TENSION-FREE VAGINAL TAPE (TVT)
TRANSOBTURATOR TAPE (TOT)

This information leaflet has been developed to help your understanding of what is involved with a TVT/TOT. It is intended to be a guide and is not expected to cover every possible detail.

What is Stress Urinary Incontinence (SUI)?
Stress urinary incontinence is a condition in which you leak urine on exertion eg. when you cough, sneeze, jump, run or perform exercises.

What is a TVT/TOT?
TVT is an operation that is performed for SUI. It works by placing a tape that supports the middle of urethra (tube from bladder from which urine comes out). From your point of view the TVT differs from a TOT in that the two skin cuts for the TVT are in the pubic hair area whereas the TOT cuts are in the groin. There are no major differences in outcome, but the doctor may prefer one technique over the other.

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 told if you need to stop taking your medications or not on the day of the 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. It 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.

Date of publication: June 2006, reviewed January 2018
Author: Ranee Thakar & Abdul H Sultan

Visit by the surgical team:
A doctor will come and see you and explain the 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:
The anaesthetists who will be giving you your anaesthetic will come and see you. Please tell the anaesthetist about any allergies, chest problems, dental treatment and any previous anaesthetics you have had, and also any anaesthetic problems within 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.

Who gives treatment?
(Consultant Urogynaecologists, Abdul Sultan or Ranee Thakar) and their trainees. After care is provided by the staff at the Orchid Suite.

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 into your vein 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 to check that you are able to empty your bladder.

If you have had a prolapse surgery at the same time, a catheter may be left in the bladder through the abdomen (suprapubic). If you have a suprapubic catheter, the catheter will be clamped the next day and you will be encouraged to pass urine.

The suprapubic catheter will then be released to check that you are emptying your bladder completely before it is removed. If the nurses are happy with the amount of urine passed and the amount left behind in the bladder is satisfactory, the catheter will be removed.

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. This can be controlled by medication which will be given to you when you are discharged from the hospital.

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What are the risks associated with this procedure?
Complications are rare and include:

- Bleeding – Bleeding, sufficient to require a blood transfusion is very rare. Sometimes bleeding can happen where the tape from a TVT passes behind the pelvic bones. This is normally self-limiting and only very rarely needs an operation to fix.

- Difficulty passing urine (voiding difficulty) – Some women have difficulty emptying their bladder following surgery; this is often because of swelling around the urethra or discomfort and will usually settle quickly (within a week). During this time your doctor may recommend a fine tube or catheter be used to drain the bladder. You will be sent home with the tube (catheter) and an appointment will be made for you to come to the ward to have it removed. If your urine stream remains very slow or you cannot empty the bladder well even after the swelling has settled, your care provider will discuss other possibilities, such as cutting or stretching the sling, with you.

- Bladder or urethral perforation – Bladder perforation (2%) occurs most often during a retropubic operation, whilst the urethra is most at risk of damage during a transobturator procedure. Your surgeon will check for damage during the operation by looking inside the bladder and urethra using a special telescope (cystoscope). Removing and correctly relocating the needle to which the sling is attached should resolve the situation. The bladder is normally then drained by a catheter for 24 to 48 hours to allow the hole in the bladder to heal itself. Damage to the urethra is more difficult to deal with, and should be discussed with your surgeon should it occur. Both are relatively rare, and bladder perforation, if it is recognised, does not affect the success of the operation.

- Urinary tract infections – These are not uncommon after any procedure and should respond to antibiotics. Symptoms of a urinary tract infection include burning, stinging, the need to pass urine frequently and in some cases bloody, cloudy or offensive smelling urine. If you notice these symptoms contact your doctor.

- Urgency and urge incontinence - Women who have bad stress incontinence often experience urgency and urge incontinence, the leakage of urine associated with the sensation of urgency. About 50% of women notice an improvement in urgency symptoms but for about 5% the symptoms may worsen following a TVT/TOT procedure.

- Pain – Long term pain following sling surgery is unusual. Studies suggest that after the TVT about 1 in 100 (1%) will develop unexplained vaginal, groin pain. Similar pain in the vagina or at the site of the cuts where the tape is put in can occur in as many as 1 in 10 women after a transobturator approach. In most cases pain is short lived and does not occur for more than 1 to 2 weeks. Rarely pain may

not settle and removal of part or the entire sling is required. Removal of the sling can be difficult and must not be taken lightly.

- Sling exposure – Very occasionally the sling can appear in the wall of the vagina a few weeks, months or years after an operation. Your partner may notice a rough area during intercourse, or you may feel an uncomfortable prickling sensation in the vagina. Occasionally there can be some blood-stained discharge. In this case, you should consult your surgeon who will be able to advise which method of resolving the situation is best. Usually this would involve either re-covering the tape or removing the section of tape that is exposed. The risks of this happening are about 1 in 100 after a TVT or TOT operation.

- Persistent stress incontinence. If the stress incontinence persists despite the operation, you would need to be investigated again with urodynamic studies and other options will be discussed with you

- Other rare complications include bowel and vessel injury, erosion of the tape into the urethra and bladder.

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 and 65% at 17-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.

TVT/TOT can also be combined with prolapse surgery in which case the recovery may be longer.

Are there any alternatives to TVT/TOT?
- 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 must 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 procedure may be 65% successful at first, but can become less effective (20%) with time and you may have to have the procedure repeated. This could be considered if your family is not complete as pregnancy and vaginal delivery may affect the outcome of surgery.

When can I resume intercourse?
We usually advise you to wait for 4 weeks after the operation before having sexual intercourse.

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 till 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. However, if there are ongoing problems contact your GP who will consider an extension of your sick leave.

When will I be seen again?
You will be seen in the gynaecology outpatients by the team who performed your surgery six to ten weeks after the date of the 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 need to attend the Accident and Emergency Department (A and E) immediately.

Contact your GP if you have other problems such as:

- Foul smelling discharge from the wound

Date of publication: June 2006, reviewed January 2018
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- High fever
- Pain when passing urine or blood in the urine
- Difficulty opening your bowels
- Pain or swelling of the legs

You may contact Shirley Oaks Hospital:
By Telephone: 020 8655 5500 is our direct line or
By post: Shirley Oaks Hospital, Poppy Lane, Shirley Oaks Village, Croydon CR9 8AB

Your questions and comments:
If you have a problem when in hospital that the nurses and doctors are unable to resolve, contact the Director of Clinical Services at Shirley Oaks Hospital.

Smoking:
Shirley Oaks Hospital is a no smoking hospital.

Data Protection:
During your visit you will be asked for some personal details. This is kept confidential and used to plan your care. It will only be used by staff who need to see it because they are involved in your care and we may send details to your GP.

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