Intermountain® Healthcare

Bladder and Urethral Surgery: *TVT and TOT procedures*

What is it?

TVT (tension-free vaginal tape) and **TOT (transobturator tape)** procedures are used to lift a woman's sagging bladder or urethra into normal position. The procedures place a narrow band of tape under the urethra. The tape supports the urethra and bladder like a hammock.

Why do I need it?

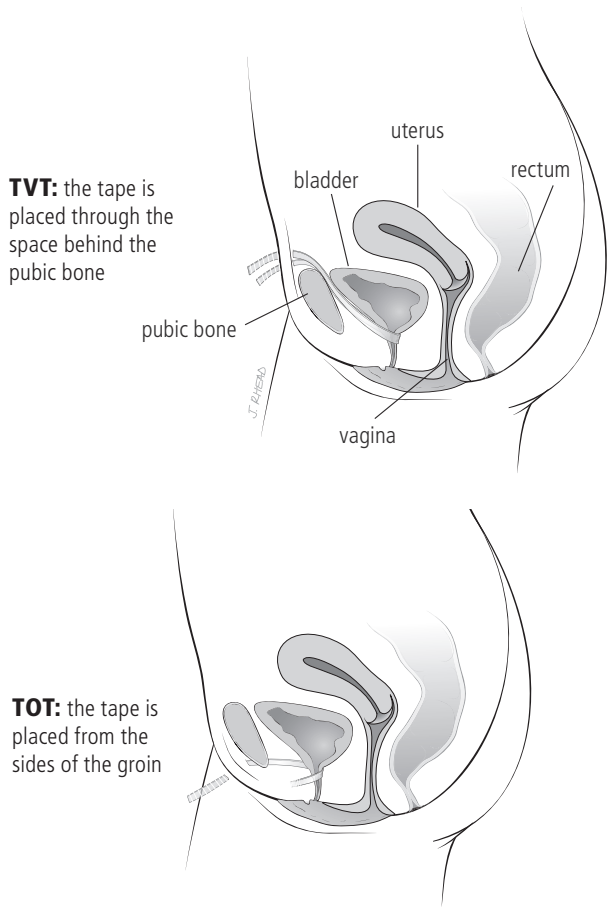
Your doctor may recommend a TVT or TOT procedure to treat **stress incontinence**. Stress incontinence is when extra pressure on your full bladder — for example, pressure from an activity like coughing, sneezing, laughing, running, or lifting — causes you to leak urine. The leakage stops when the activity stops.

Stress incontinence is fairly common among women. It's caused by weakness in the muscles and tissues that surround the bladder and urethra. The weakness prevents the urethra from closing, so urine leaks out. The support provided by TVT or TOT can often relieve or correct this leakage.

How is it done?

TVT and TOT procedures are called minimally invasive because unlike "open" surgeries, they require only very small incisions (cuts) in the groin, lower abdomen, and vagina. During the procedure, the surgeon passes the tape — a narrow band of synthetic material — through these cuts, slinging it around the urethra to lift and support the urethra and bladder. The surgeon adjusts the tape during surgery to provide the right amount of support.

After the surgery the tape stays in place. The tape is held in place by friction between the tape and the surrounding tissues, and the tape does not protrude outside your body. The small stitches that close the incisions slowly dissolve in the days after the procedure.



In TVT and TOT procedures, a narrow band of tape is placed around the urethra to support the bladder and urethra. The ongoing support from the tape may ease or eliminate stress incontinence.

The key difference between a TVT and a TOT procedure is the way the surgeon accesses the urethra to position the tape. Also, the tape material may differ depending on the procedure. Your doctor will explain the approach recommended for your procedure.

TVT and TOT procedures last about 30 minutes. Most patients are able to go home the same day.

How do I prepare for my procedure?

