

# Tension-free vaginal tape (TVT)

## Post-operative information

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### What happens afterwards?

After your surgery you will be transferred back to M2 the gynaecology and women's surgery ward at St Helier Hospital. How long you need to stay for will depend on the extent and timing of your surgery. The nursing staff will co-ordinate your discharge.

You will have a catheter (small tube in your bladder) and a vaginal pack in place when you return from surgery. The pack will be removed the morning following surgery, and the catheter will be removed when you are mobile. After the catheter has been removed you will be asked to measure the amount of urine you pass and then a nurse will scan your bladder to ensure it is empty. This will be repeated a number of times to ensure you are able to pass urine properly.

A small percentage of patients may experience difficulties passing urine after this procedure, if this is the case a catheter will be inserted in order for your bladder to rest and you will be discharged home. A follow-up appointment will be arranged for the catheter to be removed.

### What to do when you return home

#### Within the first week after discharge:

- You may require regular pain relief. If you require anything other than paracetamol or ibuprofen this will be given to you before leaving hospital.
- You may need a mild laxative to prevent constipation.
- If you have a catheter in place, you will be sent home with an information pack on how to care for your catheter.
- You can have a shower, but avoid using perfumed/scented gels or soap.
- You may have some pinkish/brown discharge from your vagina for up to three weeks. This is a normal part of healing. Use sanitary towels for any vaginal bleeding.
- If you start experiencing difficulty passing urine please call 020 8296 2150 and ask to speak to a member of the Urogynaecology Team. If this occurs outside normal working hours please contact your GP or go to A&E.

#### Two to six weeks after surgery:

- Do not have sexual intercourse or use any vaginal lubricants, creams or gels
- Do not use tampons
- Do not lift anything heavier than a full kettle
- Do not drive until if you can safely perform an emergency stop – consult your insurance company before driving
- Do not do any strenuous physical activity (activity that makes you feel out of breath). If you do not rest enough this will delay your recovery, however, we recommend that you keep mobile after your surgery to minimise your risk of post-operative deep vein thrombosis (DVT).

#### Beyond six weeks after surgery:

- Begin easing back into normal activities and continue to increase physical exercise. Rest when you feel tired.

- If you no longer have pain or vaginal bleeding, you can start to have sexual intercourse. You may find you need to use lubricant such as Sylk, YES or K-Y Jelly. If you experience pain or bleeding, contact your GP for advice.
- If you, or your partner, notice anything sharp within the vagina please contact the Urogynaecology Team on 020 8296 2150, there is a minimal risk that a small area of tape may be exposed and this would require surgery to repair.

### **What happens next?**

- You will be advised prior to discharge of the timeframe for your follow up appointment. This appointment will be sent to you in the post.
- If you have been discharged with a catheter an outpatient appointment will be arranged for you to attend a TWOC (Trial Without Catheter) Clinic between 7-10 days after discharge.

### **Contact us**

You can call the ward any time on 020 8296 2150. If we feel you need to be examined, then we will advise you to attend your GP or A&E as appropriate.

### **Please contact your GP or A&E if you experience any of the following:**

- Fever, increased pain, or if you feel unwell
- Heavy vaginal bleeding, yellow/green or offensive smelling vaginal discharge
- Burning pain or discomfort when passing urine
- Constipation which lasts longer than three or four days and does not get better after laxatives
- Pain, redness or swelling in your calf
- A sudden feeling of shortness of breath and/or chest pain.

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