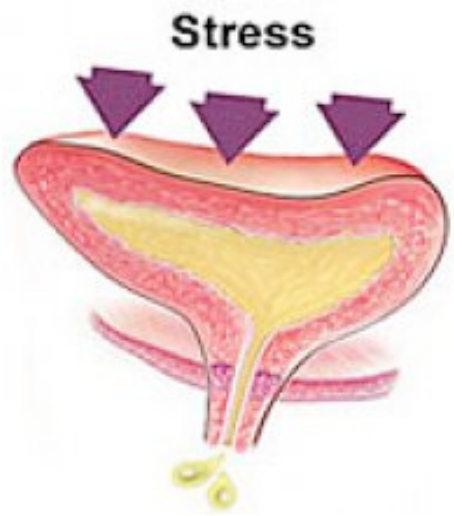
Tape procedures for stress urinary incontinence

Patient information leaflet

Christian Seipp MD PhD – Consultant Urological Surgeon
Betsi Cadwaladr University Healthboard
SPIRE Yale Hospital Wrexham
Nuffield Health The Grosvenor Hospital Chester



Stress urinary incontinence

Symptoms and Causes

Stress incontinence is the most common form of urinary leakage, affecting approximately three million people in the UK alone. Urine leaks, when there is sudden extra pressure on the bladder, typically when you cough, laugh, jump, run or during any type of physical exercise (e.g. sport). The leakage occurs because the closing mechanism of the bladder has become insufficient. In women this often means that the pelvic floor muscles, which support the bladder, have weakened and cannot cope with the extra pressure.

Leaking of urine tends to occur when coughing, laughing, exercising, lifting, doing sport, and in severe cases there may even be leaking when you stand up. Symptoms can be very distressing. The leakage typically occurs between the ages of 30 and 60, with the risk increasing with age.

Possible causes are:

Pregnancy - carrying the weight of the baby puts additional stress on your pelvic floor. At the same time hormones soften the pelvic floor in preparation for child birth.

Childbirth - a vaginal delivery stretches, damages and bruises the nerves and muscles of the pelvic floor.

Smoking - smokers often develop a chronic cough whcih puts pressure on the pelvic floor.

Menopause - Oestrogen levels are lower which weakens pelvic floor muscles and reduces blood flow and tissue viability around the urethra.

Overweight - being overweight results in increased pressure on your abdomen and pelvic floor.

Hysterectomy - the surgery carries the risk of damage to the pelvic floor.

Tape procedures for female stress urinary incontinence

There are several varieties of vaginal tape procedure carried out to improve symptoms of stress incontinence. The Tension-free Vaginal Tape (TVT) and the Trans Obturator Tape (TOT) are the most common used in this hospital.

In each case the principal is the same: a fine tape is used to support the urethra and prevent leakage of urine. The tape is positioned like a hammock under the urethra via small incisions (cuts). In the case of the TVT, two tiny incisions are made just below the bikini line and in the vagina. In the case of the TOT, two incisions are made either side of the labia.

The decision as to which procedure is performed depends on the individual's anatomy and is made either before or at the time of the operation.

The results of the two operations are the same, although in the case of a TVT being performed, there may be slightly more blood loss due to the vaginal incisions and a catheter (tube placed in the urethra in order to drain urine from the bladder) may be inserted and left in place for about 24 hours.