Preparation for your procedure may include the following:

- You'll have blood and urine tests.
- You'll be asked to fast (not eat anything) from midnight until your procedure the next day.
- You must arrange to have someone drive you home after the procedure. Also, you must arrange to have someone stay with you during the first 24 hours at home.

What happens BEFORE the procedure?

Here's what you can expect before your TVT or TOT procedure:

- Hair on your pubic area and abdomen may be clipped to help keep the incision sites sterile.
- To prevent infection, you'll be given antibiotics.
- A nurse will place an IV — a small tube put through a needle into a vein — in your arm or wrist to deliver fluids, medication, or blood as needed.
- You'll be attached to monitors and given anesthesia. Depending on your preference and on how your procedure will be done, you may have general anesthesia (which puts you completely asleep during the surgery) or a regional anesthesia (which blocks the feeling in the lower part of your body).
- A catheter — a thin tube — may be placed in your bladder. The catheter drains urine from your bladder during the procedure.

What happens AFTER the procedure?

After a TVT or TOT procedure, you'll need to rest at the clinic or hospital for a few hours before you go home. (If your procedure was late in the day, you may need to spend the night.) Here's what to expect:

- Your nurses will encourage you to walk around as soon as possible. This helps prevent blood clots.
- You'll have some pain. Your doctor will prescribe medication to help control the pain.
- You'll have vaginal bleeding and discharge. Gauze and sanitary pads may be used to absorb this.
- You'll learn how to care for yourself at home during your recovery period. Your nurse will go over the instructions in the next section of this fact sheet, and will answer any questions you or your family may have.

How do I care for myself at home?

Recovery is different for every woman. It can last anywhere from 1 to 4 weeks. This section gives information to help you know what to expect — and what to do — as you recover at home. (Be sure to follow the specific instructions of your own care team if they're different from what you see here.)

In the first 24 hours...

- Don't drive or use machinery — have someone drive you home after your procedure.
- Have someone stay with you for the first 24 hours after your procedure. If you have any problems or side effects from the anesthesia, you may need help.
- Don't drink alcohol for the first 24 hours — or at any time while taking narcotic medication.

Talking to your doctor about this procedure

To decide whether to have a TVT or TOT procedure, talk to your doctor. Discuss the procedure's potential benefits, its risks, and your treatment alternatives. The table below lists the most common of these, but other benefits and risks may apply in your situation.

Potential benefits of TVT and TOT procedures	**Risks and potential complications** of TVT and TOT procedure	**Possible alternatives**
• May ease or cure stress incontinence	• Bladder that is slow to empty (usually only a temporary effect, but if needed may be helped by loosening the tape around the urethra) • Blood clots in the veins or lungs • Infection in the urinary tract, or at the site of the incision or stitches • Bleeding during or after surgery • Injury to the urethra, ureters, bladder, vagina, or surrounding nerves • Problems related to anesthesia • The body may reject the tape material, or the material may wear away the tissue of the urethra or vagina	• Exercises to strengthen the supporting muscles around the vagina and bladder • Pessary (a device placed in the vagina to hold the bladder and urethra in place) • Bulking injections in the lower part of the bladder (the bladder neck) • Another type of surgery

Bleeding

After a TVT or TOT procedure it's normal to have a small amount of blood in your urine for the first day or so. (A small amount of blood will make your urine slightly pink.) Gradually, it should go away. Here's what to do to take care of yourself:

- Do NOT douche or use tampons. Ask your doctor when it's okay to do so.
- Wipe front to back after going to the bathroom. This helps prevent infection.
- **CALL YOUR DOCTOR** if you continue to have blood in your urine, or if the amount of blood seems to be increasing, rather than decreasing.

Pain

Pain and soreness should gradually go away as the days pass. To help ease and monitor your pain:

- Take any medication as prescribed. Often your doctor will prescribe medication to treat pain. Follow your doctor's instructions carefully.
- **CALL YOUR DOCTOR** if you have:
  - Any increase in your pain, or if pain medication isn't working
  - A lot of bloating or swelling in your abdomen
  - Pain, redness, or swelling in one leg, or in your groin
- **GET EMERGENCY CARE** if you have chest pain, a cough (not from a cold), or trouble breathing.

