



Mid-Urethral Sling

There are many procedures that have been devised for the surgical treatment of urinary stress incontinence. Historical techniques involved fairly extensive surgery with a prolonged recovery period. These techniques are still used today in certain situations. Modern techniques are minimally invasive with instant results and a quicker return to normal duties.

The **Trans-Vaginal Tape (TVT)** is the original minimally invasive procedure which has stood the test of time. Newer techniques have fallen out of favour due to higher complication rates.

The TVT is usually performed under general anaesthesia. It can also be performed under regional anaesthesia (spinal or epidural).

The TVT tape is inserted using special needle instruments. A small incision is made in the vagina just under the urethra (the tube running from the bladder to the outside). The needle instrument is used to burrow under the vaginal skin, behind the pubic bone on each side and through the skin above the pubis. The permanent polypropylene mesh tape is inserted in a tension-free manner.

Success rates are in the order of 85 - 90%. The tape used is a permanent mesh, which will not be dissolved by your body. This type of mesh is frequently used by surgeons in hernia repairs.



Risks and complications

All surgery comes with risks and complication. Thankfully these are relatively rare.

The main risks and complications are:

1. Failure to improve the problem (10 – 15%)
2. Voiding difficulties after surgery (1 – 5%). This may require a period of self-catheterisation and rarely surgery.
3. Urinary urgency/overactive bladder (5 – 10%). Urgency and urge incontinence often co-exist with stress incontinence. These may be difficult to diagnose prior to surgery and may worsen or be unmasked by surgery.
4. Wound infection (1%)
5. Urinary tract infection (1 – 5%)
6. Injury to the bladder, urethra, bowel or blood vessels requiring further surgery to rectify (<1%)
7. Risk of pain related to the tape is rare. This is felt in the low vagina.
8. Risk of deep vein thrombosis (DVT) and pulmonary embolus (PE)
9. Risk of mesh complications
 - a. Infection (<1%)
 - b. Erosion of mesh into vagina or urethra

Recovery

A catheter is inserted into your bladder for the first night. If other surgery is performed at the same time, you will also have a vaginal pack in your vagina. The pack and catheter are usually removed the next morning.

Most women require a one day stay in hospital. This depends on how your bladder functions after the surgery. On discharge, you should only be using oral pain killers.