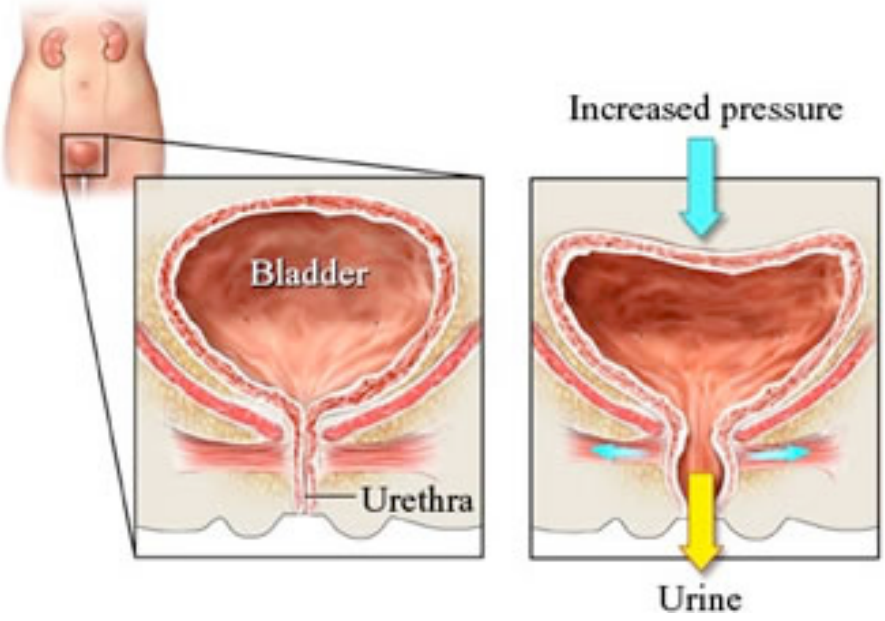
The operations are usually performed under a general anaesthetic (when you are completely asleep). You will have to spend one night in hospital before the catheter will be removed on the morning after your surgery. Once you have passed urine successfully and provided you feel comfortable, you will be discharged home. We will arrange a clinic appointment to assess the success of your operation one to two weeks after your operation.

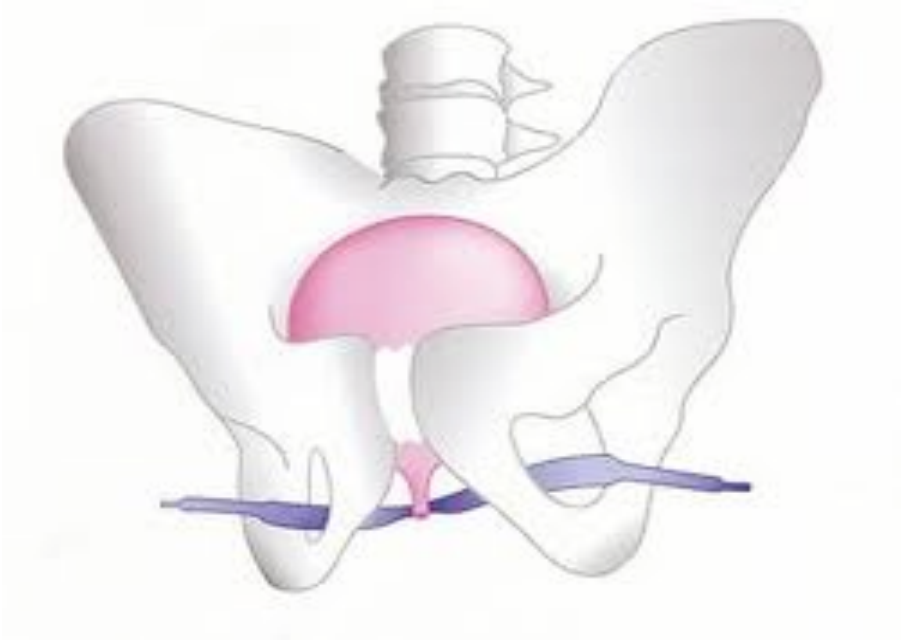
In a small number of cases it can happen that your bladder initially does not want to empty properly after the operation. If this happens, you will be taught how to drain your bladder intermittently with small disposable catheters until your bladder resumes its normal function. This normally takes no longer than a few days.

How does it work?

In women with stress urinary incontinence, pelvic muscles and tissue have been weakened by pregnancy, childbirth, trauma, radiation, prior surgery, muscle damage or hormonal changes, causing the bladder and urethra to relax from their normal positions. The sudden, added pressure from coughing, sneezing, laughing or simple lifting can cause accidental loss of urine.

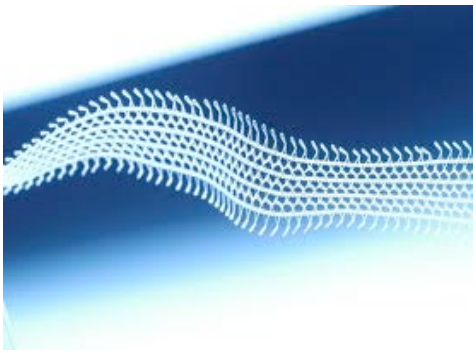
Minimal invasive surgery helps correct the conditions that cause stress urinary incontinence with a mesh sling that supports the urethra. A narrow strip of polypropylene mesh is surgically placed in your body to cradle your urethra and give it a point of support. The self-fixating mesh anchors itself to tissue and muscle in the space surrounding the urethra.

