



Operation Information

Tension Free Vaginal Tape – Obturator (TVT-O)

Introduction

Stress Incontinence is the leakage of urine caused by an increase in pressure in the abdomen such as when coughing, sneezing, running or lifting of heavy objects.

Outcomes

The operation helps to solve the female urinary problem of stress incontinence. After the operation, the problems of 80 – 90% female are substantially improved.

Procedures

1. The operation is performed under spinal or general anaesthesia.
2. You lie supine with hips and knees flexed and thighs abducted (lithotomy position).
3. Small incisions are made in the groin area.
4. A needle is inserted from inside the vagina out through the groin carrying the tape with it.
5. The wounds are sutured closed.
6. Cystoscopy may be performed to exclude any bladder or urethral perforation.

Possible Risks and Complications

1. Infection
2. Bleeding and haematoma
3. Difficulty in passing urine
4. Bladder overactivity
5. Damage to the bladder
6. Tape exposure and extrusion
7. Pain in the leg or groin
8. Deep vein thrombosis
9. Pain on sexual intercourse
10. Visceral trauma
11. Erosion of nearby organs caused by the tape

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
4. Routine tests such as blood test or chest x-ray may be performed if necessary.
5. Specific preparation such as antibiotic prophylaxis and bowel preparation will be instructed by doctor if needed.
6. No food or drink six hours before operation. (For general anaesthesia only)
7. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewelry and contact lenses.
8. Please empty your bladder before the operation.

Post-operative Instructions

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nursing staff of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. Heart rate, blood pressure and the wounds will be regularly monitored by the nursing staff.
4. Antibiotics will be prescribed to prevent infections.
5. Anticoagulant drugs may be injected to reduce the risk of blood clots, normally once a day, until discharge.

Diet

A normal diet may be resumed as instructed after recovery from general anaesthesia.

Advice on Discharge

1. You may experience slight bleeding in the early stage after the operation. It is quite normal and will gradually be subsided.
2. Prescription pain medication may be taken as needed.
3. You are encouraged to drink plenty of water in conjunction with a fiber-rich diet to prevent constipation.
4. Heavy lifting and strenuous activities should be avoided in 4 – 6 weeks.
5. Pelvic floor exercises are recommended to strengthen the pelvic floor muscles and improve stress incontinence.
6. Normal activities will be resumed after 4 – 6 weeks.
7. Tampons, douching and sexual intercourse should be avoided until the wounds are completely healed.
8. Showering is allowed. The wound should be kept clean and dry afterwards.
9. Immediately consult your doctor or return to hospital for professional attention in the event of massive vaginal bleeding, increasing abdominal pain (pelvic cramps), abdominal distension, pain when passing urine, blood urine, difficulty in opening the bowels, foul smelling discharge from the wound, pain or swelling of the legs, constant cough, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
10. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

