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# Uroformation

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## Bladder Repair Surgery

Tension-free vaginal tape (TVT)

*The Uroformation series is a co-operative venture in  
patient centered urological information.*

**urology**  
associates





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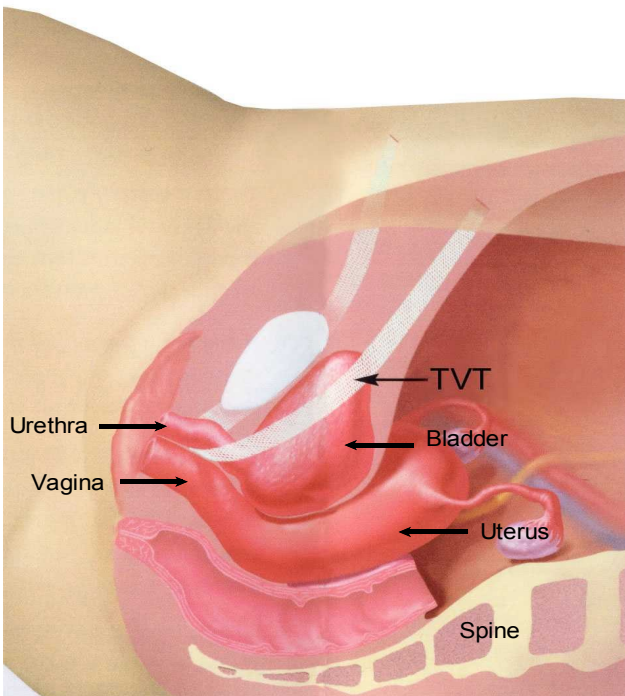
## Intro

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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 (outlet pipe) no longer stays closed when extra pressure is put on the bladder.

This booklet is designed to give you information about the surgery and what you may expect whilst in hospital and following discharge.



Side view: TVT in position, supporting bladder neck

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## Tension free vaginal tape (TVT)

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This is minimally invasive surgery requiring three small incisions to insert and position the tape. A 1cm cut is made on either side of the lower abdomen with a 4cm incision in the vagina to allow the tape to be put in place.

On average, women are in hospital 1 day following this type of surgery.

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## What happens before my operation?

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In the weeks just prior to surgery it is common to come to Urology Associates to see the continence advisor for a pre-op appointment.

You may have a routine blood test and a urine sample taken 1 week prior to your operation. Depending on your age and other medical problems you may also have an electrocardiogram (ECG) to record the electrical activity of your heart.

The operation and possible complications will be explained to you by the doctor. When you feel comfortable that you understand what is to be done and have had all your questions answered you will be asked to sign a consent form.

Try to establish and maintain a regular, soft bowel habit leading up to your operation. Identify the foods that can help you in this area for your post-op period.

It is important to avoid constipation.

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## What happens on the day of my operation?

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You will be advised when to come to hospital and on arrival to the ward the staff will show you to your bed and guide you through what is required prior to your operation.

It is usual to stop eating and drinking at least 6-8 hours prior to surgery. You should bring your own medications with you and the staff will advise you if you need to take them on the day of your operation.

Before the operation you will be given supportive stockings to wear until you leave hospital to minimise the risk of blood clots forming. You may be asked to shave the top few centimetres of your pubic hair as this is where the incision in your abdomen will be.

Whether you have a spinal or general anaesthetic will be decided after discussion with the anaesthetist. This usually occurs during your pre-admission assessment or in the ward pre-operatively. Just prior to surgery you may be given a premedication tablet to relax you.

You will be encouraged to commence deep breathing and coughing exercises to prevent any breathing complications or chest infection occurring following the surgery and anaesthetic.

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## What to expect after my operation?

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When you first wake you will be in the recovery ward. You may feel sleepy and perhaps a little disorientated, but this feeling will pass.

You may eat and drink as desired but initially it is better to start slowly with fluids as the anaesthetic often makes people feel nauseated. There is medication available to control nausea if necessary.

An intravenous line (drip) may be attached to your arm overnight to give you some extra fluids. There will be a light dressing on your lower abdomen over the two small cuts.

### **Catheter**

You will have a catheter (tube) in your bladder via your urethra, draining the urine into a bag. Your catheter will be removed the day after surgery.

After a normal intake of fluid it is usual to pass urine every 3-4 hours. Initially you should not wait longer than this time before trying to empty your bladder. You may find emptying your bladder feels different as it recovers from the surgery and the associated swelling of the surrounding tissues.

Try to relax your abdominal muscles and the muscles underneath your bladder. Take your time and just let the urine flow out. Do not push or strain as this forces the urethra against the TVT sling, closing it off and stopping the flow of urine.

