Isle of Wight NHS
NHS Trust

Patient Information Leaflet

TRANSOBTURATOR TAPE (TOT) OPERATION

Produced By: Department of Obstetrics & Gynaecology

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SMOKEFREE
Isle of Wight

If you require this leaflet in another language, large print or another format, please contact the Quality Team, telephone 01983 534850, who will advise you.

This leaflet is for women who are considering having a TOT operation to correct stress urinary incontinence (SUI).

What is SUI?
SUI is a condition in which you leak urine on exertion, such as when you cough, sneeze, jump, run or perform exercises.

SUI occurs because the muscles and tissues that make up the pelvic floor have become damaged or weak resulting in leakage of urine in physical activities where increased abdominal pressure occur.

Continence surgery may be altered by pregnancy and is therefore best avoided if further pregnancies are planned.

The operation (TOT)
The TOT procedure can be performed under a general or regional (spinal) anaesthetic. A fine tape-like mesh of non-absorbable synthetic material is inserted, like a hammock, to support the urethra ((water tube) during coughing or straining to prevent leakage of urine. The tape is put into place through small incisions on each side of the groin and through the vagina. The cuts are closed by dissolvable stitches or glue. The procedure may be done on its own, or as part of prolapse repair surgery.

Alternatives

Conservative treatments include

- "Do nothing" (if the leakage is only very minimal and is not distressing), pelvic floor muscle training, continence vaginal pessaries.
- Injection of a special agent around the urethral sphincter to reinforce it. This is performed as a day-case procedure but is less effective and often has to be repeated.
- Surgery (TOT) is used if conservative treatment fails.
- Other surgical options are Colposuspension and Tension-free vaginal tape (TVT). Colposuspension is a major abdominal surgery and (TVT) is similar to TOT, but TOT has fewer problems.

The Benefits of Stress Incontinence Surgery

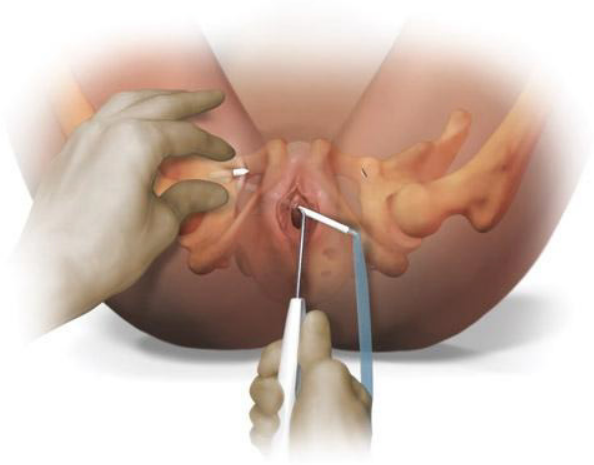
80-90% women are substantially improved.
This means you may get back to:-
o Physical activity – running, dancing, gym etc
o Horse riding
o Gardening
o Resume sexual relations if hindered beforehand

This also means you may have renewed confidence so that:-
o You can e.g. go shopping etc without fear of leaking
o You do not have to worry about damp patches on clothing, in the car etc
o You do not have to worry about unpleasant odours.

This procedure is relatively new and studies nearly 10 years demonstrate good sustainable results. It is not possible to provide information on more long term results or complications.

TOT can also be combined with prolapse surgery, in which case your recovery may be longer.

How is the operation performed?
The operation can be performed under Spinal or General Anaesthesia.
Special needles are used. The exit point for these needles is the groins – see figure.
There will therefore be a small incision in each groin as well as the incision in the vagina. These incisions will have a suture in after the operation.



Insertion of Trans-Obturator Tape (TVT-O)
(Images courtesy of Ethicon) The needle is inserted from inside the vagina out through the groin carrying the tape with it. The same procedure is followed on the other side.

Possible Complications

General Risks of Surgery

Anaesthetic risk- This is very small unless you have specific medical problems. This will be discussed with you.

Haemorrhage- There is a risk of bleeding with any operation. The risk from blood loss is reduced by knowing your blood group beforehand and then having blood available to give you if needed. It is rare that we have to transfuse patients after their operation.

Infection- There is a risk of infection at any of the wound sites. A significant infection is rare. The risk of infection is reduced by our policy of routinely giving antibiotics with major surgery.

Specific Risks of this Surgery

Failure- 10-20% of women do not gain benefit from the operation. The operation however can be repeated.

