be put back in place with a short operation.
- Long term pain – this is **rare** with the TVT operation. This problem is much more common with a **different** operation (for prolapse), that uses a different size and shape of mesh. The TVT mesh operation **should not be confused** with the prolapse mesh operation.

## What will happen after I leave hospital?

You will need an adult to stay with you for the first 24 hours after a general anaesthetic.

### Wound care

- Your stitches will dissolve after a few weeks.
- Non-smelly vaginal discharge is normal for a few weeks after the TVT.

- If possible shower or kneel in a shallow bath for the first 4 weeks after your TVT. Soaking in a bath is not good for your stitches.

#### Activity and exercise

- Avoid heavy lifting, straining, exercise and driving until 6 weeks after the TVT operation to maximise the chances of success.
- Avoid sex until 6 weeks after your TVT.
- If you feel comfortable, you can go back to work after 2 weeks as long as your job does not involve heavy lifting, straining, exercise or driving. The nurses will give you a short-term sick certificate before leaving hospital. Your GP will give you a longer term certificate, if necessary.

#### Hospital follow-up appointment

- You will be given a follow up appointment 6-10 weeks after your TVT operation.

#### Contact information

If you have any concerns in the first 24 hours after leaving hospital, please call the Emergency Gynaecology Clinic on Sonning Ward – telephone: 0118 322 7181.

If you have any concerns after 24 hours, please contact your General Practitioner (GP).

#### More information

- NHS Choices website: [www.nhs.uk/Conditions/Incontinence-urinary/Pages/Treatment-surgical.aspx](http://www.nhs.uk/Conditions/Incontinence-urinary/Pages/Treatment-surgical.aspx)
- British Society of Urogynaecology (BSUG) website: <http://bsug.org.uk/userfiles/file/TVT%20BSUG%20F2.pdf>
- Continence Foundation website: [www.continence-foundation.org.uk](http://www.continence-foundation.org.uk)
- For more information about the Trust, visit our website at [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

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