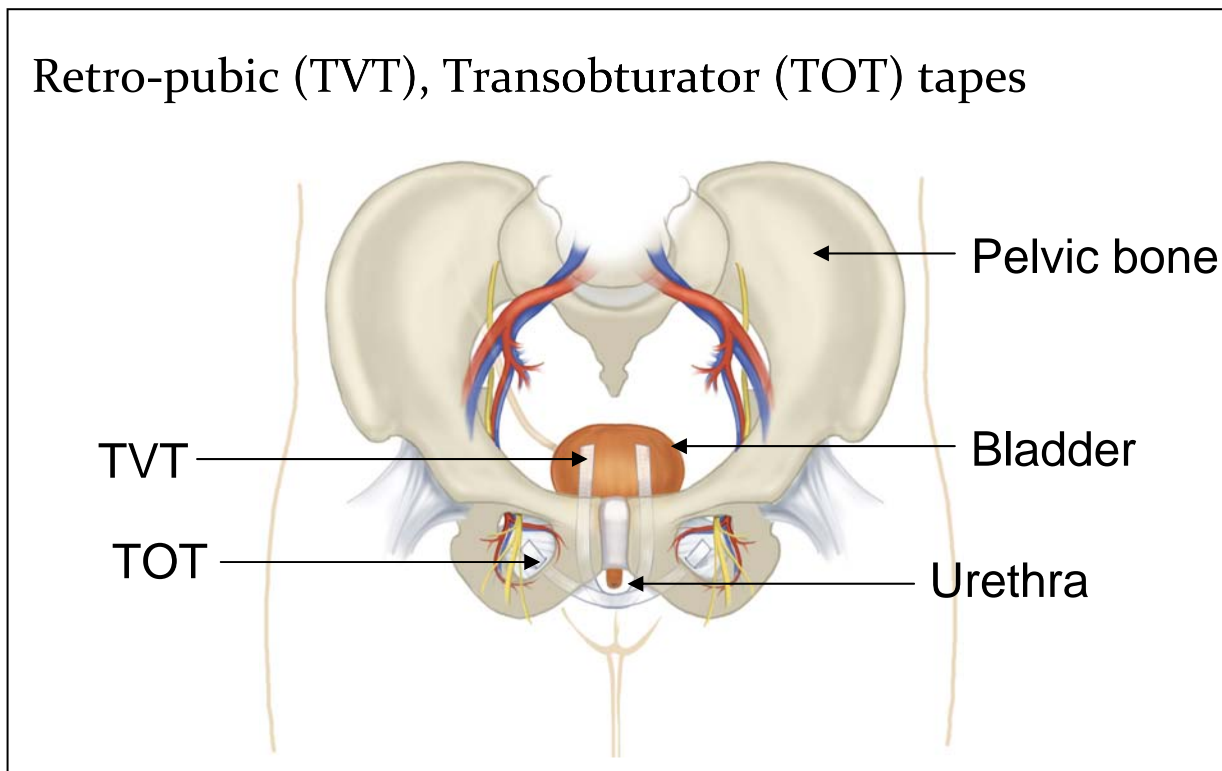
East Sussex Healthcare NHS
NHS Trust

Patient Information

Transobturator Tape (TOT) procedure - Conquest

What is Transobturator tape?

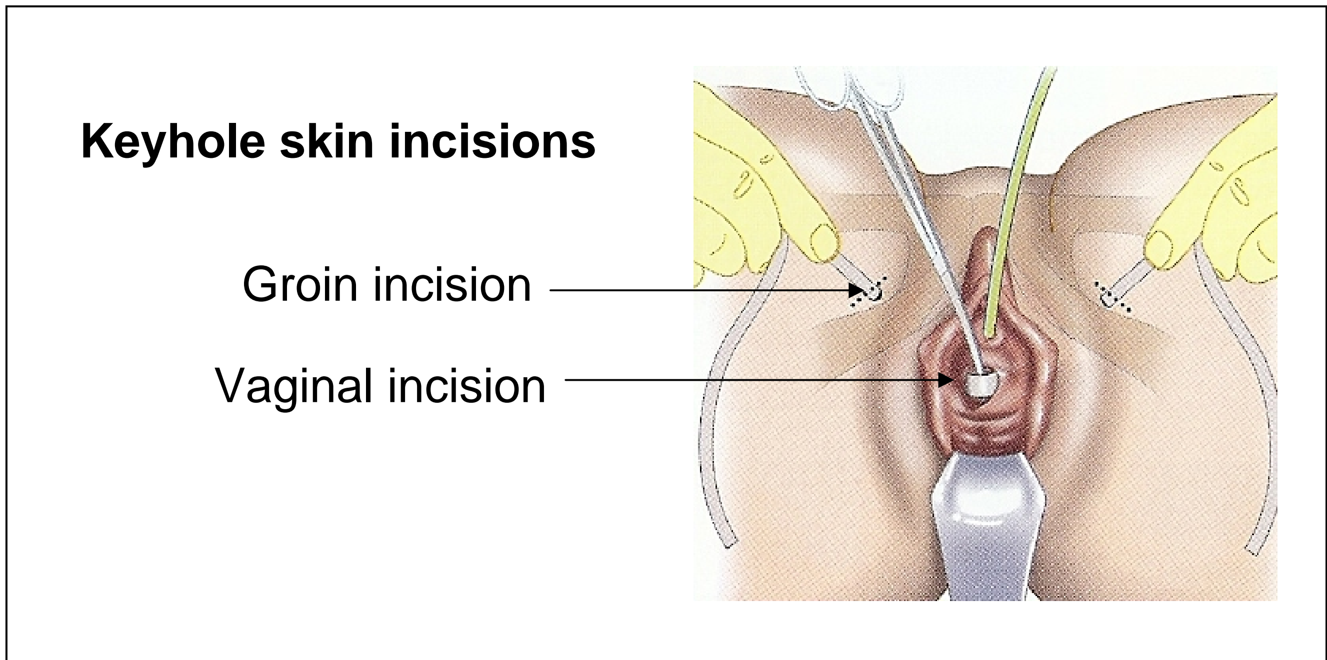
Transobturator tape (or TOT for short) is similar to an operation called Tension-free Vaginal tape (TVT). The purpose of TOT and TVT is to treat the condition with which you have been diagnosed, namely, stress urinary incontinence (SUI).The way the tape is inserted and fitted is different in TOT.



