

TENSION-FREE VAGINAL TAPE OBTURATOR (TVTO) Patient Information

This information leaflet has been developed to help your understanding of what is involved with a tension free vaginal tape obturator (TVTO)

What is Stress Urinary Incontinence (SUI)?

Stress urinary incontinence is a condition in which you leak urine on exertion with activities such as coughing, sneezing, jumping, running or exercising.

What is a TVTO

TVTO is an operation that is performed under regional or general anaesthetic for treatment of SUI.

It works by placing a prolene mesh tape (through a small incision (cut) in the anterior vaginal wall) that supports the middle of urethra (tube from bladder from which urine comes out) and exits through two skin incisions (cuts) in the groin.



The pre-operative visit:

Before your visit, we will invite you to a pre-operative clinic where you will be assessed for surgery. You will be seen by a member of the nursing staff who will ask questions about your previous medical history and will arrange for some tests i.e. blood test. You may also have a chest x-ray. You will also be informed about any medication you need to stop taking before your operation.

What happens before the operation?

If your operation is in the morning, you must have nothing to eat or drink after midnight. If you are having your operation in the afternoon, you may have a light breakfast and a drink no later than 6am. The breakfast can consist of cereal and toast; you must not have a large cooked meal as this could affect you during the operation.

You need to have a bath or shower before you come into the hospital. Please leave any jewellery at home. If you are unable to remove any piece of jewellery, a protective tape will be placed over it.

When you arrive on the ward, the nurse will check your details and will show you to your bed and help you to change into a gown and give you an identity wristband. If you are wearing any nail varnish or make up you will be asked to remove this. We will take some basic tests such as pulse, temperature, blood pressure and a urine sample.

You will also need to remove contact lenses, glasses and false teeth.

Please bring into hospital any tablets or medicines you may be taking.

Visit by the surgical team:

A doctor will come and see you and explain the proposed operation to you. If you have not already signed a consent form in the clinic, we will ask you to sign one which gives us permission to perform the operation. If you have any questions, please ask.

Visit by the anaesthetic team:

An anaesthetist will discuss the anaesthetic options and risks associated with you.

Please inform the anaesthetist of any allergies, chest problems, dental treatment and any previous anaesthetics, and any anaesthetic problems in the family.

How long does the operation take?

The operation usually takes about thirty minutes. However, you will stay in recovery for monitoring after the operation.

What happens after the operation?

After the operation you will be taken to the recovery room. You may find you have a mask supplying oxygen and a narrow tube inserted into a vein on the back of your to replace lost fluids. Once you are awake and breathing we will take you back to the ward.

You will be encouraged to pass urine and an ultrasound scan will be performed or catheter inserted to check that you are emptying your bladder adequately

Will I be in pain after the operation?

You may have some pain during the first 48 hours after surgery and mild pain for the first few weeks. The pain can seem more than expected as you will not have a big cut on your skin.

The pain is easily controlled by medication which will be given to you when you are discharged from the hospital.

What are the risks associated with this procedure?

Complications are rare and include:

- Haemorrhage (excessive bleeding)
- Infection
- 1 in 100 risk of bladder/urethral injury. If this occurs you will have a catheter inserted via the urethra. This will be left in for 48 hours. We may send you home with the catheter and make an appointment for you to come to the ward to have the catheter removed after a few days.
- 5 in 100 risk of experiencing difficulty emptying bladder. If this occurs you will be sent home with a catheter and an appointment will be made for you to come back to the ward for catheter removal after 3-7 days.
- 5-8 in 100 of women develop the urge to pass urine frequently after the procedure (urgency).
- If you have pre-existing urgency or urge incontinence, this could get worse.
- 6 in 100 women develop urinary tract infections after the procedure and this can be treated with antibiotics.

If you develop difficulty in passing urine, or severe urgency that does not respond to drug therapy, the tape may need to be divided.

Failure of the procedure occurs in less than 10 in 100 women

If the stress incontinence persists despite the operation, you would need to be investigated again with urodynamic studies.

Other rare complications including tape erosion, bowel and vessel injury occur in less than 2 in 100

When can I eat and drink again?

When you are wake enough, the nurse will give you something to eat and drink before you leave the ward. The anaesthetic may make you feel sick.

How long will I be in the hospital?

You will be able to go home after you pass urine. You should have eaten before you go and had a walk in the department. You must arrange for an adult to take you home in a private car or taxi. You will not be able to travel on a public transport, as it will be too painful and uncomfortable.

If you have had additional surgery, you may need to stay in for few more days depending on type of surgery and your recovery.

What are the benefits of this treatment?

Published medical papers show that between 86 and 90% of patients remain cured of their SUI at a three year follow-up.

The benefits of this treatment are:

- That you will have little post operative pain.
- You will recover quickly.
- You will be able to return to normal activities and work soon after.

TVTO can be combined with some types of prolapse surgery in which case the recovery may be longer.

Are there any alternatives to TVTO?

Pelvic floor exercises are usually the first step in managing mild symptoms of SUI. They can also be effective in preventing incontinence from worsening. The exercises have to be performed daily and a cure rate of up to 70% may be expected in mild SUI. If exercises do not work or cannot be done, surgery will be the next option.

Conventional major surgery (colposuspension) may achieve a similar success rate, but there is usually a four to six day stay in hospital and you will need to take six weeks off work.

To inject a bulking agent around the bladder neck. This is to prevent it opening too early. This procedure may be 65% successful at first, but can become less effective (20%) with time and you may have to have the procedure repeated in nine months to one year. This should be considered if your family is not complete.

When can I resume intercourse?

We would advise that you wait for at least 4 weeks after surgery before resuming sexual intercourse to allow time for internal healing.

How will the operation affect my sex life?

In the long term there is no evidence that the operation will make any difference to your sex life. However if you previously leaked urine during intercourse, the operation often makes this better.

When can I drive?

Provided you are comfortable sitting in a car, and can perform an emergency stop without pain or discomfort, it is safe to drive. We recommend short distances initially, gradually building up to longer journeys. We strongly advise that you check with your Insurance Company regarding any restrictions.

Activities to avoid:

- Do not douche your vagina or use tampons until your review back in the clinic.
- Avoid heavy lifting and sport for 6 weeks to allow the wounds to heal.
- Drink lots of fluids and eat fresh fruit and vegetables to avoid constipation and straining to open your bowels
- Any constant cough is to be treated promptly. Please see your GP as soon as possible.

When can I resume work?

Usually within 2 weeks.

When will I be seen again?

You will be seen in the outpatients 12 weeks after your surgery.

What if I have problems after discharge?

If you are unable to pass urine after discharge or have severe vaginal bleeding, abdominal distension or pain you must, in the first instance, contact Ward M1 at the Royal Bolton Hospital on 01204 390718 immediately for advice.

Contact your GP if you have other problems such as:

- Foul smelling discharge from the wound
- High fever
- Pain when passing urine or blood in the urine
- Difficulty opening your bowels
- Pain or swelling of the legs