

POST - OPERATIVE GUIDELINES FOR THE TVT PROCEDURE

Patients undergoing the TVT procedure will either have had a spinal (regional) or general anaesthetic. The general care of patients having undergone either form of anaesthetic should always be appropriate for the route of anaesthesia.

The following guidelines refer only to the specific types of problems and care that relate to the TVT procedure.

THEATRE

In theatre the patient will have had a Foley catheter inserted in the bladder. This will be on free drainage when the patient returns to the ward.

In most cases the patient will not have a vaginal pack unless an additional procedure such as a vaginal wall repair has been performed. If a vaginal pack has been sited then this can be removed on the morning following surgery unless otherwise instructed.

ON THE WARD

The Foley catheter can be removed on the **morning following** the operation **unless** the patient has had a secondary procedure which will delay their mobility (in such a case Dr Onuma will write specific instructions regarding the timing of removal of the Foley catheter).

The patient is then encouraged to void in her own time. However, **if the patient has not voided within four hours**, the bladder volume should be assessed using ultrasonography and Dr Onuma advised. Once the patient voids, both the voided and the residual volume should be measured. If on two consecutive occasions the residual volume is less than 100ml no further measurements are required. If, however, the residual volume is greater than 300ml on two consecutive occasions further instructions should be sought from Dr Onuma.

NB

1. Patients should **never** be instructed to wait for any length of time before voiding.
2. Patients should have voided or had their bladder emptied by four hours after the previous void or removal of the Foley catheter.
3. In order to avoid damage to the patient's bladder, if in any doubt refer to Dr Onuma.