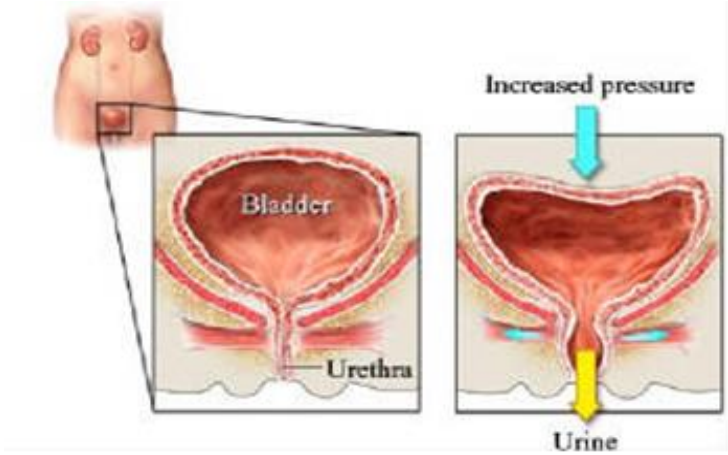
Patient and Carer Information

Sub-urethral Tape Procedure (TOT / TVTO)

What are the reasons for doing this?

You have been diagnosed with urinary stress incontinence which means uncontrolled leakage of urine when you cough, sneeze, laugh, exercise or lift things. This usually is a result of loss of support to your bladder which is often related to childbirth. The condition tends to become worse after menopause and with excessive weight gain.



Your doctor has recommended the tape /sub-urethral sling operation for you.
In this hospital different types of tapes are being used for the treatment of urinary stress incontinence (TVT-tension free vaginal tape, TVT-O- tension free vaginal tape-obturator, and TOT- transobturator tape). You will be offered treatment where one of these tapes will be used.

The procedure

The tape is inserted under the waterpipe /urethra and brought out through two small incisions above the pubic bone or the groin
All the tapes are made of a synthetic material, which does not dissolve. The tape is inserted under the entrance of bladder, through a small 1-2cm cut in the vagina. After the operation, your body cements in the tape over time. The tape then forms the new support of your waterpipe (Urethra). This helps to stop the urine leaking when you cough, sneeze, laugh, exercise or lift things. The average success rate of tape procedures described is 85-90%.

Are there any alternatives?
Today you have choices for treatment of stress incontinence—these are safe and effective. Non-operative treatment should always be considered (pelvic floor exercises) before any consideration for an operation.

You and your doctor will probably have discussed any other suitable treatments before now. However please ask if you want any further advice about any alternatives that might be suitable for you, including the option of no treatment.

What are the risks?

Complications are rare, but it must be understood and accepted that these can occur. These include the following:

- **Immediate complications**
  a) **Infection** - there may be a simple infection of the urine or around the cut in the vagina. You are likely to need antibiotics to treat this.
  b) **Haemorrhage** (excessive bleeding) requiring blood transfusion (<1%) - this is extremely rare.
  c) **Pain and discomfort around the area of operation** - because of the nature of the position you are placed in during the operation and the placement of the Tape/Sling you might experience groin, hip or thigh pain. Occasionally there can be discomfort associated with skin stitches causing irritation until they are removed or dissolve. You can take painkillers to help you cope with this.
  d) **Injury to Bladder and urethra (<1:300)** - the needles inserting the tape may pierce the bladder or its entrance. If this is picked up on the camera check it is repaired immediately.
  e) **Retention of Urine (<1%)** - there is a small risk that you might not be able to pass urine straight away after the operation. This is usually because of the swelling and bruising around the area of operation. This usually settles on its own with time.
  In the meantime you will need a tube (catheter) passed in the bladder. This is for 24-48 hours at first. However, in some patients a catheter is needed for up to a week. When the catheter is removed we check again the amount of urine you pass. If this is satisfactory then you will be allowed home.
  If you do need catheterisation for as long as week, we will bring you back to the ward for TRIAL WITHOUT CATHETER. The catheter is removed and we check again how much urine you pass and check the bladder to make sure it is emptied properly. If this is satisfactory then you will be allowed home. If this is not the case a doctor will be consulted (from Your Consultant's Team) and you will be given the appropriate advice for further treatment.
  If you are unable to pass urine and empty the bladder completely, we might need to teach you self-catheterisation for a short period of time. This involves inserting a tube in the water pipe from time to time during the day to empty the bladder completely. Sometimes the tape might have to be cut or loosened (<1% of patients).
  f) **Blood clots in the legs and lungs (Deep Venous Thrombosis**) - a possible complication of any operation (similar risk as on a long haul flight). This is much less likely with this type of operation where you are up and about almost immediately.
- **Long term complications –**
  a) **Urinary Urgency (5-13%)** – You might develop symptoms of urinary urgency (need to frequently pass waters) indicating over activity of the bladder requiring tablets to calm down the bladder.
  b) **Complications related to the tape (<2%)** - sometimes the mesh can protrude (i.e. get exposed through the vaginal skin). This can happen at any time after the operation. The symptoms of this are abnormal vaginal bleeding, discharge, pain or your partner feeling discomfort from the exposed tape during intercourse. This is checked at your clinic follow up. If this happens it can be corrected by over sewing the skin over the tape. It has been reported that the tape can protrude/get exposed in to the bladder or urethra, but this not common.
  Risk of anaesthetic

