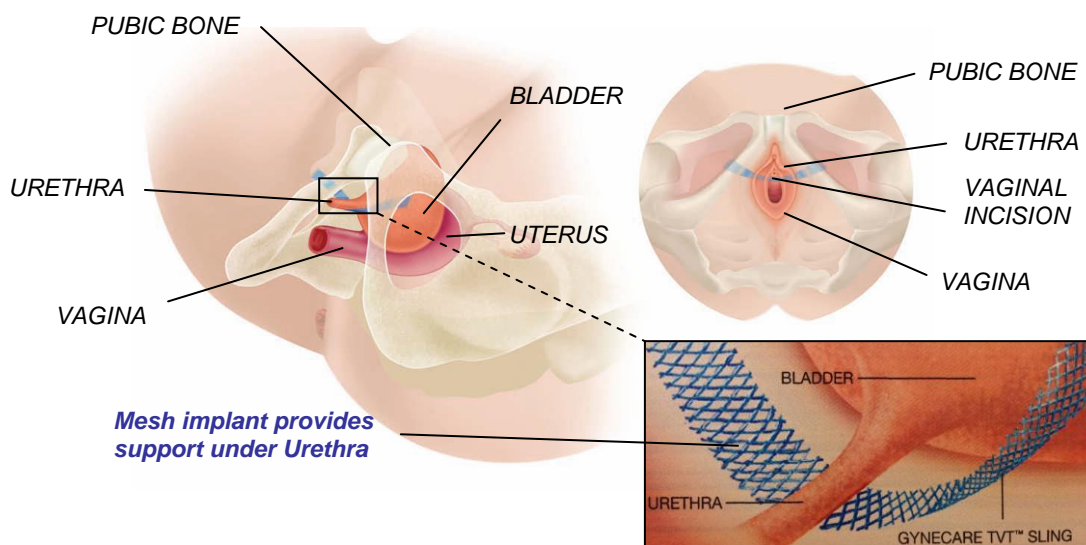


TVT Abbrevo procedure - Conquest

What is TVT Abbrevo?

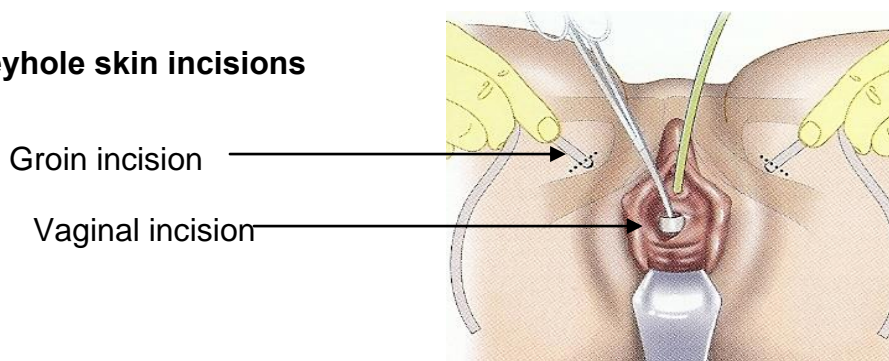
TVT stands for Tension-free Vaginal tape (TVT) and Abbrevo is the name given to this variety of tape by its manufacturer. The purpose of a TVT Abbrevo procedure is to treat the condition with which you have been diagnosed, namely, stress urinary incontinence (SUI). In TVT, a thin piece of soft, flexible nylon mesh tape is placed underneath the urethra (the tube which allows urine to empty from your bladder). The tape will act like a hammock to support the urethra. The body makes scar tissue which grows into the mesh of the tape so anchoring it in position. This scar tissue together with the tape give additional support to the urethra, making it less likely that you will leak urine. A small incision is made in the vaginal skin below the urethra and the tape is then passed sideways through a natural space in your hip bone called the obturator foramen (window). The needles used to pass the tape are brought to the surface through two tiny cuts just to the side of the groin creases on the inner aspect of the thigh.

