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TENSIONFREE VAGINAL TRANSOBTURATOR TAPE (TVT-O)

Definition

An operation to insert a tape to support the urethral tube to stop urinary leakage on movement or increased abdominal pressure.

Description

The procedure is usually performed under a light general anaesthetic. Two tiny incisions are made in the outside skin of the vaginal lips (the vulva) and a further small cut 1 cms long is made inside the vagina. Special needles are used through these cuts to place the tape under the bladder outlet. The tape looks very much like a length of loosely-woven lace ribbon. Because it is made of an artificial plastic material: it is not removed by the body. Once in place the tape supports the bladder and stops the bladder neck from moving too much during those activities that cause leakage. The operation usually takes less than 45 minutes including anaesthetic time. No catheters or tubes are routinely left in after the operation. Once back on the ward you will be encouraged to try and empty your bladder normally after a few hours. To ensure that you empty your bladder properly an ultrasound will be performed to check that no urine is left behind. A small catheter may be passed by nursing staff if the ultrasound shows the bladder to be full.

Expected Outcome

The TVT-O procedure was developed in Belgium in the 1990s. Results from published studies indicate that the 1 year success rate in curing stress leakage of urine is over 80% (that means that more than 8 out of 10 women operated on will be cured of leakage at 1 year following the operation).

You can help this success rate by weight reduction, stopping smoking and improving pelvic muscle tone by exercising.

Following your surgery

It is possible to have this surgery as a day case procedure provided you have help at home for the first few days. An overnight stay is usually the maximum that is required. If you have difficulties in emptying your bladder or if the bladder is "nicked" by a needle during placement of the tape, your stay may be a little longer (see "*complications*"). Once at home, most women find they are painfree within a matter of a few days and a full recovery can be in as little as two weeks. It is usual to have some vaginal bleeding up to 2 weeks after the operation. Bleeding should be no heavier than a normal period. Pain in one or both groins can occur because this is where the tape is inserted. This usually only lasts a few days but rarely (in less than 2% of cases) can persist for some weeks.

Complications

While serious complications are rare, no form of surgery is without risks and the risks are greater for women who smoke and are overweight.

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During the procedure bleeding is occasionally troublesome and on very rare occasions even a blood transfusion may be necessary. Infection may occur but you are given antibiotics during the procedure to try and prevent this happening. Rarely one of the needles used to position the tape may puncture the bladder or the urethral tube. This is not serious but does mean you will require a catheter in the bladder overnight and therefore your hospital stay will be extended until the day following the operation. If this complication occurs it does not affect the overall success of the procedure and no long-term problems have ever been reported.

After the operation the main problem is some difficulty passing urine and leaving urine behind in the bladder after visiting the toilet. This occurs as a long-term problem in less than 5% of cases, but your risk may be increased if the urodynamic studies show a pre-existing problem you will be advised if this is so in your case. Where difficulties last longer than a week or so you will be taught to self-catheterise for awhile to help the emptying of your bladder. Very uncommonly the tape may have to be cut in a small operation. This almost always cures the problem of poor emptying and usually does not bring leakage back. Going to the toilet frequently and urgently may be a problem after the operation. This is usually temporary and is related to inflammation and the healing process. In 7-10% of cases the bladder muscle itself may become overactive and the frequency and urgency may persist. This is not necessarily severe and in most cases can be controlled with tablet therapy.

Do not use tampons, pads are better.

Do not drive an automatic car for:	1 week*
Do not drive a manual car for:	1-2 weeks*
Do not make a bed for:	2 weeks
Do not hang out washing for:	4 weeks
Do not use your Vaginal Oestrogen for	4 weeks
Do not stretch upward for:	4 weeks
Do not do any lifting for:	4 weeks
Do not have sexual intercourse for:	6 weeks

It is important to check with your insurance company, re driving your car as each company has different policies on driving and surgery.

Alternatives

Please remember that urinary incontinence is not a lethal condition but does lead to a great deal of misery and heartache. Not all sufferers either want or need an operation to control the symptoms. Risks of operative failure and complications need to be weighed carefully and individually to decide what will be the right approach. Virtually everyone who is offered an operation will have had a minimum of 3 months trial of supervised physiotherapy to try and control the symptoms conservatively. Please do not hesitate to ask any further questions.