There is some information about anaesthetics and there is additional patient information from the Royal College of Anaesthetists available.

What anaesthetic will be used?

The operation is performed under general anaesthesia (you are asleep). You will meet the anaesthetist before your operation and will have a chance to ask any questions you might have about your anaesthetic.

Blood clot prevention

Without preventative measures, there is a risk of blood clot in the leg (deep vein thrombosis or DVT) in all surgical patients of around 15% - 25%. Please discuss the risks of this particular operation with your surgeon. You will be given additional information about the measures we take to reduce this risk.

Consent

You will be asked to give your consent to this treatment following further discussion with medical or nursing staff. It is important that you understand what is involved and you will have an opportunity then to ask any questions that you might have. A sample of the consent form can be provided for you to read so that you are familiar with the form. Please do not sign this sample – it is for your information only.

Plan ahead for discharge home

If you think you may have any difficulties, please discuss these at your pre-operative assessment appointment. Please ensure that you have asked your nurse or doctor when your expected discharge date will be. You will normally go home the same day as long as you have no trouble passing urine.
The stitches used for the surgery will normally dissolve within 6 weeks, and until that time, they may feel sharp. The stitches may also cause a yellowish discharge. There may be some vaginal bleeding for the first few days after the operation. For the first few days, you may experience some urgency i.e. a desire to pass urine frequently. Most patients are back to normal within a week or two. Full healing is not complete until 6-12 weeks.
Driving – avoid for 2 – 4 weeks.
In order to maximize your chances for long-term cure of stress incontinence, it is important to avoid lifting heavy objects, strenuous exercise, use of tampons, and sexual intercourse for four to six weeks after the operation. Additionally, it is extremely important to avoid straining with bowel movements.

Post operation – Pelvic Floor Muscle exercises
Following the operation it is important to allow the tape to cement itself under your urethra, then after two weeks we recommended you re-start your pelvic floor muscle exercises. The pelvic floor muscle will work alongside the urethral tape to add further support to your bladder.

The pelvic floor forms a sling of muscles that are attached to the pubic bone at the front of the pelvis and the tailbone (coccyx) at the back. They have three openings, one at the front from the bladder (urethra), one in the middle from the birth canal (vagina) and one at the back from the bowel (rectum).

Learning to do the PELVIC FLOOR EXERCISES:
Either lie on your back with your knees bent up, or sit on a firm chair with your knees slightly apart in good posture.
TIGHTEN the ring of muscle around your back passage (anus) as though preventing a bowel movement or wind escaping, and then **TIGHTEN** the muscles around your front passages, **LIFT** them up inside, **HOLD**, and then…**RELAX** slowly. Remembering to keep your buttocks and thigh muscles relaxed. Breathe normally throughout.
Exercise programme:
Three times a day aim to exercise you pelvic floor as follows:

- Slow holds: Gradually build up the time you can hold in your pelvic floor muscle, up to a maximum of 10 seconds. Aiming to repeat this up to 10 times.

- Fast squeezes: Now quickly tighten your pelvic floor muscles and then relax the muscles completely. Aiming to do 10 quick squeezes.

- Once you can do both of these exercises while sitting, progress into a standing position. Your goal is for these exercises to become a lifetime habit to maintain your support to your bladder.

Contact your GP if

- You have severe pain, pain when passing urine or are unable to pass urine.
- You develop a fever.
- Your wound appears red and lumpy or starts to leak fluid.
- You develop leg pain and swelling, difficulty walking, or if your leg becomes warmer than usual, or reddish / purplish in colour.
- You develop unexplained shortness of breath, chest pain and / or coughing up blood

Further Information

If you require further information or advice please contact the ward you have been on

Ward phone number ……..……..

Other sources of useful information can be found at:

NHS Direct 0845 4647
NHS Choices http://www.nhs.uk/Pages/HomePage.aspx
Harrogate and District NHS Foundation Trust website www.hdft.nhs.uk
Patient Experience helpline 01423 555499 (Monday – Friday 9.30am – 4pm). E-mail: thepatientexperienceteam@hdft.nhs.uk

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.