

## Eden medics

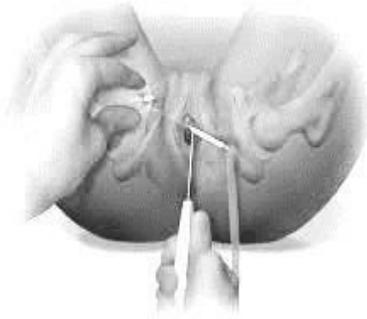
Gynaecology, Uro-gynaecology and Urodynamics Specialist Services  
[www.edenmedics.com.au](http://www.edenmedics.com.au)

### Patient information leaflet

#### Mid-urethral sling operation (TVT-O or tape)

What is this operation?

This is a type of minimal access (Key-hole) operation designed to correct stress urinary incontinence (SUI). SUI is the type of incontinence aggravated by coughing, sneezing, laughing, physical activity and sometimes sexual intercourse. It is normally initiated by pelvic floor weakness following childbirth.



TVT-O/Tape procedure



TVT-O/Tape

Why do I need this operation?

Tape operations are usually indicated in situations of very bothersome stress incontinence where non-surgical treatment have not worked. Non-surgical treatment are usually in the form of pelvic floor exercise.

What are the benefits of this surgery?

Tape operations are minimal access operation (key-hole) and therefore recovery and return to normal activities are quicker than if the operation were to involve cut in the tummy. They are usually successful in reducing or curing stress urinary incontinence. The author has expertise and years of experience in performing this operation and his published results indicates a success rate of more than 90% with about 98% saying they would recommend it to their friends. A successful operation can often be life changing as women report improved confidence and return to activities they have given up on as a result of urine leakage. The Author has expertise and experience in this operation in both England and Australia. Overall, the author has found this operation to be very successful in correcting incontinence. A review of his result indicated that 98% of the women who had this surgery under his care expressed satisfaction with the outcome and would recommend it to friends.

What are the risk associated with this operation?

The typical complications associated with most operations, such as significant bleeding, infection. Blood clot problems (deep vein thrombosis and pulmonary embolism) are uncommon as it is minimal access with quick recovery. The one called TVT-O avoids the risks of injury to bowel or other abdominal organs and is favoured by the author.

Difficulty with passing urine is common especially immediately following the operation. This is usually a short term problem (few days). It is uncommon for this to persist in the long term except in situations where there is pre-existing difficulty with passing urine/emptying the bladder and other bladder issues where this will be treated with long term catheter insertion. Where difficulty with bladder emptying is due to the tape being too tight, the tension on the tape may need to be reduced through another operation. Urgency (sudden desire to pass urine) and frequent passage of urine may occur commonly even when the operation is successful. Pain around the waist and thighs are common immediately after the operation but these typically resolve with time. The operation may fail to correct incontinence and the corrected incontinence may recur with time. This is common in high risk patients (obese, multiple comorbidities, needing other operations at same time and in those with more complex bladder disorders). On rare occasions this operation may actually make incontinence worse especially in situations where the patient has pre-existing detrusor overactivity. This is part of the reason why urodynamics investigation is essential before this operation. Others include painful sex and tape erosion.

The table below based on the Royal College of Obstetricians and Gynaecologist (RCOG, UK) Clinical Governance Advice helps in understanding how risk is discussed in healthcare.

| Term        | Equivalent numerical ratio | Colloquial equivalent  |
|-------------|----------------------------|------------------------|
| Very common | 1/1 to 1 in 10             | A person in family     |
| Common      | 1/10 to 1/100              | A person in street     |
| uncommon    | 1/100 to 1/1000            | A person in village    |
| Rare        | 1/1000 to 1/10 000         | A person in small town |
| Very rare   | Less than 1/10 000         | A person in large town |

How is this operation performed?

This operation is performed under general or spinal anaesthetic. It can be combined with other operations for prolapse such as hysterectomy and repair.

A small cut is made under the urethral opening (water pipe) in the vagina. This opening is used to tunnel the tape through the pelvis on both sides until it emerges through the inner aspect of the thigh on each side. The tape is adjusted so that it supports the water pipe like a hammock to prevent further leaks/stress incontinence. Any excess tape is cut away and the very small cuts made under the water pipe and inner aspects of the thighs are closed up with just a few stitches. The bladder is then checked with a cystoscope and a catheter is usually inserted to rest the bladder overnight following which it is removed - the day after. Discharge usually occurs within 24 hours except in situations where other operations took place at the same time.

How about return to work, driving, swimming and having sex after the operation?

These takes a few weeks but varies widely depending on the operation/combination of operations performed as well as each individual's circumstance. Your doctor will usually advise you further.

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