



Urethral Sling Pre- and Post- Operative Instructions

Mid-Urethral Slings (TVT, TVT-O, & TOT) are designed to provide a hammock of support under the urethra to prevent it from dropping during times of increased abdominal pressure (laughing, lifting, etc.), a.k.a. stress incontinence. This support mimics the normal anatomy, reducing or eliminating leakage.

PREPARATION FOR DAY OF SURGERY:

- Review Anesthesia Guidelines given to you at last office visit. Strictly adhere to those instructions otherwise your surgery could be cancelled.
- The hospital *may* provide a specific soap to use for pre-operative cleaning/showering.
- Wear loose-fitting clothing.
- Make arrangements for someone to drive you home after surgery. A taxi cab is not an option. Call our office and speak with surgery scheduling if this is a problem.

WHAT TO EXPECT DURING THE PROCEDURE:

You will be completely asleep through the use of anesthesia (unconsciousness induced by drugs). An anesthesiologist will monitor your vital signs throughout the entire surgery. During the procedure, a small incision will be made in the vagina. Next, the synthetic mesh is placed through the use of curved needles, which result in two puncture wounds either on your lower abdomen or inner thighs/groin area. Vaginal incision is closed with dissolvable stitches, and the puncture wounds are closed with surgical glues. The surgery takes about 30- 45 minutes, and you go home the same day.

WHAT TO EXPECT AFTER THE PROCEDURE:

Diet

You may return to your normal diet after surgery. Mild nausea and possibly vomiting may occur in the first 6-8 hours following surgery. This is usually due to the side effects of anesthesia and will resolve soon. We suggest clear liquids and a light meal the first evening following surgery.

Activity

You will be limited to light activity for 4 weeks after surgery. You may not engage in sexual intercourse, use tampons, lift >15 lbs, jump, squat, or ride straddle (bike, motorcycle, etc.) for 6 weeks.

Voiding

You may notice some mild burning with urination after surgery due to the catheter that is placed during surgery. This should resolve in 1-2 days. You also may notice a slower stream or mild difficulty voiding. This can be secondary to the swelling and usually improves within a week. If at any point you cannot void for 6 straight hours, contact your doctor.

Occasionally, this surgery can lead to urine retention. This is usually temporary, which can be managed with an intermittent catheter. If retention does not resolve within 4 weeks after surgery, you may have to undergo a second procedure to release the mesh to allow normal voiding.

Wound

Your incision is within the vagina and thus will not be seen. Your surgeon may leave “vaginal packing,” which is a long strip of gauze saturated with estrogen cream, which is packed into the vagina to aid in healing. If you

have packing, it should be removed before you go to sleep on the same day of your surgery. Just pull on the gauze until nothing more comes out.

It is normal to see an increase in vaginal discharge as well as vaginal bleeding for up to a week after surgery. You need to contact your physician if the discharge has a foul odor or is green in color. If you are soaking a pad every 2 hours, continue to bleed longer than 1 week, note a sudden increase in your bleeding, or develop a fever of 101 or higher, call your doctor.

You will also have two puncture incisions where the needles that are used to place the mesh are inserted. These will be closed with surgical glue. You may feel these, but do not pick the glue off.

Hygiene

You may resume normal showering immediately after surgery. Avoid baths and swimming for 4 weeks after surgery.

Medications

In most cases, you will be sent home with a prescription pain pill. If the pain medication you are sent home with does not control the pain when being used as directed on bottle, call your doctor. Typically, discomfort lasts from a few days to two weeks, but it should progressively improve. While taking prescription pain medication, it is recommended you also take a stool softener such as Docusate Sodium (Colace, Dulcolax) to counteract the constipating effects of the pain medication.

If the pain is mild, you may take over-the-counter Tylenol (acetaminophen). Avoid Non-Steroidal Anti-Inflammatories (NSAIDs) such as Aspirin, Ibuprofen, Naproxen, Advil, Aleve, and Motrin, for 72 hours after surgery because they may cause prolonged bleeding.

Call your doctor if you develop a rash or other drug reaction. If difficulty with breathing occurs, go directly to the ER.

Follow-Up

Your doctor's medical assistant will call you 1-2 days after surgery to check your status and schedule additional follow-up appointments.

Contact Information

If you need to contact Alaska Urology for post-operatively concerns, please contact the clinic you visited (Anchorage: 563-3103, Palmer: 745-9300). If your symptoms are severe and/or very concerning, ask to speak with nurse triage. If symptoms are mild to moderate or of low concern, ask to speak with your doctor's assistant.