TVT Sling
- Synthetic Mesh Midurethral Sling -

Information for Patients
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 20 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 3 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.

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. You may have a patient-controlled analgesia (PCA) pump: this means you can control your own pain relief.

Wound

Your wound will be just below your pubic hair line. The stitches are dissolvable and do not need removing.

There is also a 3cm 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 not uncommon not to be able to pass urine afterwards.**

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 ultrasound 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 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 (IDC). Your surgeon will decide when this should be removed.

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**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 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 you should not do for 1-2 weeks include

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

Things you should not do for 6 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.

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 our nurse.

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 recognized 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 voiding 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 at this clinic then you will be seen again. If voiding problems persist you may need another operation to divide the mesh sling. This is day case surgery.