What is urinary incontinence?
Urinary incontinence is the involuntary leak of urine from the bladder, i.e. a leak of urine when you are trying not to empty your bladder. There are a number of causes for this, some of which can be treated with a surgical operation.

What does this operation involve?
Insertion of mid urethral tape (TVT, TVTO, TOT) is an operation to treat urinary incontinence in women. A narrow nylon mesh (vaginal tape) is placed under the outlet to the bladder (urethra) using a needle. This needle is passed from the vagina to the abdominal wall, leaving 2 small (1cm) scars in the skin of the lower abdomen, usually covered by pubic hair. The mesh is left under no tension, so as not to interfere with the normal emptying of your bladder. When you cough or strain, the tape acts as a floor for the urethra, preventing the leak of urine.

What are the benefits of having this operation?
The purpose of the operation is to stop the leak of urine. The operation will work in 85% of cases, i.e. 17 out of 20 women will be much improved or completely dry. If you have had a previous operation to treat incontinence, then the success rate of a second operation is 75% (15 out of 20 women are cured).

What are the risks, consequences and alternatives associated with having this operation?
Most operations are straightforward; however as with any surgical procedure there is a small chance of side-effects or complications such as:

- The operation may not cure your incontinence (see above).
- If you have a leak of urine during sexual intercourse, the operation may fail to cure this problem in a third of women (35%).
- Bleeding - occasionally there can be excessive bleeding during or after the operation if the needle damages the blood vessel, very occasionally needing a blood transfusion.
- Infection - about 20% (1 in 5 women) will get an infection in the weeks after surgery, usually a urine infection (cystitis) which will need a course of antibiotics from your GP.
• Damage to the bladder - there is a small chance (less than 5%) of putting the needle through your bladder initially. If this happens you may need to have a catheter left in for 24 - 48 hours.

• One in 20 women (5%) will develop an overactive bladder after surgery. This will give rise to feelings of having to pass urine more frequently day or night, with an urgent feeling to go to the lavatory.

• Occasionally (less than 5%) of women may have long-term problems emptying their bladder completely, necessitating the intermittent use of a catheter.

If you are concerned about any of these risks, or have any further queries, please speak to your consultant.

There are a number of alternative operations for urinary incontinence including colposuspension and injectable bulking agents. This operation has been shown to be more effective than injectables and can cause fewer problems than the colposuspension for most patients. There is also the option of not having surgery at all. Alternatives to surgery are physiotherapy or drugs to improve the problem. If you would like more information please speak to your consultant or one of the nurses caring for you.

Getting ready for the operation

Pre-Admission Clinic
You will be asked to attend a Pre-Admission Clinic about 1 week before your operation, where you will be seen by a doctor and nurse. They will discuss the operation with you and what will happen during your stay in hospital. Written instructions will be given to you, such as the time of admission and what to bring with you.

A blood test and other investigations may be needed. You will be asked to sign a consent form, to say that you understand what you have come into hospital for and what the operation involves. Please feel free to ask any questions you may have.

Do I have to stop eating and drinking before my operation?
Yes - you will be advised of the time for this at your pre-admission clinic.

What sort of anaesthetic will I have?
This operation can be performed under local or regional (spinal) anaesthetic.

Local anaesthetic
The anaesthetist will give you something to relax you, (a sedative) either before or during the operation. The surgeon will inject the local anaesthetic around your bladder. Many women have had this type of anaesthetic for this operation and are very satisfied with it, often falling asleep during the operation itself. Once the anaesthetic is inserted, you will not feel pain from the operation.

Regional spinal anaesthetic
Your body will be temporarily numb from the waist down. A separate anaesthetic leaflet is available.

The reason for you being awake during the operation is so that you can cough when asked to at the end of the procedure. This enables the surgeon to put just the right amount of tension in the tape.
What should I expect after the operation?
At first you may feel sleepy because of the sedation. As the local anaesthetic wears off you may need some painkillers eg. Paracetomol. These can be continued at home up to the maximum dose stated.

You will be able to eat and drink as soon as you wish.

Will I have any stitches?
Yes, but the stitches in the skin and vagina will dissolve by themselves and do not need to be removed. You may have a small amount of vaginal bleeding for a few days.

When will I be able to bath/shower?
You will be able to bath or shower the day after your operation.

Will I be able to pass urine?
Most women find that they are able to pass urine satisfactorily after the operation. If you cannot, it may be necessary to drain the bladder with a catheter for a short time.

Going home
You will usually be in hospital for 1 night only. Before going home the ward nurse will scan your bladder to make sure you are emptying it properly.

DISCHARGE INFORMATION AND AT HOME ADVICE

Wound care
You will not normally need a dressing on the 2 small wounds after the first day. If you have any pain or burning when you pass urine, or severe pain in the wounds, contact your GP for advice.

Sexual intercourse
When you and your partner find it appropriate to resume sexual intercourse, you may do so at approximately 4 weeks after your operation. It may be best to try intercourse before you return for your follow up visit to make sure there are no problems.

Returning to normal activities
Be guided by your own body. After the first 3 - 4 days, you can return to your normal activities as long as it does not cause significant pain or tiredness. You should be able to drive after 3 - 4 days.

Time off work
You should be able to go back to work after 2 - 3 weeks, depending on your job.

The ward can give you a certificate to cover your stay in hospital. After discharge your GP can provide you with one. You will also be given a letter to give to your GP.

Certification
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Follow-up appointment
Your consultant will probably arrange a follow-up appointment for you to be seen back at the hospital.

You may receive a postal questionnaire in the future to check that the operation is still working well.

Reference

If you have any queries, or require further information please contact Ward 209 on 01332 787209.

NHS Direct is a 24 hour nurse led, confidential service providing general health care advice and information.
Telephone 0845 4647 or visit the website at www.nhsdirect.nhs.uk

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