

'TOT' Bladder Operation (Transobturator tape)

Department of Urology

About your operation

You have been diagnosed as having 'genuine stress incontinence' (GSI) which is a type of leakage amenable to surgery.

The operation you have been recommended involves placing a special tape under the urethra (water pipe) to support the valve mechanism. The tape rests under the urethra without tension. It acts rather like a hammock supporting the urethra during straining and preventing leakage of urine.

The operation is performed through two small incisions in the skin at the top of the thigh and one small incision in the vagina. The tape is placed using specially designed instruments and the position checked by an internal inspection of the bladder (cystoscopy).

After the operation

You will have a catheter (small tube) draining urine from your bladder overnight. It will be removed in the ward by the nursing staff the next morning.

Going home

Most patients spend one night after the operation in hospital and go home passing urine normally. Very few will need to have a catheter for 4 or 5 days at home. The nursing staff will give you full instructions how to manage this.

When you get home

If you are working you should be off work for two weeks and during this time you must avoid heavy lifting, but normal activities and sensible exercising, particularly walking, is encouraged.

Avoid intercourse for four weeks so that the vaginal incision has had time to heal properly. You may notice some small discharges from the vagina during the healing period when the stitches come free, sometimes noticeable in little pieces. You will be asked to attend the urology clinic for a check-up between 4 and 6 weeks after the operation. If you have any queries before then you should consult your General Practitioner who, if necessary, will get in touch with the Urology team. Alternatively you can telephone Robinson Ward for advice from the nursing staff.

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Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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