*It is not uncommon to be unable to pass urine afterwards.*

If you cannot pass urine, can pass only a small amount or have bladder discomfort please let your nurse know.

The nurse will use an ultrasound bladder scanner to record the

volume of urine retained. This is called the residual urine. If this 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 Clean Intermittent Catheterisation (C.I.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 C.I.C. will be reduced.

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

If you are unable to do C.I.C, you will be discharged home with an indwelling urethral catheter (I.D.C.). Your surgeon will decide when this should be removed.

## **Pain Control**

While in hospital you will be prescribed Panadol and you should take this regularly to keep any discomfort to a minimum. Stronger medication is available if required.

The day following surgery your drip will be removed and you may eat and drink as usual. You will be encouraged to shower and mobilise around the ward in preparation for going home later that day.

## **Lifting**

Following surgery it is important to avoid any abdominal straining while your surgical repair heals. In particular you should avoid lifting heavy objects.

## **Bowels**

Keeping a regular, soft bowel motion is important. While in hospital you will be prescribed a laxative such as lactulose to help avoid this. Kiwi fruit or "kiwi-crush" are also recommended.

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## After Discharge

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### **Going home**

Many people are able to empty the bladder in the normal way. If self catheterisation is needed you will be given some catheters and lubricant to take home.

If going home with an I.D.C. you will be given a leg bag and 2 night bags. Your nurse will make an appointment for you to come back to Urology Associates to have the I.D.C removed (generally after one to two weeks).

If required, your nurse or continence advisor will arrange further catheter supplies and they can be obtained from The Nurse Maude Association Supply Department.

### **Pain control**

Take regular pain control. Paracetamol (Panadol) is usually effective medication.

The more you do, the worse your abdominal pain will get. Use this as a guide for the amount of activity that you do over the next few weeks. If you are sore, rest. Wound pain sometimes may be worse on one side than the other.

### **Wound care**

Your abdominal cuts and vaginal wound should heal within 7-10 days however the muscle layer beneath your skin will take up to 3 months to heal. The dressing tape can be removed after 7-10 days.

If you notice the cuts become inflamed, there is an increase in pain or it is red, hot or swollen contact Urology Associates for advice.



## **Vaginal discharge**

It is normal to have some vaginal bleeding on and off for a few weeks and then a brown discharge for a few weeks following that. If the bleeding becomes heavy, you pass clots or have a smelly vaginal discharge, contact Urology Associates.

You may also notice the remains of some stitches in your underwear or in the toilet after voiding. Do not be concerned as these are vaginal stitches which have started to dissolve and that is expected.

## **Seek help if you develop**

- Flu like symptoms
- A temperature over 38°C
- Pain or 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.

## **Change in voiding habits**

Following surgery you may find that your urinary stream does not start to flow immediately. The stream may be weaker, or 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.

## **Activity**

Initially when you go home you will not feel like doing very much, so listen to your body and rest. Sitting with your feet up will be the most comfortable position.

## **Things that you can do**

- Showering
- Preparing light 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 that you should not do for 1-2 weeks include**

- Picking up heavy objects off the floor
- Housework except light work at bench height
- Vacuuming
- Carrying supermarket bags / rubbish bags
- Carrying children / pets

## **Things that you should not do for 3 weeks include**

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

## **Driving**

Generally when you feel that you could perform an emergency stop without being concerned about abdominal pain (at about 2 weeks), then you can resume driving.

## **Sexual intercourse**

You can resume sexual intercourse at 6 weeks but some women may need to adopt alternative positions if they experience any discomfort. You can discuss this with your specialist.

## **Returning to work**

Ask your specialist about returning to work. This will vary according to the type of operation performed and whether you have a manual or sedentary occupation.

Usually people are off work for about 1-2 weeks.

## **Pelvic floor exercises**

It is important to recommence pelvic floor exercises once you have recovered from surgery.

If you have any concerns about your technique please contact your continence advisor.

## **Bowels**

You may eat and drink normally. Try to keep your bowel motions soft by using high fibre foods such as kiwi fruit, fruit, vegetables, wholemeal bread, nuts and seeds.

Do not become constipated or strain to have a bowel motion. If you are constipated and conservative measures have not helped take an oral laxative.

Use a footstool to help bowel emptying. Discuss this with your continence advisor if you need further information.

## **Follow up**

The continence advisor will contact you regularly by phone to check on your progress. If you have any concerns you may ring anytime or make a time to be seen in person.

You will also receive an appointment to see your specialist. This is usually about 6 weeks following your surgery.



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This information booklet along with  
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[www.urology.co.nz/info/tvt-sling](http://www.urology.co.nz/info/tvt-sling)