

Information for Patients

TVT Sling

Synthetic Mesh Midurethral Sling

What is a TVT?

Tension-free vaginal mesh tape (TVT) is an operation to treat stress urinary incontinence. Stress incontinence is leakage of urine that occurs with activities which cause an increase in abdominal pressure such as coughing, sneezing, jumping, lifting, exercising and in some cases walking.

This leakage occurs because the muscles at the bladder neck have lost their supports and strength. As a valve mechanism, the urethra (water pipe) no longer stays closed when extra pressure is put on the bladder.

Stress urinary incontinence is managed initially conservatively (without surgery) with pelvic floor muscle exercises. These may be taught by a Continence Advisor or a Physiotherapist. Your doctor may have given you a handout about pelvic floor muscle exercises. If these are not effective then surgery is the next treatment option.

TVT is one option to manage stress urinary incontinence, using a synthetic mesh sling. It is popular due to its fast recovery time and short hospital stay. Another option is a rectus fascia sling which uses your natural body tissue.

Mesh complications

Mesh slings have been around for more than 25 years and most women have had very successful results. The success rate is about 80%.

Erosion of the mesh into the bladder or urethra may occur in a small number of woman (<1%) sometimes many years after initial surgery. They will require surgery to remove this. This surgery may require going through the abdomen or the vagina.

Erosion of the mesh through the vaginal wall occurs in 2-8% of woman. If this occurs a further day surgery operation to cover or remove the mesh will be necessary.

Pain after the surgery is normal for 2-3 weeks. Uncommonly this pain in the lower abdomen may persist.

Mesh used to treat stress incontinence has a much lower risk of complication than that used to treat prolapse as a smaller piece of mesh is used. If you have concerns, discuss this with your Urologist. Alternatives are available such as making the sling out of a piece of tendon from your abdomen.

What happens before my operation?

The operation and outcomes will be explained to you by your Urologist.

A blood test will need to be performed and a urine sample may need to be taken 4-5 days prior to surgery. If you are over 60, or have other medical problems, you will have an electrocardiogram (ECG) to check the health of your heart prior to surgery.

It is important to avoid constipation. Try to establish and maintain a regular, soft bowel habit leading up to your operation. Identify the foods that can help you maintain a regular bowel habit for your post-op period.

You will be advised when to stop eating and drinking.

What happens on the day of my operation?

You will be advised when to come to hospital: this is usually on the day of surgery.

You should bring all your own medications with you to hospital.

You will be encouraged to commence deep breathing and coughing exercises pre-operatively. This prevents any breathing complications or chest infection occurring following the surgery and anaesthetic.

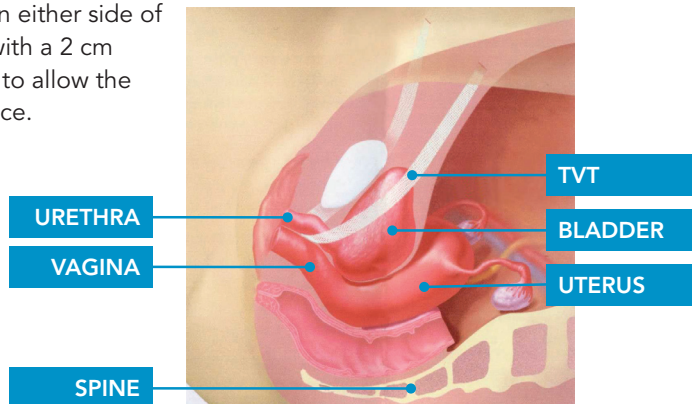
The lower abdomen will be shaved and you will have protective stockings fitted.

This operation is performed under general or spinal anaesthesia. The anaesthetist will discuss this with you prior to the operation. Just prior to surgery you may be given a tablet to help you relax.

What happens during my operation?

This is minimally-invasive surgery requiring three small incisions to insert and position the tape (a sling made from synthetic mesh).

A 1 cm cut is made on either side of the lower abdomen with a 2 cm incision in the vagina to allow the mesh to be put in place.



What to expect after my operation

You will probably be in hospital 1 night following this type of surgery. If your surgery is in the morning you may go home the same day.

When the operation is completed, you will go to the recovery room for a short while where you will be cared for until you are ready to be transferred to your room. When you wake up it is common to feel an urgent desire to pass urine. This is due to the catheter in your bladder.

Pain Control

You will be given oral pain relief to manage your pain.