Fatigue

It's normal to feel tired for a few days after your procedure. Try these tips to slowly rebuild energy:

- Try to get at least 8 hours of sleep each night.
- Take rest periods throughout the day.
- **CALL YOUR DOCTOR** if you become more tired (rather than less) each day, or if you're dizzy for more than a few seconds at a time.

Incisions

The incisions in your abdomen or groin will be covered with special tape called steri strips. Here's how to care for your incisions at home:

- You may take a shower after the first 48 hours, but do NOT soak in a bath, hot tub, or swimming pool. Wait until your steri strips are off and your incision is well healed.
- **CALL YOUR DOCTOR** if you have any of these signs of infection:
  - Ongoing red bleeding from your incision. (It's normal to have a small amount of bloody discharge — but not red bleeding — at home.)
  - Redness, swelling, separation, odor, or yellowish drainage from your incision.
  - Fever of 100.4°F (38.0°C) or greater.
  - Flu-like symptoms (for example, chills, body ache, fatigue, or headache).
  - Increase in pain, or pain medication that isn't working.

Work, physical activity, and sexual activity

Here are some guidelines to help you slowly ease back into your normal activities:

- You can go back to work as soon as you feel able to. Unless your job is physically demanding, you will probably be ready to go back within the first week.
- Take it easy for the first 2 weeks. This means:
  - Don't push, pull, or strain.
  - Don't lift anything heavier than 5 pounds.
- **ASK YOUR DOCTOR** when it's okay to do more strenuous exercise, or resume sexual activity.

Constipation

Constipation after your procedure can add to your discomfort. Here's what to do to prevent and relieve constipation:

- Drink at least 6 to 8 glasses of water each day.
- Eat high-fiber foods. Fresh fruit, vegetables, and whole grain bread are good options.
- Don't strain with bowel movements, and don't use an enema.
- Take a stool softener or laxative if your doctor recommends it.
- **CALL YOUR DOCTOR** if you can't relieve constipation with the measures listed above.

Urination

After surgery, you might have trouble urinating. This might be due to your procedure. But it may also come from pain medication, discomfort, or anxiety. Here's what to do:

- Don't strain or bear down while going to the bathroom. This can damage the area of your recent procedure. Also, realize that your urine stream may be different that it was before — it may not flow out as forcefully. This is normal after surgery. It's also normal to feel urgency (a strong need to urinate), but this should go away as you heal.
- Urinate while sitting in a few inches of warm water. Remember to avoid getting your incision wet if it hasn't healed yet.
- Don't let your bladder get too full. Believe it or not, it's easier if you urinate more often.
- Do Kegel exercises to strengthen the muscles around your vagina, bowel, and bladder. To start, tighten the muscles you use to stop the flow of urine. Hold for a count of ten, then relax the muscles slowly. Repeat several times a day, working up to 100 Kegels a day.
- If you can't urinate on your own before you leave the hospital, you may need to go home with a **urinary catheter** (a small tube to drain urine from the bladder). Until you can urinate on your own, follow these instructions:
  - **If you go home with a catheter in place,** follow the nurse's instructions for caring for the catheter and drainage bag. Do any exercises you've been taught. And make sure you know when and how the catheter will be removed.
  - **If you need to self-catheterize,** a nurse will teach you how before you leave the hospital. Be sure to self-catheterize as often as your nurse has told you to — usually every 3 to 4 hours during the day.
- **CALL YOUR DOCTOR** if you:
  - Can't urinate, or have ongoing difficulty urinating
  - Have problems with your catheter, or with self-catheterizing
  - Have bloody, cloudy, or foul-smelling urine
  - Have burning, painful, or frequent urination

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