

What can I expect after the operation?

When you get back to the ward you will have a catheter into the urethra (small tube to drain the bladder). This will be removed the day after the operation and you will be able to go home once you are able to pass urine.

For the next six weeks you should:

- Avoid lifting or straining because the tape may slip down.
- Avoid sexual intercourse or you may dislodge the tape.
- Bath kneeling down in shallow water or use the shower. Don't soak in a bath because the stitches could go soggy and won't heal so well.

You may go back to work after the second week if you have a "sit-down" job but if your work entails lifting or straining you should stay at home.

After some weeks the stitches which dissolve can come out from the vagina as small pieces. You may also get some vaginal discharge; this is normal and will settle with time.

You should drink normally but go to pass urine every two hours or so to prevent your bladder getting too full.

If you have any concerns about your operation particularly if you feel you are not emptying your bladder properly please contact your GP, or alternatively Hopkins Ward, for advice on the following number: 0118 322 7771.

Contacting us

The Urology Procedures Department can be contacted for advice on weekdays between 8.30am – 4.30pm via the Urology Clinical Admin Team 0118 322 8629.

References

1. Nilsson CG *et al* (2001) *Int Urogynecol J* **12** Supp2: S5-8
2. Rezapour M, Ulmsten U (2001) *Int Urogynecol J* **12** Suppl 2: S9-11
3. Ulmsten U *et al* (1998) *Int Urogynecol J* **9**:210-3

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Please ask if you need this information in another language or format.

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Royal Berkshire
NHS Foundation Trust

Transobturator tape (TOT) treatment for stress incontinence

Information for patients

This leaflet has been provided to answer some of the questions you may have about TOT treatment for stress incontinence and to inform you what to expect on the day as well as in the following few days after treatment.

What is a TOT procedure?

You have a condition called “stress incontinence”. This means that when you put “stress” on your bladder e.g. by coughing or sneezing, the bladder valve (sphincter) is too weak to hold in the urine and you leak. The TOT procedure involves inserting a tape underneath the bladder valve to support and strengthen it and so stop you leaking.

How well does it work?

Unfortunately no operation to cure incontinence is perfect. However the results from a TOT procedure are very good. Five years after a TOT you have an 85% (17 cases out of every 20) chance that you will not be leaking at all. A further 10% of people who undergo the procedure may leak occasionally but are still satisfied with

the results. This leaves a 5% (1 out of every 10) chance that it won't work at all. The cure rate is slightly less (80% - 4 out of every 5) if you have had previous surgery to your bladder.

What are the alternatives to TOT?

Before undergoing any surgery for stress incontinence you should have tried *pelvic floor exercises*. Only if these have not worked should you consider surgery.

The traditional operation for this condition is a *colposuspension*. This involves opening up the abdomen and placing stitches either side of the bladder to support the bladder valve. This has a similar success rate to TOT but is a bigger operation.

How is the operation performed?

This operation can be performed under a local anaesthetic but for your comfort we prefer to do it under either a *spinal anaesthetic* (an injection into the spine which numbs the lower half of your body) or a *general anaesthetic* (you are asleep). A small incision is then made inside the vagina underneath the urethra (the tube that passes from the bladder to the outside). This allows the insertion of a tape either side of the urethra, like a hammock. Using special

needles a tape is passed through this incision to support the bladder leaving a small puncture wound in the crease of your legs. The operation takes about 20-30 minutes.

What are the risks of a TOT?

Any operation has its risks. With the TOT there is a 1-2% chance of bruising inside and a small risk of infection in the bladder. You will be given a shot of antibiotics to reduce the chance of infection.

The main risk with the TOT procedure as with any kind of operation for incontinence of urine is that there is a chance (2% - 1 in every 50) that you won't be able to pass urine properly afterwards. This is usually temporary and settles once the swelling from the operation goes down. **However in about 1% (1 out of every 100) people it may be permanent.**

What are the benefits of a TOT?

TOT is a very effective way of curing stress incontinence. It is quite a quick operation, which means a shorter anaesthetic and you will be able to go home much sooner than would be the case if you had a colposuspension.