Patient Information:  
Tension-Free Vaginal Tape (TVT) Procedure
What is the TVT Procedure?

The TVT Procedure provides support to the bladder by placing a synthetic mesh (which acts as a sling) under the mid-portion of the bladder neck (urethra) through a small incision in the vagina. The mesh is then passed into a tunnel created around each side of the bladder neck which then extends out from the lower part of the abdomen through two small incisions. The surgery is performed through the vagina. A cystoscopy (looking inside the bladder with a camera) is performed to make sure the bladder and urethra are intact. This procedure can be done under spinal anesthesia.

What are the benefits of this surgery?

When the muscles and tissues in your pelvis are not strong enough to support the bladder it can lead to urinary incontinence (leaking). This procedure “slings” the bladder back into position and in so doing, stops the leaking. The success rate of the surgery is about 85 per cent.
What are the risks of this surgery?

The risks of the surgery include the following:

1. **A bad reaction to the anesthetic.** This is minimal in an otherwise healthy person.

2. **Bleeding.** Bleeding sometimes occurs and requires an abdominal incision to control it and complete the surgery. In extremely rare cases, if there is a large amount of blood lost, a blood transfusion is required.

3. **Infection.** This can usually be successfully treated with antibiotics.

4. **Injury to bladder or ureters.** If these injuries do occur, they are usually addressed at the time of surgery without any significant long-term problems.

5. **Frequent and urgent need to urinate.** This condition may last two to three months following surgery, then usually resolves itself.
6. **Bowel injury.** Very rarely occurs, and may require follow-up surgery to repair.

7. **Mesh works its way through the lining of the vagina and may require trimming back.** In extremely rare cases the mesh works its way into the urethra and requires surgical repair.

**What should I do before the surgery?**

For your visit to the Pre-Admission Unit, please bring with you a list of all medications (including all prescription and non-prescription medications), and supplements you are taking. You may be asked to give yourself a fleet enema the night before surgery. Routine blood tests may be taken and an anesthetist may consult with you.

You should not eat or drink after midnight the night prior to your surgery (water may be taken up to four hours before the surgery).

On the day of your surgery, you should come to the Admitting Department on the main floor of the Hospital.

1. You will be directed to the Surgical Admission Waiting Room, room 548 on the 5th floor. A family member or friend may accompany you if you wish. The rest of your family and/or friends may wait for you in the surgical waiting room located on the main floor, room 351.

2. Once you are admitted into the Surgical Admission Waiting Room, you will be directed to a locker room where you may change into your gown. You may find it more comfortable to put on a robe and slippers over the gown while you wait for your surgery.

3. You (and your family member) will be sent to a cubicle where you will meet with your surgeon, your anesthetist and nurses before surgery. This gives you an opportunity to have any last minute questions and concerns addressed before the surgery.

4. After the surgery, you will spend approximately two hours in the Post Anesthetic Care Unit (PACU). The surgeon will attempt to speak with your family by phone in the Surgical Waiting Room (room 351) to let them know how the surgery went.
What happens after surgery?

You may stay in Hospital overnight and go home by the afternoon the day after surgery. There will be a urine drainage catheter in your bladder. On the morning of the first day after surgery, the urine drainage catheter will be removed, and your bladder will fill normally. When a TVT is done solely as a day procedure you will go home the same day, providing you have passed urine within two to three hours after the procedure.

You should try to pass urine every two to three hours. Take your time, and when you feel that you have finished urinating, lean forward off the toilet seat and then sit down again and give an extra push to try to empty your bladder completely. Please measure the amount of urine in the white measuring “hat” which will be placed on the toilet seat. Most women are able to pass urine on the first try. However, if you are unable to pass urine at that time, it most likely means that there is still some swelling around the urethra (which is normal for some women), and a catheter will be inserted in the bladder for a few more days until the swelling subsides.

Urine Drainage Catheter

If you are discharged with a catheter your nurse will ensure that you are able to manage the catheter and small drainage bag (“leg bag”). The catheter will be removed in the office in three or four days, and you will again try to pass urine. It is very rare that a catheter be required for a second week. This would not happen unless you are unable to do self-care.

Recovering from surgery

You will be given a prescription for pain medication (usually Naproxen® and Tylenol 3® with codeine). Take the Naproxen® twice a day, with meals, but stop if you have an upset stomach. Use the Tylenol 3® if the Naproxen® is not enough to control the pain.

To avoid constipation, drink plenty of liquid (six to eight glasses per day) and take Colace® (a stool softener) twice a day. Use Milk of Magnesia if you do not have a bowel movement within two days. When you are passing
urine well and do not need a catheter, you should try to urinate every two to three hours. Remember to take your time, and when you feel that you have finished urinating, lean forward off the toilet seat, then sit down again and give an extra push to try to empty your bladder completely.

You may take showers or baths (or a sponge bath if you have a urine drainage catheter). There will likely be bandages over your incisions. Take these off within one week if they have not already been removed. Simply wash the cut(s) with soap and water, and keep them dry. The stitches under the skin will dissolve. Usual daily and household activities are acceptable immediately after surgery. However, you should avoid heavy lifting (more than 20 pounds) or straining (sit-ups, strenuous exercise) for six weeks. Nothing should be placed into the vagina until after your six-week check-up. You may return to work in about four to six weeks, depending on the physical demands of your job. If you have not been given a follow-up appointment date, please call your surgeon's office to arrange one for six weeks after your surgery.

Can I expect any vaginal discharge or bleeding?

Yes, you will be required to wear a sanitary pad for as long as you are bleeding. You will most likely have a small amount of bleeding or spotting for a few days, possibly up to a week after your surgery. Please do not use tampons.

Warning Signals

Please call your surgeon's office or go to the nearest Emergency Department if you have a fever over 38 degrees Celsius (100.4 degrees Fahrenheit), difficulty breathing, heavy bleeding, pain not relieved with pain medication, redness around the cuts or persistent vomiting with inability to drink fluids for four hours. If you have a burning sensation when you urinate or think you may have a bladder infection, call the office or your family doctor to leave a urine sample (if the sample shows an infection, you will be called in 24 to 48 hours with an antibiotic prescription).
Why are students taking part in my care?

Mount Sinai Hospital is a teaching hospital affiliated with the University of Toronto and the team includes medical students and residents. This should enhance your hospital experience by providing you with additional care from these doctors-in-training. Your willingness to allow students to take part in your care enhances the experience of those who are eager to learn, helping to ensure well-trained doctors in the future. They are fully supervised, and are only given responsibilities that are appropriate to the level of education they have. Final responsibilities always rest with the staff physician. The people taking care of you should always introduce themselves and ask your permission before commencing any care.