It is felt that this makes TOT safer due to there being less chance of injury to your bladder, bowel or blood vessels as the tape is inserted. TOT is a form of keyhole surgery which means that the operation can be performed as a day case procedure and usually is associated with a quick recovery. On average the operation lasts about 30 minutes from the start of the anaesthetic until the time you wake up.

In both operations, TOT and TVT, a nylon mesh tape is placed underneath the urethra (the tube which allows urine to empty from your bladder). The tape will act like a hammock to support the urethra. The body makes scar tissue that grows into the mesh of the tape so helping it to stay in place. This scar tissue together with the tape give additional support to the urethra, making it less likely that you will leak urine. In TOT the tape is passed sideways through a natural space in your hip bone called the obturator foramen (window). The ends of the tape are brought to the surface through two tiny cuts just to the side of the lips of the vagina close to the groin creases.

Patient Information



What are the alternatives?

The treatment of stress urinary incontinence can be non-surgical in which you are taught to retrain your pelvic floor muscles by a physiotherapist. Otherwise the mainstay of treatment relies on surgery. Tape operations have taken over from the traditional abdominal operation.

What are the potential risks and side effects?

The main side effect of TOT is finding it hard to pass urine afterwards. This affects about 1 in 20 women. This may result in the need to have a temporary urethral catheter to allow the bladder to empty until it recovers. A small proportion of women may have a more serious degree of difficulty in emptying. We call this a 'voiding' difficulty. In this group of women it may be

necessary to release the tape by cutting it or to teach the woman to empty her bladder with a small catheter every time she wishes to pass urine (intermittent self catheterisation). This is rare. Another less common problem is that the tape may become exposed within the vagina or within the bladder. We call this tape erosion. It occurs in about 1 in 50 women who have the procedure. This can usually be dealt with easily.

Although you will sign a consent form for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

What are the expected benefits of treatment?

The tape operations work very well and will stop the problem of urinary leakage in most women with stress urinary incontinence. One good study has looked at the success of TOT compared to TVT. More than 8 in 10 women (80%) were cured whichever operation they had.

What should I do before I come into hospital?

No special preparation is required before your operation. However, if you feel that you may have symptoms of cystitis (burning or stinging when you pass urine), you should take a specimen of urine to your GP to be tested.

Will I have an anaesthetic?

The majority of procedures are performed under general anaesthetic with you asleep. If you would prefer to be awake you may discuss with the anaesthetist the option to be awake but anaesthetised by a spinal anaesthetic which is a form of local anaesthesia used commonly e.g. in women having a Caesarean section.

How will I feel afterwards?

You will have a minimal amount of discomfort where the tape is inserted. Mild pain relief will usually deal with this.

How long will I be in hospital?

Most patients can expect to go home on the day of their operation providing they are able to pass urine easily afterwards.

What should I do when I go home? When can I return to normal activities?

It would be advised that you rest gently at home for a few days after your surgery. Vigorous physical activity should be avoided for four weeks. You may return to light activities after two weeks and drive a car at that time. It should be reasonable to return to work four weeks after your surgery. You should also avoid sexual intercourse for four weeks after your operation. If you have had an additional procedure at the same time as your tape operation you may be given other advice.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments please contact our Patient Advice and Liaison Service (PALS) – details below.

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

This information is available in alternative formats such as large print or electronically on request. Interpreters can also be booked. Please

contact the Patient Advice and Liaison Service (PALS) offices, found in the main reception areas:

Conquest Hospital

Email: **palsh@esht.nhs.uk** - Telephone: **01424 758090**

Eastbourne District General Hospital

Email: **palse@esht.nhs.uk** - Telephone: **01323 435886**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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Reference

The following clinicians have been consulted and agreed this patient information:
Mr Barry Auld, Mr J Zaidi.

The directorate group that have agreed this patient information leaflet: Women's Health

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