

- The tape is then adjusted to get the correct position, without tension.
- A fine telescope is introduced into the bladder to be absolutely sure that there is no bladder injury.
- The needles are removed and the three small cuts are stitched up, the one in the vagina with a dissolvable stitch.
- A catheter (drainage tube) will be put in your bladder via the urethra to drain the urine.

Following your operation

- When recovered you will return to the ward.
- You will have a drip (intravenous infusion) in your arm, until you are drinking well.
- You will be prescribed painkillers, please do not hesitate to ask for them.
- Your catheter will be removed and you will be allowed home the same day or the next day after you have passed urine several times normally.
- A very small number of women may have problems passing urine. If this happens the Continence Nurse Specialist will advise on further management. This problem usually resolves within two weeks or less, but may persist for longer. Your surgeon or member of their team will see you before you go home.

General advice

- Do drink 1-1 ½ litres of fluid a day.

- Do eat a good mixed diet with fibre – plenty of fresh vegetables and fruit.
- Do continue with the pelvic floor exercises.
- Do look after your bowels, don't get constipated or strain with bowel motions.
- Avoid lifting anything heavier than a full kettle for a week.
- You can resume normal activities after 1-2 weeks, sexual activities or sport within 4-6 weeks following the operation.

What are the risks of this type of surgery?

Generally there are very few risks, but they can include bleeding, infection, injury to bladder, urethra and bowels when the needles are passed (one in 100), failure of procedure, tape erosion, urinary retention (five in 100) and overactive bladder.

Please speak to your surgeon before your operation if you are concerned about the risks. **Any further questions**, contact the Continence Nurse Specialist on 020 7288 5244 Monday- Friday 9.00-5.00 or Betty Mansell Ward 0207 288 5533

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Tension free vaginal tape (TVT)

A patient's guide



.... caring for you 

This information is about a treatment for stress incontinence, known as Tension free Vaginal Tape (TVT). It explains what is involved, what risks there may be and possible alternative treatments.

What is stress incontinence?

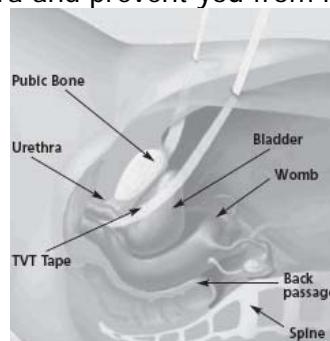
This is leaking of urine caused by the increase of pressure on the bladder when you laugh, cough, sneeze or move around.

What causes stress incontinence?

The main cause of the problem is weak pelvic floor muscles, often resulting from damage during pregnancy or childbirth. This may be made worse by the menopause, a chronic cough or regular heavy physical activity.

What is TVT (Tension free Vaginal Tape)

This is a technique that works by supporting the middle of the urethra (the tube from your bladder) with a tape, so that when you cough or sneeze it helps to close the urethra and prevent you from leaking.



The tape is tension free - it does not lift up any tissue. It is usually inserted under general anaesthetic and sometimes under a local anaesthetic technique which will be discussed with you by the anaesthetist"

Other treatments

There are non surgical therapies available, please discuss them with the continence nurse specialist if you haven't already tried them. They include pelvic floor exercises, sometimes used in conjunction with:

- Vaginal cones
- Electrical stimulations
- Biofeedback

What are the benefits of TVT?

For 89-90 per cent of women the TVT stops leaking that may occur with 'a cough'.

What preparation is needed?

You must attend a medical check-up with the nurse a few weeks before your operation to make sure you are fit enough. This may include some or all of the following:

- A blood test, x-ray, blood pressure check or urine test.
- The nurse will ask you about your medical history, and whether you have diabetes or take warfarin or aspirin. You should tell the nurse if you have allergies.

- Please bring in any medications that you are currently taking in their containers.

On the day of your operation

You must not eat anything for six hours before your operation but you may continue to drink clear water until two hours before. You should come to the main admissions reception on the day and time agreed in your admission letter. You will then be directed to your ward.

Your surgeon and anaesthetist will see you and go over the operation and anaesthetic with you. Please do not hesitate to ask any questions that you may have. You will be asked to sign a consent form to confirm that you understand the procedure and agree to go ahead with the operation.

What does the operation involve?

- The operation takes about 30 – 45 minutes and is usually done under general anaesthetic or a spinal anaesthetic (epidural).
- A small cut (1-2 cms) is made in the vagina and two small cuts (0.5 cms) on the tummy at the bikini line.
- The tape, which is attached to two needles, is passed under the middle of the urethra and up through the abdomen appearing out of the two holes on the skins.