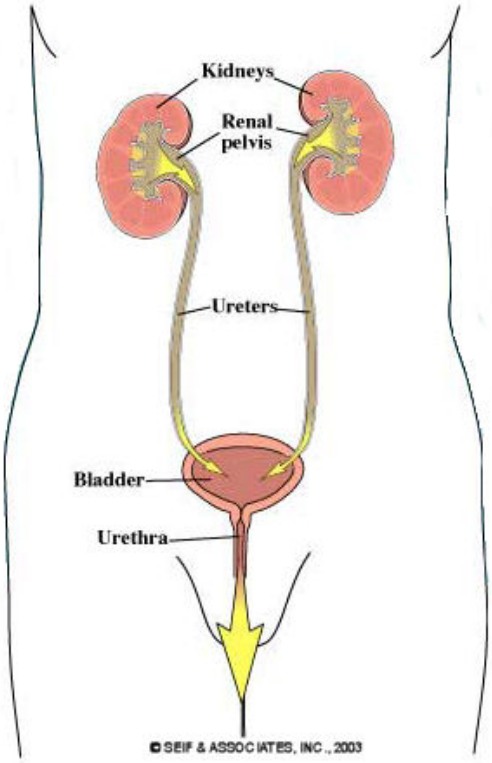
Transobturator Tape (TOT) Sling

Laughing, lifting objects, coughing and sneezing all put pressure on your bladder. When this happens, urine sometimes leaks. This problem is called *stress urinary incontinence*. If this is caused by weak pelvic muscles and ligaments, one way to keep urine from leaking is with a *transobturator tape* (TOT) *sling*. In this procedure, a surgeon uses man-made material (the "tape") to create a sling to support the tube that allows urine to flow from the bladder (*urethra*). The sling does the same job that the muscles and ligaments would do if they were not damaged.



The name of the procedure comes from the space in your hip bones (*the obturator foramen*) where the tape is threaded into the body.

BEFORE SURGERY

- Two weeks before your surgery, stop using aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) for pain relief. This includes prescription drugs and over-the-counter drugs such as ibuprofen and naproxen. Also stop taking vitamin E.
- If you take blood-thinners, ask your healthcare provider when you should stop taking them.
- Do not eat or drink for about 8 hours before your surgery.
- You might be given a cream to place in your vagina before the procedure.
- Arrive at least an hour before the surgery, or whenever your surgeon recommends. This will give you time to check in and fill out any needed paperwork.
- If your surgery is an outpatient procedure, you will be able to go home the same day. Make arrangements in advance for someone to drive you home.

LET YOUR CAREGIVERS KNOW ABOUT THE FOLLOWING:

- Allergies.
- Medications you take, including herbs, eye drops, over-the-counter medicines and creams.
- Blood thinners (*anticoagulants*), aspirin or other drugs that could affect blood clotting.
- Use of steroids (by mouth or creams).
- Possibility of pregnancy, if this applies.
- History of blood clots (*thrombophlebitis*).
- History of bleeding or blood problems.
- Smoking history.
- Previous surgery.
- Previous problems with anesthetics, including local anesthetics.
- Any other health problems.

THE SURGERY

The procedure usually takes 20 to 30 minutes.

- Preparation:
  - The surgery can be done while you are asleep (*general anesthesia*) or while an area of your body is numb, but you are awake (*regional anesthesia*).
  - You will wear a surgical gown. Your groin and vaginal area will be draped with sheets.
- Procedure:

- The surgeon will make two small cuts (*incisions*) in your groin, just inside your thighs on either side of the vagina, and one in your vagina under the urethra.
- The sling will then be threaded from one incision to the other, under the urethra.
- A tube (*catheter*) will be inserted into your urethra to collect and drain urine during and after the procedure.

RISKS AND COMPLICATIONS OF THE PROCEDURE

Most women recover without problems. Sometimes, though, women experience:

- Difficulty urinating. This may happen temporarily with normal tissue swelling from the surgery or more long term if the sling was pulled up a little too tightly.
- Some continued leakage. This can happen if parts of the tape wear away because of rubbing against the body or if the tape was put in with too little tension.
- Other complications. These are rare, but possible:
  - Pain in the groin or vagina.
  - Infection.
  - Excessive bleeding.
  - Damage to the bladder or urethra.
  - Nerve damage. This can cause a loss of sensation in the area.
  - The tape can cause a hole in the urethra from erosion. The tape must then be removed.
  - The need for additional surgery.

AFTER THE SURGERY

- The catheter will be left in place for a few hours. Once it is removed, you will have to urinate on your own before you can go home. An overnight stay is sometimes needed.
- The surgeon may prescribe antibiotics to prevent infection.
- You might be given a cream to apply to the vagina to help the area heal.
- It could take two weeks for urination to feel normal.

HOME CARE INSTRUCTIONS

- Take any medication and use any creams that your surgeon prescribed. Follow the directions carefully. Take all of the medication and use all of the cream.
- Ask your surgeon whether you can take over-the-counter medicines for pain, discomfort or fever. Do not take aspirin unless your healthcare team says that you should. Aspirin increases the chances of bleeding.
- Avoid sexual intercourse, douching, using tampons or placing anything inside your vagina for about four weeks. Your healthcare provider will let you know specifically when it is OK to do these things again.
- Limit activities like exercising and dancing for 4 to 6 weeks.
- After a month or so, your healthcare provider may want to do some follow-up tests. They can show whether your urination is back to normal.

SEEK MEDICAL CARE IF:

- You have problems with urination. These include pain, frequent urges to urinate or difficulty passing urine.
- The wounds become red or swollen, or they leak fluid or blood.
- Your pain increases.
- You notice unusual or foul-smelling discharge from your vagina.
- You become nauseous or vomit for more than 2 days after the surgery.
- You develop a fever of more than 100.5°F (38.1° C).

SEEK IMMEDIATE MEDICAL CARE IF:

- You develop a fever of 102.0°F (38.9 ° C) or higher.

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