The GYNECARE TVT ABBREVO™ System helps control leakage by supporting the urethra with a thin piece of soft flexible permanent mesh



TVT is a minimally invasive (keyhole) sling procedure which means that the operation is most often performed as day case surgery and usually is associated with a quick recovery. On average the operation lasts about 30 minutes and can be performed under regional or general anaesthesia.

Keyhole skin incisions



What are the alternatives?

The treatment of stress urinary incontinence can be non-surgical in which you are taught to retrain your pelvic floor muscles by a physiotherapist, or your own GP may have prescribed a drug treatment. The mainstay of treatment today relies on surgery. Tape operations have taken over from the traditional abdominal operation. Urethral bulking agents are also used in specific cases.

What are the potential risks and side effects?

The operative risks of the procedure are uncommon but injury to the urethra and bladder has been reported in less than 1% of all types of tape operations. Severe bleeding is rare and is quoted to occur in less than 1 in 500 procedures. It may require an open abdominal procedure to control the bleeding.

The main immediate complication of a TVT operation is finding it hard to pass urine. This affects about 1 in 20 women. This may result in the need to have a temporary urethral catheter to allow the bladder to empty until it recovers. A small proportion of women (1-2%) may have a more serious degree of difficulty in emptying. We call this a 'voiding' problem. In this group of women it may be necessary to release the tape by cutting it or to teach the woman to empty her bladder with a small catheter every time she wishes to pass urine (intermittent self catheterisation). Urine infections after the operation are more common but usual respond well to antibiotics. Recurrent infections will require further investigation. Women who have symptoms of urinary frequency and urgency before the operation may find these worsened afterwards and about 10% of women who had never had these symptoms before may start to experience them. Another less common problem is that the tape may become exposed within the vagina or within the bladder. We call this tape erosion. It occurs in about 1 in 50 women who have the procedure. This can usually be dealt with easily.

Although you will sign a consent form for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

What are the expected benefits of treatment?

The tape operations work very well and will stop the problem of involuntary urinary leakage in most women with stress urinary incontinence. The overall cure rate for tape operations is given as more than 80% according to a comparison of published outcomes. In the case of TVT Abbrevio published data suggests an overall cure (no leakage) rate of 90% with a overall satisfaction rate of 98%. It is not possible to guarantee that the operation will offer a lifelong cure and studies show that in a small number of women, leakage will again start to occur after several years.

What should I do before I come into hospital?

No special preparation is required before your operation. However, if you feel that you may have symptoms of cystitis (burning or stinging when you pass urine), you should take a specimen of urine to your GP to be tested. If you are overweight (high BMI) you will improve the long term chance of success for your operation by losing weight.

Will I have an anaesthetic?

The majority of procedures are performed under general anaesthetic with you asleep. If you would prefer to be awake you may discuss with the anaesthetist the option to be awake but anaesthetised by a spinal anaesthetic which is a form of regional anaesthesia used commonly e.g. in women having a Caesarean section.

How will I feel afterwards?

You will have a minimal amount of discomfort where the tape is inserted. Mild pain relief will usually deal with this.

How long will I be in hospital?

Most patients can expect to go home on the day of their operation providing they are able to pass urine easily afterwards.

What should I do when I go home? When can I return to normal activities?

It would be advised that you rest gently at home for a few days after your surgery. Vigorous physical activity should be avoided for four weeks. You may return to light activities after two weeks and drive a car at that time. It should be reasonable to return to work four weeks after your surgery. You should also avoid sexual intercourse for four weeks after your operation. If you have had an additional procedure at the same time as your tape operation you may be given other advice.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments please contact our Patient Advice and Liaison Service (PALS) – details below.

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Where can I get further information?

www.continence-foundation.org.uk or Tel. 0845 345 0165

www.bladderandbowelfoundation.org or Tel.0845 345 0165

www.pelvichealthsolutions.com

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 01424 755255 Ext: 2620

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:
Mr Barry Auld, Mr James Moore

The directorate group that have agreed this patient information leaflet: Women's Health

Next review date: May 2021

Responsible clinician/author: Mr Barry Auld, Consultant Gynaecologist – Reviewed By Mr Elhalwagy April 2018