

TOT (Transobturator Tape) TVTO (Tension-Free Vaginal Tape Obturator)

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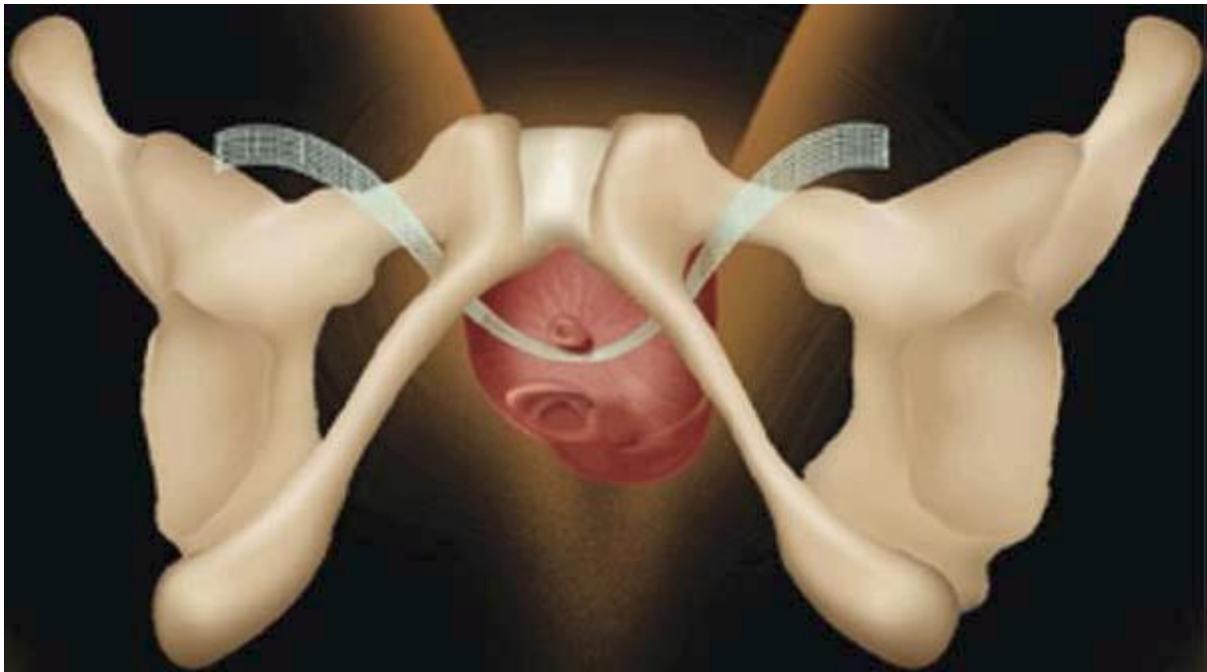
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Reasons for the procedure

TOT / TVTO is an operation that is performed for stress urinary incontinence (SUI). This is a condition in which you leak urine on exertion e.g. when you cough, sneeze, jump, run or perform exercises.

Nature of the procedure

TOT / TVTO works by placing a tape that supports the middle of the urethra (tube from bladder from which urine comes out). It supports the urethra as a hammock when you cough or sneeze. You will have one incision in the vagina and two small cuts in the groin. The operation usually takes about thirty minutes. However, you will stay in recovery for monitoring after the operation.



After the procedure

You will be encouraged to pass urine. If you have had prolapse surgery at the same time, a catheter may be left in the bladder. You may also have a vaginal pack. Both the pack and catheter will be removed the next day.

You will have stitches but the stitches in the skin and the vagina will dissolve by themselves and do not need to be removed. You may also have a small amount of bleeding for a few days. Contact your GP or the hospital if the bleeding becomes excessive and/or smelly.

You may have some pain during the first 48 hours after surgery and mild to moderate pain for the first few weeks. This can be controlled by medication which will be given to you when you are discharged from the hospital.

You will be able to go home after you pass urine. You should have eaten and had a walk in the department before you go home. You must arrange for an adult to take you home in a private car or taxi. You will not be able to travel on public transport as it will be too painful and uncomfortable.

