



TENSION-FREE VAGINAL TAPING (TVT)

PROCEDURE

What is a TVT?

TVT is an operation that is performed for Urinary Incontinence, a condition when you leak urine with activities such as coughing or sneezing. It works by placing a tape that supports the middle of the urethra (tube from bladder from which urine comes out). This procedure involves two small incisions (cuts) in the lower abdomen and another in the vagina just below your urethra.

TVT-O is a similar procedure in which your surgeon will insert a supportive sling under your urethra to stop urine leakage. This supportive sling is inserted through small incisions in the vaginal area.

What happens during the operation?

This operation can either be performed under a general anesthetic (you are asleep) or with a spinal anesthetic which is like an epidural. The operation will take about 30 minutes and you will wake up in the recovery room. Studies have shown that these procedures have a success rate of around 90%.

What are the risks?

As with all surgery there is a risk of some complications. These are rare, but you should be aware of them before your operation. They include,

- Problems with passing urine
 - Retention of urine (unable to pass urine) - this is usually temporary and will settle when the swelling goes down, you may require a catheter for a short period of time
 - Passing urine frequently (urgency)
 - Other problems with passing urine
- Infection
- Bruising inside (hematoma)
- Bleeding during the operation
- Injury to your urethra or nearby organs
- Migration of the mesh tape into the bladder, vagina or urethra
- Anaesthetic complications

DISCHARGE INSTRUCTIONS

Activity

- Go home after leaving the hospital and rest for the day.
- Have someone stay with you for the first 24 hours after your discharge.
- As you feel stronger, increase your activity.
- You may use the stairs.
- No heavy lifting (over 10 lbs) or strenuous exercise (cycling, jogging, skiing) for 6 weeks or until you have seen your surgeon.
- No intercourse or tampons for 6 weeks.
- No driving until you are pain free and are no longer taking the narcotic medication for pain. You must be able to firmly step on the brake without pain.
- You may return to work in 2 to 3 weeks if you are feeling well and have a low-activity job. If you have to lift heavy objects at work (over 15 lbs), then you may return to work in 6 to 8 weeks, according to your surgeon's instructions at your post-op visit.

Fluids and Diet

- You can eat or drink whatever you like.
- Drink plenty of fluids - 6 to 8 glasses of water a day.
- You may feel nauseated or sick to your stomach. Light foods like toast, soup, and crackers may feel better in your stomach. Try to keep drinking fluids.
- If your stomach is very upset or you are vomiting, you may ask your Pharmacist for medication to help. If it continues contact your surgeon's office. If you cannot tolerate drinking fluids go to your nearest Emergency.

Discomfort and Pain

- For the first few days after your operation, you may feel discomfort or pain. Take the medication for pain as ordered. As your pain gets less, you may only want to take over-the-counter medication like acetaminophen or ibuprofen.
- You may feel some discomfort or pain when passing your water. The discomfort or pain should get less and less and go away gradually.

Care of Your Incisions

- It will vary depending on the exact type of procedure you have had, but you may find small incisions in your lower abdomen and vaginal area. These incisions may or may not have sutures. If they do they will dissolve on their own.
- Your incisions may or may not be covered with small bandages. They can be removed in 24 to 48 hours.
- Your incisions can then be left uncovered or open to the air.

Vaginal Bleeding

- You may have vaginal bleeding for 1 to 3 days. It should be no worse than a menstrual period. The amount of vaginal bleeding should get less and less each day and may last up to a couple of weeks.

Showering and Bathing

- You may shower 24 hours after your procedure.
- Remove the bandages from your incisions before showering.
- Do not rub or scrub your incisions. Let the water and soap run over your incisions and gently pat dry.
- You may take a bath when your incisions are well healed.

Care of Your Catheter

- If you have a catheter, a community nurse will visit you at home. The nurse will help you take care of your catheter. The nurse will remove your catheter as instructed by your doctor.

Follow-Up Care

- You will see your Gynaecologist in the clinic in 6 weeks

When to call for help

If you notice any of these signs call your surgeon's office.

If you are calling after hours, call the London Health Sciences Centre at 519-685-8500, press "0" and ask the hospital operator to "page" the Gynaecology doctor who is on-call.

- Vomiting lasting longer than 4 hours
- Trouble passing your water or emptying your bladder
- Your pain is getting worse
- Pain when passing your water or emptying your bladder that lasts longer than 24 hours
- Vaginal bleeding that is increasing or getting heavier
- Vaginal bleeding that is prolonged or persistent
- Blood in your urine
- Chills or a fever with a temperature over 38.0°C (100.4°F)
- Red, hard, warm, swollen or painful areas around your incisions
- White, yellow, or green fluid coming from your incisions. The fluid may have a foul smelling odor
- Foul smelling vaginal discharge

If you need immediate medical attention, go to the Emergency Department of the hospital closest to you.