

The Transobturator (TOT) Sling operation is performed to help stress urinary incontinence (SUI).

This procedure has been shown to improve SUI in 80-90% of cases. However, it is not an intended cure for urgency, but may possibly alleviate some of these symptoms.

Initial studies have shown that there is an improvement in 90% of cases in the short term (Follow up of 4 years).

Weight Loss, quitting smoking, improving pelvic muscle tone following surgery will ensure the surgery is a success.

THE OPERATION

The sling used in this operation is made of a polypropylene mesh which research has shown to be extremely well tolerated by the body.

The operation is a minimally invasive procedure performed as a day case under general or, less often by local or spinal anaesthetic technique. The actual procedure takes approximately fifteen minutes.

Two small incisions 0.5 -1.0 cm long are made either side of the vulval area in between the legs; a small incision is made inside the vagina just under the urethra (bladder outlet). The sling tape is tunnelled between these openings, looping under the urethra to support it in a better position. It is then secured into place allowing body tissue to grow into its pores.

RECOVERY

Post operation you will experience some vaginal bleeding, this should be fairly light or just spotting, and will diminish over a period of up to 4-6 weeks as healing occurs and your stitches dissolve.

You may initially experience some discomfort/mild pain, which can be relieved by simple analgesia.

Prior to your discharge from hospital, you will need to be able to pass urine. Your flow of urine may be slower; this is quite usual and will gradually settle over time. It is usual that once you have voided a simple bladder scan will be performed by the staff to ensure your bladder is emptying sufficiently.

Initially you may have some urinary frequency and dysuria (stinging/burning sensation) on voiding, also blood stained urine. These symptoms may last up to 72 hours.

ADVICE FOR ENHANCING RECOVERY

- Drink at least 6-8 glasses (1.5 - 2 litres) fluid per day but limit caffeine drinks to a maximum of 3 per day.
- Eat plenty of fresh fruit and vegetables, try to avoid constipation.
- If constipation becomes a problem take a mild laxative.
- Frequency or dysuria can be relieved by over the counter preparations used for cystitis, if required.
- For the first week you must rest, it is important not to overdo things as this may cause an increase in discomfort and symptoms and could delay healing.
- Keep active at home, very light housework is okay.
- Providing you feel well, you may go for short walks, gradually increasing your distance.
- Remember, when emptying your bladder, sit on the toilet, feet flat and lean forwards. You may take slightly longer to void, but this is very common after T.O.T.
- If you become tired and uncomfortable – you have been doing too much and need to slow down.

After 4-6 weeks you may continue your pelvic floor exercises – this should be on-going.

Do not use tampons, pads are safer.

Do not make beds or stand to iron	2 weeks
Do not drive any type of car	4 weeks*
Do not hang out washing or stretch upwards	4 weeks
Do not have baths only showers	4 weeks
Do not squat down	6 weeks
Do not mop or vacuum	6 weeks
Do not lift anything heavier than 4 kg (9lb)	6 weeks
Do not use vaginal oestrogen	6 weeks
Do not have sexual intercourse	6 weeks

*It is wise to check with your car insurance company regarding driving.

Most people, who have a more sedentary occupation, may return to work after 2 weeks, providing they are comfortable. You should check with your surgeon prior to discharge.

A follow up appointment is usually arranged for 3 – 6 months following surgery.

COMPLICATIONS

As with any operative procedure, there are risks of complications.

- Your anaesthetist will discuss anaesthetic complications with you.
- There is a small risk of bleeding; this is rarely severe enough to require further treatment.
- Wound infection either in the vagina or over the external wound sites.
- Injury to the surrounding organs such as the urethra or bladder.
- There is a 5 in 100 risk of vaginal erosion or sling infection that may necessitate removal of part of the sling.
- Nerve Injury
- Painful sexual intercourse
- Chronic groin or pelvic pain/ irritation
- A small number of patients may develop difficulty in passing urine immediately after surgery; this may require the insertion of a urinary catheter until things settle.
- Some patients develop bladder over activity, this can be reduced with pelvic floor exercises, with or without medication.
- Failure to achieve improvement in urinary leakage

Contact your G.P. or local A & E if after discharge you experience any of the following.

- You are unable to pass urine.
- Develop severe pain.
- Develop unusual vaginal discharge or heavy vaginal bleeding.

Other sources of information:

<http://www.gov.scot/Resource/0045/00453999.pdf>
www.nhs.uk/Conditions/Incontinence-urinary/Pages/treatmentoptions.aspx

The Transobturator Sling



Patient Information Leaflet

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