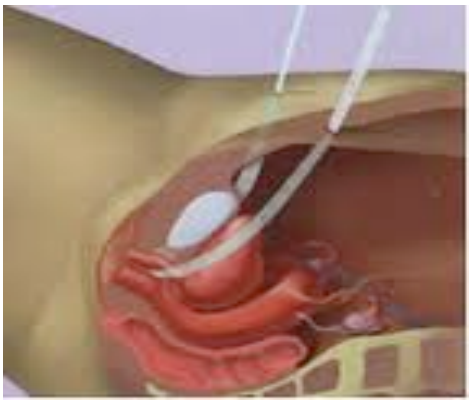


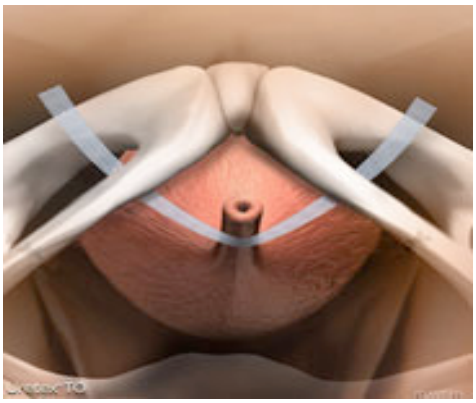


Minimal invasive tape procedures

Known as urethral support slings by specialists, these soft and flexible surgical mesh systems cradle the urethra like a hammock, providing additional support and helping to restore it to its normal anatomical position. Urethral support slings are proving to be an effective surgical procedure for stress urinary incontinence. In fact, clinical research shows that slings are up to 90% effective.







Benefits of slings

If you're considering a urethral support sling to treat stress urinary incontinence, consider these important benefits shared by women and their doctors:

- They are effective for most women
- Many women regain complete bladder control within hours of their procedure
- In most cases, women can return to normal, non-strenuous activities shortly after the procedure
- Depending on the specific type of procedure, they may be performed under local, regional, or general anaesthesia.

About the procedure

While each sling procedure varies slightly, placing the mesh generally involves these steps:

- A small incision or incisions will be made in the vagina, the abdomen, or where the top of your thigh meets your pelvic area
- The mesh is threaded through the incision and positioned under the urethra to form a cradle of support
- The mesh allows your body tissues to grow into it, providing support to your

What to expect

Following your sling procedure, your doctor may also advise the following:

- While your incisions will be small and should heal quickly, your doctor may prescribe pain medication for you if it's needed. In addition, your doctor may also prescribe antibiotics.
- In most cases, your surgeon will insert a catheter over night to drain urine from your bladder temporarily. The catheter is usually removed before you leave the hospital or clinic. However, if you are unable to empty your bladder on your own, you may have to rely on intermittent clean self-catheterisation for a short time until your bladder has resumed its normal function.
- While you should avoid sexual intercourse, heavy lifting, and exercise for approximately four to six weeks following your procedure, you can usually return to your non-strenuous daily activities in a short time.

Your doctor will share more information about how you should care for yourself after your procedure. Be sure to follow your doctor's instructions.

Risk Information

Sling procedures require surgery and are not recommended for everyone, especially if you are pregnant, or have blood coagulation disorders, a compromised immune systems, renal insufficiency or upper urinary tract obstruction. Inflammation and irritation may occur after surgery. Although rare, some of the most severe risks associated with sling procedures are infection, erosion and vessel or urethra perforation. Some of the most common risks include urinary tract infections, urge symptoms and difficulty with urination. Future pregnancies may cause you to become incontinent again.

Treating Urinary Incontinence

The promise of a more confident tomorrow.

Sudden, unexpected odour and wetness can shatter a woman's confidence and restrict her freedom. Fortunately, there are many urinary incontinence treatment options available. Speak to a specialist and find out if one is right for you.

Christian Seipp MD PhD

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Betsi Cadwaladr University Healthboard, SPIRE Yale Hospital, Nuffield Health The Grosvenor Hospital Chester

www.christianseipp-urology.com