Tension–free Vaginal Tape (TVT)

South Tyneside Urogynaecology Service

Providing a range of NHS services in Gateshead, South Tyneside and Sunderland.
This leaflet is for women who are thinking about undergoing 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.

What is TVT surgery and why is it sometimes necessary?
During the TVT operation a mesh tape is positioned under the mid-urethra (water passage) like a sling or hammock to give it extra support. The TVT is used to treat women with a weakness in the support of the bladder outlet. This weakness causes stress incontinence. Women with this problem will leak urine when a stress, such as coughing, sneezing or exercise occurs. 85% - 95% of women with stress incontinence are ‘dry’ or very significantly improved after the TVT operation. The TVT is not designed to treat urge incontinence (leakage of urine before reaching the toilet, associated with an urgent desire to pass urine). Urge Incontinence is treated in a different way to stress incontinence.

What are the alternatives to TVT?

- Before you are offered a TVT, you would have undertaken pelvic floor exercises (PFE) under the care of a specialist nurse or physiotherapist
- Up to 5 out of 10 women may be satisfied with the improvement they notice following PFE and may not seek any further treatment
- In a few selected women bulking substances are injected close to the bladder neck or around the middle of the water passage instead of the TVT. These produce good results but need to be repeated every 6 to 24 months. If you are interested in this operation, please ask your doctor for more information
• The traditional operation for stress incontinence was 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 no longer the operation of choice.

**What does a TVT operation involve?**

• The operation is usually performed under a spinal/ local anaesthetic.
• The TVT takes 20-40 minutes.
• A small incision (cut) is made in the vagina under the urethra (the water passage).
• The mesh tape passes under the mid–urethra towards two small cuts in the pubic area.
• A cystoscope (bladder camera) is used to check that the needle carrying the tape has not injured the bladder.

![Incision site on skin](image)

• Once the tape has been adjusted to the right tension. Excess tape protruding from the cuts in the pubic area is trimmed.
• The cuts are closed with dissolvable stitches.
Will I have a catheter (tube that empties the bladder)?

- That will depend on what your surgeon finds and how the operation goes
- You might not need a catheter
- You may have a temporary catheter. This will empty your bladder until you can pass urine normally

What else should I expect after TVT?

- When you can pass urine normally three times, emptying the bladder reasonably well you can then go home
- You should expect to go home on the day of your operation or the day after
- If you are unable to pass urine normally you will have a catheter inserted (if you do not already have one) until you are able to do so

What are the possible risks or complications?

- **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. However if this does occur this will be managed appropriately
- **Failure** – Unfortunately, no operation to cure incontinence is perfect, 5% -15% of TVTs will fail, meaning that 85%-95% TVTs are successful
- **Inability 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 a catheter until they are able to do so
• **Self catheterisation** - Less than 1 in 100 women will never be able to pass urine naturally after a TVT. These women learn to use a small tube (catheter) to empty their bladder 3-4 times per day (intermittent self-catheterisation)

• **Infection** – There is a small risk of infection (1 to 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 a sign of infection

• **Urge Incontinence (urge urinary leakage)** - Although stress incontinence is likely to improve after the TVT, 5 in 100 women will have a 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 injures 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 vaginal skin. Although the tape cannot be seen, it may be felt during sex or cause irritation or a vaginal discharge. If this occurs the tape can usually be over sewing with vaginal wall
What will happen after I leave hospital?

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

Activity and Exercise
- Avoid heavy lifting and strenuous exercise for up to six weeks after the TVT operation to maximise the chances of success.
- Avoid sex until four weeks after your TVT
- If you feel comfortable, you can go back to work after two weeks as long as your job does not involve heavy lifting, straining or exercise

Hospital follow-up appointment
You will be given a follow up appointment within 12 weeks of your TVT operation.

All patients requiring surgical treatment will be asked for their permission to be entered on the British Society for Urogynaecology (BSUG) database. Consent will be taken to allow us to submit this data.
Further information is available from:
Sister B Bell
Continence Nurse Specialist/UroGynae
0191 404 1000 Ext. 2128

Continence Nurse Specialist
Bladder and Bowel Team
Clarendon
0191 283 4754

Urogynaecology Secretary
0191 2024033

South Tyneside District Hospital
Harton Lane
South Shields
NE34 0PL
Tel. 0191 4041000
www.stft.nhs.uk

We are committed to raising the standard of written information for patients, their carers, people who use the NHS and the general public.

This information can be made available in another format or language on request. For further copies of this leaflet please contact on telephone numbers above.