

Bladder and Urethral Surgery: *TVT and TOT procedures*

What is a TVT or TOT procedure?

TVT (tension-free vaginal tape) and TOT (transobturator tape) are procedures that lift a woman's sagging bladder or urethra into normal position. During surgery, a narrow band of tape is placed under the urethra. The tape supports the urethra and bladder like a hammock.

Why do I need a TVT or TOT procedure?

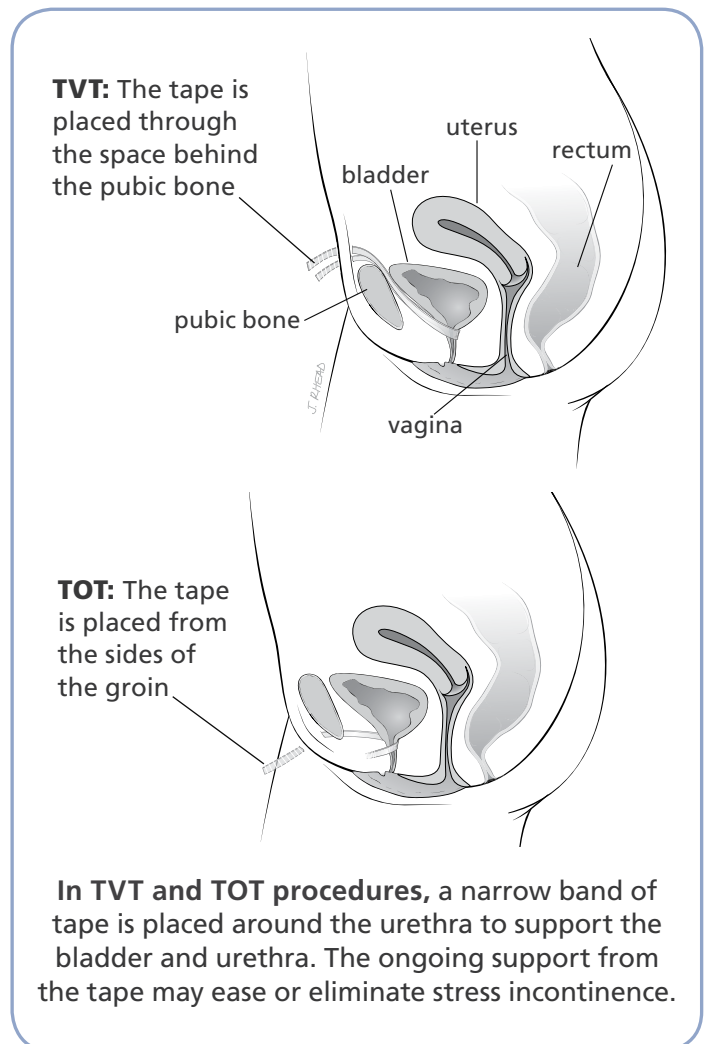
Your doctor may recommend a TVT or TOT procedure to treat **stress incontinence**. Stress incontinence is when pressure from an activity like coughing, sneezing, laughing, running, or lifting causes you to leak urine. The leakage stops when the activity stops.

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. TVT or TOT support can often relieve or correct this.

How is a TVT or TOT procedure done?

During the procedure, the surgeon makes very small incisions (cuts) in the groin, lower abdomen, and vagina. Then a narrow band of synthetic material (tape) is passed 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. It does not poke outside your body. The small stitches slowly dissolve in the days after the procedure.



The key difference between a TVT and a TOT procedure is the way the surgeon reaches 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.

What do I need to do before my procedure?

- **Make a list of all of your medicines and bring it to your surgery appointment.** Be sure to include all vitamins, herbal remedies, and over-the-counter medicines (like allergy medicine or cough syrup) you are taking.
- **Follow your doctor's instructions concerning your medicines.** You may need to stop taking certain medicines a few days before surgery.
- **Follow all instructions on when to stop eating or drinking before your surgery.** This will help prevent anesthesia complications.
- **Arrange for someone to take you home after surgery.** Ask your doctor if you will need someone to help care for you in the first 24 hours after the procedure.
- **Ask your doctor to explain all of the possible risks and complications of this procedure.**

What can I expect after a TVT or TOT procedure?

You will rest at the clinic or hospital for a few hours before you go home. 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 medicine to help control the pain.
- **You'll have vaginal bleeding and discharge.** You may be given gauze and sanitary pads to absorb this.
- **You'll learn how to care for yourself at home during your recovery period.** Your nurses will go over your instructions and answer any questions. **You may go home with a urinary catheter** (a small tube to drain urine from the bladder) **if you can't urinate on your own before you leave the surgery center.**

Talking to your doctor about TVT and TOT procedures

Before deciding whether to have a TVT or TOT procedure, talk with your doctor. Ask about the potential benefits and risks of the procedure 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 a TVT or TOT procedure	Risks and potential complications of TVT and TOT procedure	Possible alternatives
May ease or cure stress incontinence	<ul style="list-style-type: none"> • Bladder that is slow to empty (usually only temporary and 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 	<ul style="list-style-type: none"> • 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

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