

# Urologywest

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## INFORMATION LEAFLET: TVT

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This information leaflet is designed to help you understand what is involved in undergoing a TVT procedure, the expected outcomes and the associated complications.

The TVT procedure usually requires one night stay in hospital. It takes place under general anaesthetic for which you would require to be fasting for at least 6 hours before the operation. Apart from fasting there are no other special requirements on the day of surgery. The procedure involves inserting a tape through a small incision in the anterior vaginal wall. The tape is placed under the urethra (water passage) to allow the urethra to be lifted slightly and help with the symptoms of stress incontinence such as leakage on coughing or sneezing.

After the operation there will be three small incisions. A small incision in the vagina where there will be dissolvable stitches and two small incisions in the suprapubic region (the lower part of the tummy) which will not have stitches but will just close spontaneously.

For the first week after the operation we recommend a bath daily just to allow water to cleanse both the vaginal area and the suprapubic area. No special detergents or salt need to be added to the bath. For six weeks after the operation we do not recommend lifting heavy weights or performing strenuous tasks such as jogging, playing tennis or aerobics. Once that six week period is finished, we recommend that you can return to these sporting activities but at your own pace.

### CAN ANYTHING GO WRONG DURING THE PROCEDURE?

**85-90%** of TVT Procedures are straight forward and have an excellent outcome. Occasionally, however, problems can occur. One in 30 patients may find that the TVT tape is a little bit too tight and may have difficulty emptying the bladder after the operation. If this occurs, initially we would teach you to pass a small catheter i.e. bladder tube into your bladder for approximately three to six weeks. If you are still having difficulty emptying your bladder, we may have to take you back to theatre and loosen the tape through the same small incision that was made in the vagina.

Occasionally the tape may not be tight enough and patients may still suffer from a degree of stress incontinence after the operation but again this is rare.

### COMPLICATIONS that may occur after 6 weeks

Rarely, the tape may erode and be visible either in the water passage, the urethra, the bladder or the vagina. If the tape is visible in the vagina it may need to be trimmed and excised with a small procedure to close where it is visible in the vagina. If the tape is visible in the bladder it may require an operation through the tummy to remove the tape from the bladder. Similarly, a larger procedure may be required to remove the tape from the water passage. Thankfully, these two complications are rare occurring in

approximately 1% of patients. However, it is extremely important before undergoing the procedure that you are aware of all these potential outcomes.

You are usually kept in hospital for the first night after surgery. A small tube or catheter will be placed in your bladder overnight and occasionally a vaginal pack will be left in place. After the vaginal pack and catheter have been removed and you have voided water, you may go home. If you are experiencing any difficulties when at home, you will be welcome to ring our office number (091) 767487 between the hours of 9 and 5 Monday to Friday. However, if it is an emergency call we recommend contacting the On Call Urology Registrar at University College Hospital, Galway on (091) 524222 where you will be looked after immediately.

Thank you for taking the time to read this leaflet.