

Tension-free vaginal tape - surgery for stress urinary incontinence

Stress urinary incontinence is when you cannot control the flow of your urine. This may happen when you laugh, cough or exercise. If you have urinary incontinence, you may have a weak pelvic muscle that cannot support the urethra in its correct position. The urethra is the tube that carries urine from the bladder. There are 2 types of surgery:

Tension-free vaginal tape surgery, or TVT / TVT-E

In TVT surgery, tape is put through a small incision in your vagina and 2 small incisions above your pubic bone. The tape acts like a sling to support your bladder.

Tension-free vaginal tape-obturator route surgery, or TVT-O

In TVT-O surgery, tape is put through an incision in your vagina and 2 small incisions are made in your groin area, on both sides of your pubic bone. The tape acts like a sling to support your bladder.

How do I prepare for surgery?

During your pre-operative clinic visit you will be given a list of instructions called the “Patient’s Checklist for Surgery.” Check each item as you get ready to come to the hospital. Please arrange for someone to drive you home.

What happens during surgery?

Just before your surgery, in the Same Day Surgery, or SDS, an intravenous tube called an IV will be put into a vein in your arm. The IV is used to give you fluids and medications.

In the operating room, you may have:

- 1) a spinal anesthetic, which means you will be awake during surgery, but you cannot feel pain from the waist down, or
- 2) a general anesthetic which means you will be asleep during surgery, or
- 3) a local anesthetic with sedation.

During the insertion of the tape, damage could happen to the bladder.

To make sure that there is no bladder damage a cystoscopy is done throughout the surgery. A cystoscopy is a special scope with a light on it which lets the surgeon see the bladder.

What happens after surgery?

You will go to the Post Anesthetic Care Unit, or PACU. You will stay there until you are stable and then go to SDS. Once you are able to urinate on your own, you will be able to go home.

The nurse may need to insert a urinary catheter into your bladder to assist in voiding. A urinary catheter is a tube, which drains urine from your bladder.

Bleeding

Will be like a light period or spotting and should gradually decrease. Use sanitary pads to protect your underwear. Do not use tampons for 6 weeks.

Activity

No heavy lifting for about 6 weeks, that is do not lift anything over 5 kg or 10 lbs. If lifting is a concern for you, please talk with your surgeon. Slowly return to your normal activities, as you feel comfortable.

Work

Plan to be off work for 2 to 6 weeks.

Sexual activity

No sexual activity for 6 weeks.

Fluids

You will need to maintain your normal drinking habit. Do not drink extra fluids for the first 48 hours after surgery. You want to prevent the bladder from getting full which puts tension on the tape.

Eating

You can eat your normal diet when you get home.

Follow-up appointment

Your follow-up appointment is about 3 to 6 weeks after surgery. Please phone your surgeon for your follow-up appointment.

When to call the doctor

Call your family doctor or the gynecologist that did your surgery if you notice any of these problems:

Fever	<ul style="list-style-type: none"> Your temperature is 38°C (100°F) or higher.
Vaginal flow	<ul style="list-style-type: none">  You have heavy bleeding – soaking a pad in 1 or 2 hours, or passing large clots (the size of an egg) from your vagina. There is a change in the discharge from your vagina. For example, it increases in amount, has a bad smell or that area is very itchy.
Incision	<ul style="list-style-type: none"> Pain in your incision that does not get better with medication. Your incision is bleeding, draining or coming open. The skin around your incision is red or swollen.
Passing urine	<ul style="list-style-type: none"> You have the urge to pass urine all the time. You have trouble passing urine. You have pain, burning or bleeding when you pass urine.
Abdomen	<ul style="list-style-type: none"> You have trouble passing gas or having a bowel movement. You have pain in your abdomen or feel sick to your stomach.
Other	<ul style="list-style-type: none">  You have pain or tenderness in your leg (thigh or calf) with swelling, redness or warmth.  You have trouble breathing, chest pain or cough up blood.  You have fainting or dizziness for more than a few seconds.

If you have concerns about your gynecology surgery, do not wait for your follow-up appointment. Call your family doctor, the gynecologist that did your surgery, or the gynecologist on-call at 905-521-2100, ext. 76443 and ask to have the gynecologist on-call paged.

If you are unable to reach the doctor, go to an urgent care centre or the nearest emergency department that serves adults.



**Problems marked with this sign are emergencies.
Call 911 or go to the nearest emergency department
that serves adults.**