

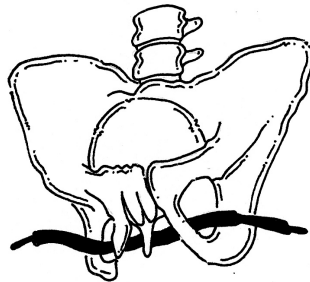
## TRANSOBTURATOR TENSION-FREE VAGINAL TAPE (TOT)

TOT is used in the treatment of urinary stress incontinence.

Urinary stress incontinence is when a person leaks urine when they exercise, laugh, cough, or sneeze. This usually happens because the muscles and tissues that make up the pelvic floor have become damaged or weak.

The pelvic floor works like a sling. It supports the urethra (the tube that carries urine from the bladder when a person passes urine) by keeping the urethra in the right position thus forming a tight seal so that urine does not leak. If the pelvic floor muscles are damaged or weak, they do not support the urethra properly. So when pressure is exerted, eg when coughing or sneezing, the tight seal is lost and urine leaks.

Transobturator tension-free vaginal tape (TOT) is a procedure that involves inserting a tape to act as a sling around the urethra so that it is supported and stays in the right position even when pressure is exerted. The tape is inserted through small openings made in the skin on either side of your groin and the vagina.



### Why I do need the procedure?

You have been diagnosed with urinary stress incontinence. Physiotherapy is usually the first line of treatment before surgery as often good results can be obtained from this. However, if this treatment is unsuccessful your consultant may suggest surgery as an option.

### **What does the procedure involve?**

The tape is a narrow strip of artificial material. It is unusual for your body to reject this material. The tape may be inserted under a general, spinal, or local anaesthetic. A small incision (cut) is made in the vagina where the tape is inserted. Another small incision is made in the skin on either side of your groin. The tape is positioned without tension, behind the urethra. The procedure may be done on its own, or as part of a vaginal prolapse repair.

After the procedure, when you return to the ward, you may have a catheter in place. This is a tube draining urine from the bladder. If you have a catheter, it is usually removed within 12 to 24 hours. If your bladder does not empty properly after removal of the catheter, it may be necessary to use a catheter intermittently. You will be taught how to do this by a nurse before your operation. This problem, however, is quite rare. When you are passing urine freely, you will be able to go home, usually after an overnight stay.

If this operation is combined with vaginal prolapse surgery, your stay in hospital may be longer. The stitches present in both the vaginal and groin incisions dissolve over a period of time.

This procedure is not major surgery. Usually you can go home on the same day or after an overnight stay. The success rate, measured by the reduction of leakage of urine, is over 80%. It is a quick procedure with a rapid recovery and a short time off work.

### **What are the risks of the procedure?**

Almost all procedures carry some risks. After TOT, you might experience:

- bleeding
- pain
- urinary retention
- infection
- damage to the bladder or urethra
- damage to the vagina

- long-term bladder damage
- a sensation of urgency to pass urine.

Should the bleeding be more than usual, you will have a vaginal pack, which is usually removed in 24 hours.

The body usually accepts the tape but, as with any other implantable material, there is a risk of tape erosion to the vagina (4%) or to the urethra (less than 1%). Your consultant will be able to treat these problems. The procedure is relatively new but follow-up data is available for up to 10 years.

### **What are the discomforts of the procedure?**

You may feel slight discomfort immediately after the operation and you will receive painkillers, if required. You may feel some leg pains but these should settle within a few days. Normally, you will need to take two weeks off work, depending to some extent on the type of work you do. During this time, you should avoid heavy lifting completely. Don't have sexual intercourse for 4-6 weeks after the operation so that the incision in the vagina has time to heal properly. You can resume your normal activities after as little as eight weeks.

### **Are there alternatives to TOT?**

In general, it is wise to try simple remedies as these may be successful and make surgery unlikely. Pelvic floor exercises can help. When taught by a physiotherapist, these can work very well. Like any exercise programme, it is necessary to continue the exercises for them to work properly.

In addition, drug treatment combined with physiotherapy can also be considered. However, it is not as effective as a surgical procedure. The other surgical option available is a tension-free vaginal tape (TVT) procedure. This is a similar procedure to TOT but TOT has been found to have fewer problems.

### **When can I have sex after TOT and will it be different?**

You should not have sex for 4 - 6 weeks after the operation. Some women may experience discomfort with sexual intercourse after the procedure.

### **When can I start dancing, heavy lifting or vigorous exercise?**

You should avoid such activities for about 4 - 6 weeks.

The information in this leaflet may help you to understand the procedure for the treatment of stress incontinence. Please do not hesitate to ask the doctors or nurses if you have any further queries.

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