

MOUNT SINAI HOSPITAL

Joseph and Wolf Lebovic Health Complex

Bright Minds. Big Hearts. The Best Medicine.



GYNAECOLOGY PROGRAM

Patient Information: **Trans-obturator Tape (TOT) Procedure**



Informed Consent

As part of informed consent, your doctor will talk to you about:

- What will be done during the surgery
- Why you need it
- Risks of surgery
- Risk of not having any treatment
- What other choices you may have

You may also be asked to consent to Blood Transfusion and/or Blood Products, consent for Tissue Samples for Research Purposes, and/or consent for Photography.

Make sure you understand this information. Don't be afraid to ask questions. Have your doctor go over something if it is not clear to you.

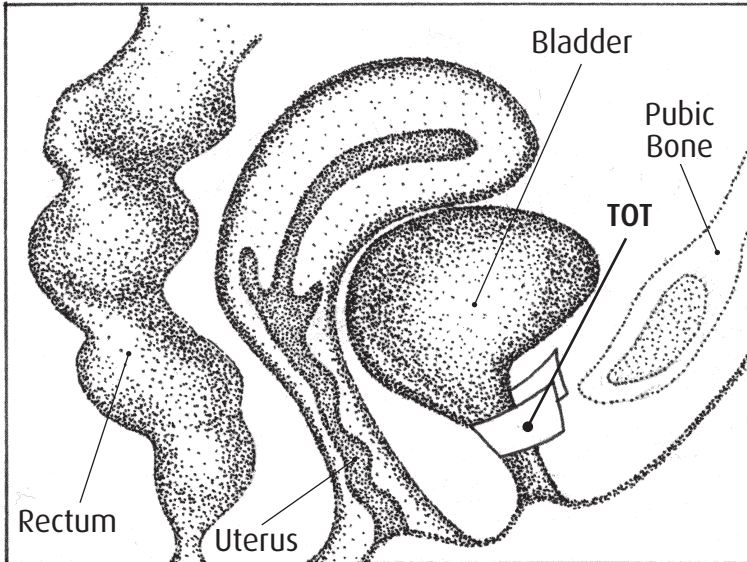
What is the TOT Procedure?

The TOT Procedure provides support to the bladder by placing a synthetic mesh (which acts as a sling) under the mid-portion of the bladder neck (urethra) through a small incision in the vagina. The mesh is then passed into a tunnel created around each side of the bladder neck and out through the thigh fold through two small skin incisions. The surgery is performed through the vagina. Cystoscopy (looks inside the bladder with a camera) is performed to make sure the bladder and urethra are intact. This is an outpatient procedure and can be done under spinal anesthesia.

What are the benefits of this surgery?

When the muscles and tissues in your pelvis are not strong enough to support the bladder it can lead to urinary incontinence (leaking). This procedure “slings” the bladder back into position and in so doing, stops the leaking. The success rate of the surgery is about 85 per cent.

Trans-obturator Tape (TOT) Procedure



What are the risks of this surgery?

The risks of the surgery include the following:

1. **A bad reaction to the anesthetic.** This is minimal in an otherwise healthy person.
2. **Bleeding.** Bleeding sometimes occurs and requires an abdominal incision to control it and complete the surgery. In extremely rare cases, if there is a large amount of blood lost, a blood transfusion is required.
3. **Infection.** This can usually be successfully treated with antibiotics.
4. **Injury to bladder, ureters, or bowel.** If these very rare injuries do occur, they are usually repaired at the time of surgery without any significant problems in the long-term.
5. **Frequent and urgent need to urinate.** This condition may last two to three months following surgery, then usually resolves itself.
6. **Bowel injury.** Very rarely occurs, and may require a followup surgery to repair.

7. **Mesh works its way through the lining of the vagina and the mesh may require trimming back.** In extremely rare cases the mesh works its way into the urethra and requires surgical repair.

What should I do and what will happen before the surgery?

For your visit to the Pre-Admission Unit, please bring with you a list of all medications (including all prescription and non-prescription medications), and supplements you are taking. During this visit, you will be given an opportunity to ask any questions you may have. Routine blood tests may be taken and an anesthetist may consult with you.

You should not eat or drink after midnight the night prior to your surgery (water may be taken up to four hours before the surgery).

On the day of your surgery, you should come to the Admitting Department on the main floor of the hospital. From there you will be directed.

What happens after the surgery?

You will usually go home in the afternoon or evening the day of surgery. You should try to pass your urine every two to three hours. Take your time, and when you feel that you have finished urinating, lean forward off the toilet seat and then sit down again, and give an extra push to try to empty your bladder completely. Please measure the amount of urine in the white measuring “hat” which will be placed on the toilet seat. If you cannot urinate well, it most likely means that there is still swelling around the urethra (which is normal for some women). The nurse will place a new urine drainage catheter into the bladder, and you will be discharged home with the catheter for three or four days.

Urine Drainage Catheter

If you are discharged with a catheter your nurse will ensure that you are able to manage the catheter and small drainage bag (“leg bag”). The catheter will be removed in the office in three or four days, and you will again try to pass urine. It is very rare that a catheter be required for a second week. This would not happen unless you are unable to do self care.

Recovering from surgery

You will be given a prescription for pain medication (usually Naproxen® and Tylenol 3® with codeine). Take the Naproxen® twice a day, with meals, but stop if you have an upset stomach. Use the Tylenol 3® if the Naproxen® is not enough to control the pain. To avoid constipation, drink plenty of liquid (six to eight glasses per day) and take Colace® (a stool softener) twice a day. Use Milk of Magnesia if you do not have a bowel movement within two days. Avoid caffeinated drinks because they tend to irritate the bladder.

You may take showers or baths. Usual daily and household activities are acceptable immediately after surgery. However, you should avoid heavy lifting (more than 20 pounds) or straining (sit-ups, strenuous exercise) for six weeks. Nothing should be placed into the vagina until after your six-week check-up. You may return to work in about four to six weeks, depending on the physical demands of your job. If you have not been given a follow-up appointment date, please call your surgeon's office to arrange one for six weeks after your surgery.

Can I expect any vaginal discharge or bleeding?

Yes, you will be required to wear a sanitary pad for as long as you are bleeding. You will most likely have a small amount of bleeding or spotting for a few days up to possibly a week after your surgery. **Please do not use tampons.**

Warning Signals

Please call your surgeon's office or go to the nearest Emergency Department if you have a fever over 38 degrees Celsius (100.4 degrees Fahrenheit), difficulty breathing, heavy bleeding, pain not relieved with pain medication, redness around the cuts, or persistent vomiting with inability to drink fluids for four hours. If you have a burning sensation when you urinate or think you may have a bladder infection, call the office or your family doctor to leave a urine sample (if the sample shows an infection, you will be called within 24 to 48 hours with an antibiotic prescription).

Why are students taking part in my care?

Mount Sinai Hospital is a teaching hospital and the team includes medical students and residents. This should enhance your hospital experience by providing you with additional care from these doctors-in-training. Your willingness to allow students to take part in your care enhances the experience of those who are eager to learn, helping to ensure well-trained doctors into the future. They are fully supervised, and are only given responsibilities that are appropriate to the level of education they have. Final responsibilities always rest with the staff physician. The people taking care of you should always introduce themselves and ask your permission before commencing any care.

Notes

MOUNT SINAI HOSPITAL
Joseph and Wolf Lebovic Health Complex



600 University Avenue
Toronto, Ontario, Canada M5G 1X5
t 416-586-4800 ext. 8824
www.mountsinai.ca