Wound

The two tiny incisions will be just below your pubic hair line. The stitches are dissolvable and do not need removing.

There is also a 2cm incision inside the vagina. Slight vaginal bleeding is to be expected for the next 2-3 weeks. The stitches in this will also dissolve.

Catheter

You will have a fine tube (catheter) in your bladder via your urethra, draining the urine into a catheter bag. Your nurse will monitor your catheter drainage. This will be removed before you leave the hospital.

It is uncommon to have difficulty passing urine after surgery

If you cannot pass urine, or pass only a small amount or have bladder discomfort, please let your nurse know. The nurse will use an ultra-sound scanner to record the volume of urine retained. This is called residual urine.

If the volume is significant then it might be necessary for you to learn how to pass a catheter into the urethra to empty the bladder.

This is called Intermittent Self Catheterisation (I.S.C.) and can be performed in the privacy of your own bathroom or any toilet. Initially you may have to catheterise each time you need to pass urine but as things return to normal the frequency of your I.S.C. will be reduced.

If needed your nurse will give you a booklet which outlines this technique and will help you in learning I.S.C.. When you feel confident inserting the catheter, you can be discharged home.

If you are unable to do I.S.C. you will be discharged home with an in-dwelling urethral (IDC). Your surgeon will decide when this should be removed.

After discharge

You will receive two follow-up appointments in the post. One with the nurse 4 weeks after the operation and another with your surgeon 6 weeks after the operation.

Heavy lifting, straining, intercourse or strenuous activity should be avoided for 4-6 weeks after surgery. You can gradually return to light activities over 3 weeks then full activities after 4-6 weeks.

Things you can do

- Showering
- Preparing meals
- Walking up and down stairs slowly
- Gentle walking is to be encouraged – it is better to do two short walks in the day rather than one long walk

Things you should not do for 2 weeks include

- Housework except light work at bench height
- Vacuuming
- Carrying supermarket/rubbish bags

Things you should not do for 4 weeks include

- Heavy lifting
- Shifting the furniture
- Lawn mowing or digging the garden
- Weights at the gym
- Carrying supermarket/rubbish bags
- Carrying children/pets

Wait 6 weeks before resuming sexual intercourse.

You can resume driving after 1 week.

You may also feel more tired during your recovery period and perhaps a bit low, but as you start to recover you should find this improves.



Bowels

You may eat and drink normally.

Try to keep your bowel motions soft by using high fibre foods such as kiwifruit, fruit, vegetables, wholemeal bread, nuts and seeds.

Do not become constipated or strain to have a bowel motion.

Use a footstool to help bowel emptying. Discuss this with our nurse if you need further information.



Possible complications

Seek help if you develop

- Flu like symptoms
- A temperature over 38°C
- Discomfort not controlled by pain medication
- Bleeding or difficulty passing urine
- Pain or tenderness in the calf or thigh
- Symptoms of a urinary tract infection such as pain on passing urine, going more often or smelly urine.

Bladder perforation

This can occur during the operation and is usually recognised by your Urologist at the time. You will need to keep a catheter in place for a few more days but there are no long-term effects

Change in bladder emptying habits

- Following surgery you may find that your urinary stream does not start to flow immediately. The stream may be weaker, to one side or tend to stop and start.
- You may also notice that your usual toileting posture changes.
- These problems are not usually permanent and will resolve over time.
- You may have trouble passing urine after your catheter is removed. If this is the case you will be taught how to self-catheterise until you are able to pass urine independently.

1-2% of patients may have ongoing problems with emptying their bladder. When you are seen in clinic after your operation, if there is any problems emptying your bladder then you will be seen again. If these problems persist you may need another operation to divide the mesh sling. This is day case surgery.



urology

associates

Frank Kueppers

Dr. med.
Urologist

Nick Buchan

MB ChB, FRACS
Urologist

Jane MacDonald

MB ChB, FRACS
Urologist

Giovanni Losco

MB ChB, FRACS
Adult & Paediatric
Urologist

Sharon English

MB ChB, FRACS
Urologist

Stephen Mark

MB ChB, FRACS
Adult & Paediatric
Urologist

Kevin Bax

MB ChB, FRACS
Urologist

Peter Davidson

MB ChB, FRACS
Urologist

Louise Rouse

BHB, MBChB, FRACS
Urologist

Urology Associates

Forte Health, 132 Peterborough Street
PO Box 917, Christchurch 8140

P: 03 355 5129

E: reception@urology.co.nz

www.urology.co.nz