If you have had additional surgery, you may need to stay in for a few more days depending on the type of surgery and your recovery.

Benefits of the procedure

Published medical papers show that between 86% and 90% of patients remain cured of their SUI at a three year follow-up.

The benefits of this treatment are:

- that you will have little post-operative pain
- you will recover quickly
- you will be able to return to normal activities and work soon after surgery

TOT / TVTO can also be combined with prolapse surgery in which case the recovery may be longer.

Risks of the Procedure

Complications are rare and include:

- Haemorrhage (excessive bleeding).
- Infection.
- 1% risk of bladder perforations. If this occurs you will have a catheter inserted via the urethra. This will be left in for 5-7 days. We may send you home with the catheter and make an appointment for you to come to ward 3E to have the catheter removed.
- 5% of women experience difficulty in emptying their bladder. If this occurs, you will be sent home with a catheter and an appointment will be made for you to come to Ward 3E to have the catheter removed.
- 5% of women develop the urge to pass urine frequently after the procedure (urgency).
- If you have pre-existing urgency or urge incontinence, this could persist or get worse.
- 6% of women experience urinary tract infections after the procedure and this can be treated with antibiotics.
- If you develop difficulty in passing urine or severe urgency that does not respond to drug therapy, the tape may need to be divided or removed.
- If the stress incontinence persists despite the operation you will need to be investigated again with urodynamic studies.
- Other **rare** complications include tape erosion, bowel and blood vessel injury or vaginal pain.

Discomforts of the Procedure

You may have some pain or discomfort after surgery. To keep you comfortable, we will give you regular pain killers. Some patients find it difficult to pass urine after surgery. It is best to avoid straining when passing urine as this can be counter-productive. Occasionally, we need to insert a catheter into the bladder to drain urine.

Alternatives to the Procedure

- Pelvic floor exercises are usually the first step in managing mild symptoms of SUI. They can also be effective in preventing incontinence from worsening. The exercises have to be performed daily and a cure rate of up to 70% may be expected in mild SUI. If exercises do not work or cannot be done, surgery will be the next option.
- Conventional major surgery (colposuspension) may achieve a similar success rate, but there is usually a four to six day stay in hospital and you will need to take six weeks off work.
- To inject a bulking agent around the bladder neck. This is to prevent it opening too early. This procedure may be 65% successful at first, but can become less effective (20%) with time and you may have to have this procedure repeated in nine months to one year. This should be considered if your family is not complete.

Sexual activity

We would advise that you wait for 4 weeks before resuming sexual intercourse to allow time for internal healing. If you had a prolapse repair at the same time avoid intercourse for 6 weeks.

In the long term, there is no evidence that the operation will affect your sex life. However, if you previously leaked urine during intercourse, the operation often makes this better.

Driving

Provided you are comfortable sitting in a car, and can perform an emergency stop without pain or discomfort, it is safe to drive. We recommend short distances initially, gradually building up to longer journeys. We strongly advise that you check with your Insurance Company regarding any restrictions.

Activities to avoid

- Do not douche your vagina or use tampons for 6 weeks.
- Avoid heavy lifting and sport for 6 weeks to allow the wounds to heal.
- Drink lots of fluids and eat fresh fruit and vegetables to avoid constipation and straining to open your bowels.
- Any constant cough is to be treated promptly. Please see your GP as soon as possible.

Returning to work

You can usually resume work within 2 -3 weeks. However, if there are on-going problems, contact your GP who will consider an extension of your sick leave.

Follow-up appointment

You will be seen in the gynaecology outpatients by the team who performed your surgery 3 months after the date of surgery.

Consequences of not having the procedure

Incontinence will persist. However, it can still improve if you continue performing pelvic floor exercise. It can also get worse if you do not avoid heavy lifting, constipation or coughing. You need to avoid them anyway after surgery to avoid recurrence.

For further advice please telephone:

Ward 3E – 0151 430 1522 (24 hours)



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