Voiding difficulty- Approximately 10% of women will have some difficulty in emptying their bladder in the short term and if this happens, we may send you home with a catheter for up to a week. If you still have difficulty emptying your bladder after 10 days (3%), then the options will be either learning how to catheterise yourself (you may need to do that few times a day after passing urine to get rid of any urine left behind in your bladder), or going back to theatre to have the tape cut. Once the tape is cut, you may re-develop incontinence but there is an option of having another tape at a later date.
Some women may need to change position to satisfactorily empty their bladder.

Bladder overactivity- Any operation around the bladder has the potential for making the bladder overactive leading to symptoms such as urgency (needing to rush to the toilet) and frequency (needing to visit the toilet more often than normal). However, it is important to tell your doctor if this happens as it could also be due to a urinary tract infection which would need antibiotic treatment.

Tape exposure and extrusion (10%) - The vaginal area over the tape may not heal properly or get infected and therefore part of the tape may need excising. This may need a return to theatre and may result in the operation being ineffective. Alternatively an attempt to re-cover the tape can be made. Very rarely the tape might erode into the urethra (urine pipe) or the bladder which would require an operation as well. The risk of exposure is increased by smoking and with certain diseases.

Pain on intercourse- This may arise from scar tissue in the vagina as a result of the incision. It is unusual but unpredictable.

Visceral trauma- During the sub-urethral sling operations the needle used may traumatise the bladder, or urethra (urine pipe). This is rare. If it is noticed after return from theatre to the ward it may necessitate going back to theatre for a general anaesthetic and an operation to repair the damaged organ.

Leg or groin pain- occasionally some patients describe pain in the groin or down the legs.

How long does the operation take?
You will be given a sedative on the ward prior to going to theatre and the operation only takes about thirty minutes. However if you have had a general anaesthetic it will take longer to wakeup so you may be away from your bed for some time.

Will I be in pain after the procedure?
You may have some mild pain during the first 48 hours after surgery and this can be controlled by medication.

How long will I be in hospital?
Most women will go home on the same day although some women may have to stay overnight. On return to the ward you will be allowed to eat and drink normally.

You will be allowed out of bed once the anaesthetic has worn off. The nurses will monitor your urine output to ensure your bladder is emptying normally and check on your progress.

You will be reviewed by the doctor and assessed when you are ready for discharge. You must have a responsible adult available to stay with you for 24 hours and you may not drive yourself.

After the operation (Post Operative Care)
Some women will return from theatre with a urethral catheter to drain the bladder especially in case if you have other procedure i.e. pelvic floor repair at the same time. Once this is removed and they have emptied their bladder satisfactorily as above on two occasions they can go home.

The wound is not normally very painful but sometimes you may require tablets or injections for pain relief.

There will be slight vaginal bleeding like the end of a period after the operation. This may last for a few weeks.

At home after the operation
It is important to avoid straining and lifting weights and to avoid any jerky movements particularly in the first 4 weeks after surgery.

After any operation you will feel tired and it is important to rest. It is also important not to take to your bed. Mobilization is very important.

It is advisable to have showers rather than baths for three weeks and to keep puncture wounds clean and dry.
You should also do the following to promote healing and prevent complications:

- Avoiding constipation
- Drink plenty of water / juice
- Eat fruit and green vegetables esp broccoli
- Plenty of roughage e.g. bran / oats

Do not use tampons, have intercourse or swim for 4 weeks

There are stitches in the skin wound in the vagina. The surface knots of the stitches may appear on your underwear or pads after about two weeks, this is quite normal. There may be little bleeding again after about two weeks when the surface knots fall off, this is nothing to worry about. There are also stitches in the groins.
At 2 weeks gradually build up your level of activity.

You should be able to return to a light job after about 2 weeks. Leave a very heavy or busy job until 6 weeks.

After 4-6 weeks, you should be able to return completely to your usual level of activity.

You can drive as soon as you can make an emergency stop without discomfort, generally after 2 weeks, but you must check this with your insurance company, as some of them insist that you should wait for six weeks.

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues through NHS interactive available through Sky TV or online at: http://www.nhsdirect.nhs.uk/

For Health advice and out of hours GP service please call the NHS 111 service on: 111

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Quality Team. If you wish to contact them directly, telephone on 534850.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport
Isle of Wight
PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on 03000 61 61 61 or at enquires@cqc.org.uk

All NHS sites are no smoking areas.
If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.

Ref: G/TOT/2