



University Hospitals Birmingham
NHS Foundation Trust



Transobturator tape sling – Female sling system

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Introduction

This leaflet is designed to provide you with information regarding the female sling procedure. You will have previously had urodynamic studies. These studies will have assessed the degree and type of incontinence you are experiencing and your options will have been discussed with you.

The options for stress urinary incontinence include pelvic floor exercises, transobturator tape (TOT) sling or the autologous sling.

The urodynamic test indicated that the treatment most suitable for you is the transobturator tape or TOT sling. This is the most commonly performed operation for stress urinary incontinence in England.

The TOT female sling system is not suitable if you are considering pregnancy in the future.

What causes female stress incontinence?

Stress incontinence is the involuntary loss of urine during physical activity such as coughing, laughing, exercise or lifting.

The muscles and ligaments that support the urethra (the tube that carries urine from the bladder) and the bladder neck (the opening that connects the urethra to the bladder) have weakened.

During physical activity, laughing, coughing, exercising or lifting these muscles do not offer sufficient support which results in the leakage of urine.

The most common cause of stress incontinence in women is pregnancy and delivering children although some women who have not had children can still be affected.

What is a TOT sling?

TOT is a synthetic mesh sling inserted to support the urethra (water pipe) so that continence is restored.

The TOT operation is a minimally invasive operation whereby small strips of surgical mesh or tape are placed around the urethra. This creates a 'hammock like' support for the urethra. The TOT is inserted through three small incisions (cuts). One small incision is in the vaginal wall and two small incisions are in the groin. The operation is performed under a general anaesthetic.

The success rate of this procedure is around 80%.

You can expect to be in hospital for one night.

Other options

The other surgical option for stress urinary incontinence is the autologous sling. This operation is similar to the TOT procedure but instead of using a synthetic man-made mesh, a strip of muscle lining from your own body is used to support the urethra. As the sling is a natural part of your own body, you can avoid some of the possible problems associated with mesh slings. The disadvantages of this procedure are that this is a bigger operation and requires not only a small incision in the vagina but also an incision on the abdomen. This is a horizontal wound and is situated below the bikini line. The recovery time is longer with an autologous sling and patients are more likely to experience difficulties passing urine after surgery. Also symptoms of an overactive bladder are more common, these include rushing to the toilet and/or increased frequency of urine.

Prior to surgery

You will be seen in the pre assessment clinic to make preparation for your admission. At this clinic we will note your details including any current medication you are taking as well as arranging any necessary blood tests, heart tracings, chest X-rays and infection screening.

Day of surgery

You will be admitted to the hospital on the day of surgery. It is usual practice to be admitted via the Admissions Lounge; you will go to theatre from here and will return to a bed on the urology ward after surgery.

You will be given a 'nil by mouth' order, which means you cannot eat and drink before surgery. You will be dressed in a theatre gown and a theatre porter and a nurse from the Admissions Lounge will accompany you to theatre for your surgery.

After the operation

Following the surgery you will have a urinary catheter in place overnight (this is a tube that drains the urine from the bladder) and a vaginal pack. Both will be removed in the morning. The nurses will ensure you are passing urine properly and will ensure you are emptying your bladder by performing an ultrasound of your bladder after you have passed urine.

You can eat and drink normally on return to the ward. Pain relief will be administered as required.

On discharge

Please follow the advice below to aid your recovery on discharge:

1. Keep wounds clean and dry. Shower daily and pat wounds dry with a clean towel afterwards. No baths or hot tubs for 2 weeks. You may start using a shower after 24 hours.
 2. Do not lift anything heavier than a full kettle for six weeks.
 3. No sexual activity for six weeks.
 4. No bending, squatting, climbing (eg. stepping up into high vehicles), cycling or jogging for six weeks.
- No driving for four weeks
 - It is important to avoid constipation as straining could damage the sling, if you feel you are becoming constipated see your GP for a stool softener

It is not uncommon to experience some pain, but this should be easily controlled with pain medication.

Any signs of discharge from the wounds must be reported to the specialist nurses on 0121 627 7843 between 09:00 and 17:00, Monday to Friday. Out-of-hours, please report this to Ward 624 on 0121 371 6261.

Follow up

You will be given a follow-up appointment to be seen 2–4 weeks after discharge. At this visit you will be seen by the specialist nurse. Wounds will be checked and a bladder scan will be performed to ensure you are continuing to empty your bladder and to check on your progress.

If you have any problems, please call the nurse specialist or Ward 624 out of hours.

You will also receive a further appointment in 3–4 months with your consultant; however you may contact the specialist nurse, should you need further advice.

Complications

The possible complications of the TOT procedure include:

- Possibility of the sling becoming infected, a sign of infection is a raise in temperature, redness, swelling or a discharge from the wound site
- There has been press publicity regarding erosion of the mesh recently. This is a less common complication of the sling, where the mesh erodes through the urethra and vagina, this happens when the tissue next to the device is 'worn away' and usually results in the device having to be removed; this affects about 5% of patients
- Pain/discomfort, with upper thigh pain and numbness which can sometimes be severe initially. This should resolve in 2–4 weeks time. In our experience persistent pain can be more prolonged in about 5% of patients
- Recurrence of stress incontinence can happen years after the tape has been inserted, even if you were cured at first
- Migration of the tape into the vagina, bladder or urethra which can happen several years after the tape was inserted. This is only

estimated to occur between 1 in 10 and 1 in 50 patients

Side effects

Side effects of the TOT procedure include:

- Needing to go to the toilet frequently; sometimes some leakage of urine may be present
- Inability to empty the bladder completely. If this happens you may require a catheter to be inserted in all the time or you may be taught a procedure called clean intermittent self catheterisation whereby you put in a catheter several times a day to empty your bladder
- Slow flow of urine

If you experience any problems, please contact the nurse specialists Monday–Friday between 08:00–17:00 outside these hours contact Ward 624.

- **Michele Miletic (Advanced Nurse Practitioner)**
0121 627 7843
- **Fran Harries (Continence Nurse Specialist)**
0121 371 6932
- **Ward 624**
0121 371 6261

Further guidance is provided by the National Institute for Health and Clinical Excellence (NICE) website:

www.nice.org.uk/guidance/CG171/IFP/chapter/urinary-incontinence-in-women

