



Manchester
Urology

Vaginal Tape Procedures

(for the treatment of stress incontinence)

An Information Leaflet *(Written May 2008)*



Stress incontinence

Stress incontinence in women is caused by the weakening of the pelvic floor muscles or sphincter (muscle within the urethra which is the tube you pass urine through). This results in urine leaking involuntarily from the bladder.

This can be either continuous or from minimal exertion: for example, coughing, sneezing, laughing or other physical activity can provoke it.

What is a vaginal tape procedure?

There are several varieties of vaginal tape procedure carried out to improve symptoms of stress incontinence. The Tension-free Vaginal Tape (TVT) and the Trans Obturator Tape (TOT) are the most common used in this hospital.

In each case the principal is the same. A fine tape is used to support the urethra and prevent leakage of urine. The tape is positioned like a hammock under the urethra via small incisions (cuts). In the case of the TVT, two tiny incisions are made just below the bikini line and in the vagina. In the case of the TOT, two incisions are made either side of the labia. The decision as to which procedure is performed depends on the individual's anatomy and is made at the time of the operation.

The results of the two operations are the same, although in the case of a TVT being performed, there may be more blood loss due to the vaginal incisions and a catheter (tube placed in the urethra in order to drain urine from the bladder) may be inserted and left in place for about 24 hours.

The operations are usually performed under a general anaesthetic (when you are completely asleep). It may be possible for you to go home the same day as the operation, although sometimes a one-night stay in hospital is necessary.

What are the benefits?

Success rates in improving stress incontinence following this type of surgery vary from 82% to 96%. However, improvements may be altered by pregnancy occurring after the operation and therefore this operation is best avoided if further pregnancies are planned.

Are There Any Risks Involved?

Most common

- A small number of patients (5%) may have difficulty passing urine following either operation. This may mean that you require a catheter to be inserted temporarily, or to be taught how to intermittently pass a catheter into the urethra, intermittently, to completely empty the bladder.
- 5% of patients may experience symptoms of urgency following the procedure.
- Infection of your wound or a urinary tract infection may require a course of antibiotics.
- Bleeding may rarely occur during or initially after surgery due to an incision being made in the vagina.
- Catheter removal – the catheter inserted during a TVT may be removed a few hours after the operation and the nurses on the ward will want to ensure that you are able to pass urine effectively before you are allowed home. Occasionally the catheter may need to be reinserted if you have any difficulty passing urine after its removal, or the surgeon may decide that it has to stay in place until the day after the operation. In either case, you will usually still be allowed to go home the same day, but will be required to attend a clinic at your local Urology department 1 or 2 days later for removal of the catheter.



Very rarely

- You may have a reaction to the sling material requiring its removal.
- Perforation of the bladder, requiring prolonged catheter or surgery to repair.

These procedures are relatively new and studies carried out over approximately 10 years demonstrate good results. It is not possible to provide information on more long term results or complications.

What are the alternatives?

- Observation/No treatment
- Physiotherapy (pelvic floor exercises/biofeedback/electro-stimulation of the pelvic floor muscles)
- Pads, to contain the incontinence
- Injection therapy to bulk out the neck of the bladder
- Burch colposuspension (surgery performed via an incision in your abdomen, which has similar results to the vaginal tape procedures).

How long will I be in hospital for?

Your stay will be minimal, usually no more than one night.

What happens to me when I arrive at the ward?

Routine clinical observations will be taken, possibly including blood tests, blood pressure, pulse and temperature.

You must not have anything to eat or drink for at least six hours before the operation. If you would normally take tablets during this time, please ask at the pre-operative assessment clinic which you should continue to take.

An anaesthetist will visit you on the ward to discuss the details of the anaesthetic and any risks involved.

What happens after the procedure?

On return to the ward you will be allowed to eat and drink normally. You will be allowed out of bed once the anaesthetic has worn off.

You may have a catheter when you wake up, which will be removed the morning after surgery. If a TOT is performed, there is usually no need for a catheter and you may be able to return home the same day.

The nurses will monitor your urine output, to ensure you are emptying your bladder properly, when you pass urine.

You will be reviewed by the doctor or specialist nurse and assessed when you are ready for discharge.

Discharge arrangements

You should arrange for a responsible adult to collect you from hospital.

It is important that in the first twenty four hours of having a general anaesthetic you should avoid:

- Being left in the house alone, or looking after young children
- Driving (it is advisable to check with your insurance company as to how long your insurance is invalid following general anaesthetic.
- Operating machinery: this includes cookers and other domestic appliances.
- Making any important decisions or signing any legal document.
- Drinking alcohol.

An appointment will be arranged for you to be reviewed in your local urology clinic. You may be contacted in the future with a follow-up questionnaire, to enable us to monitor the results of the surgery in the long term.



Day to day living

- You should avoid heavy lifting for a period of two weeks and are advised to take two weeks off work, depending on the type of job you have.
- We normally advise you not to drive during this period as a sudden emergency stop at this early time may lead to failure of your operation.
- Avoid intercourse for three to four weeks to allow the tape to position in the vagina properly.
- You will have dissolvable stitches within the vagina. These stitches will not need to be removed, but will go soft, come undone and fall out after about 2 to 3 weeks. They may cause minor irritation and a discharge during the healing process. Dissolvable stitches in the skin will also be present but will disappear more quickly.

If there is a problem?

If you experience any problems after discharge from hospital, get in touch with your GP or your local urology department for advice.



For further information or to arrange an appointment with a consultant, please call: 0800 656 9616

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