

Tension-free Vaginal Tape Information Sheet

General indications for the proposed procedure/treatment:

Stress incontinence in women can cause frequent involuntary release of urine during activities that put pressure on the bladder, such as coughing or laughing. The tension-free vaginal tape (TVT) procedure is designed to provide support for a sagging urethra so that when coughing or moving vigorously or suddenly, the urethra can remain closed with no accidental release of urine.

Tension-free vaginal tape is used to correct stress incontinence caused by sagging of the urethra. It is a relatively simple procedure that can be done with minimal hospitalization and recovery time. In addition, TVT has been shown to be effective in relieving stress incontinence in women who are obese and have increased pressure on the bladder and urethra.

Description of Procedure:

In TVT surgery, a meshlike tape is placed under the urethra like a sling or hammock to keep it in its normal position. The tape is inserted through tiny incisions in the abdomen and vaginal wall. No sutures are required to hold the tape in place. TVT surgery takes approximately 30 minutes and may be done under local anesthesia so the patient can cough at the surgeon's request to test the tape's support of their urethra.

Usually within hours of the surgery, the patient will be asked to urinate to test the response of the bladder and urethra to the surgery. The patient may be released to go home the same day as the surgery, or they may remain in the hospital overnight. It may be necessary to have a thin, flexible tube (catheter) placed into the bladder through the urethra to allow urine to drain while the patient recovers or to teach the patient to perform self-catheterization temporarily.

TVT surgery usually causes minimal pain and discomfort. Although the patient may resume most normal activities within 1 to 2 weeks, she will be advised to refrain from driving for 2 weeks and from sexual intercourse or strenuous activities for 6 weeks.

Risk of the Procedure:

There is a risk of a bladder puncture (perforation) with tension-free vaginal tape surgery. The risk of bladder puncture appears to be higher from the TVT procedure than from other treatments for stress incontinence. But this sort of injury is often relatively minor. The surgeon will perform a cystoscopy to be sure that the bladder is uninjured.

Some women may experience either retention of urine or urgency to urinate after TVT surgery.

All surgeries carry some risk of infection or other complications.

Procedure Alternatives, if any:

Another surgery called transobturator tape (TOT) surgery may be performed. TOT surgery is similar to TVT surgery.

Probable consequences of Refusing Procedure:

The patient will continue to have stress incontinence.

Person(s) Performing the Procedure:

The key portions of the procedure will be performed by a physician who is a member of the medical staff of Rush University Medical Center and/or a resident/fellow who is observed by a physician who is a member of the medical staff. Residents/Fellows are licensed physicians in approved residency or post residency training programs. Parts of the procedure which they perform will be based on their level of competency.