
Treating stress incontinence:

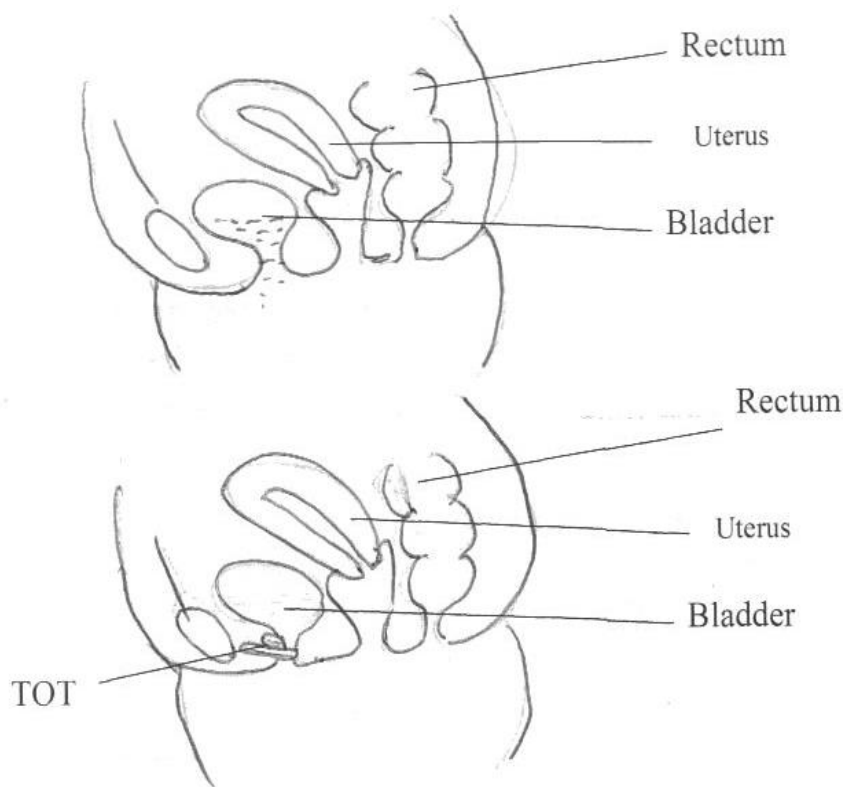
Stress urinary incontinence is the leakage of urine which mainly occurs with activity (coughing, lifting, sneezing, etc.). Conservative management including appropriate fluid intake, weight loss, and physiotherapy is successful in 60-70% of cases

If conservative management fails, Transobturator tape (TOT) operation can be an option.

Details of procedure:

- The procedure is performed under general or spinal anaesthesia and takes around 10 minutes.
- A small tape is placed under the bladder neck (urethra) which acts like a hammock supporting it and preventing any leakage on straining.
The procedure has a high success rate of around 80%.
- To place the tape in your body, three small incisions are made; one 2cm vaginal incision below the urethra and two ½ cm incisions in each groin. The stitches used will dissolve spontaneously in 7-10 days.
- Please inform the nurse when you want to pass urine. She will measure the amount you pass and then check your bladder with a scan to make sure you have emptied it adequately. You are allowed home when you are passing urine comfortably. If you are retaining more than 100ml of urine, you will be taught how to empty the remaining urine by ISC (intermittent self catheterisation).

- Most patients leave same day or next day. If the procedure is combined with a repair for prolapse, you usually stay for 3 days.



Risks and concerns:

- One of 10 women may need to empty their bladder with a catheter twice a day (intermittent self catheterization - ISC). This usually resolves in 2-3 weeks.
- Two out of ten may experience urinary tract infection.
- There is a small chance of injury to urethra, bladder, blood vessels or nerves.
- This will be repaired at the time but nerve damage may cause chronic groin pain in 1%.
- There is also a small risk of the mesh material becoming exposed in the vaginal canal (erosion). The tape might need to be removed or trimmed in some of these cases.

- Symptoms of overactive bladder (urgency to pass water and leakage before getting to the toilet) may occur after the procedure. This is usually controlled by physiotherapy (bladder training) and medication.

At home:

- Most patients can return to normal activities within 1-2 weeks.
- You can drive when you feel comfortable sitting and able to do an emergency stop (you may need to check with your insurance company).
- You should avoid intercourse, straining, dancing, heavy lifting or rigorous exercises for 2 weeks.

Follow up

- An outpatient appointment is usually made in 3 months time
- Should you experience any problem, please contact:-

Royal Gwent Hospital, Ward B7 West on:-
Tel. No:- 01633 - 234579

Royal Gwent Hospital, Ward B 7 East on:-
Tel. No:- 01633 - 238722

Ysbyty Ystrad Fawr, on:-
Tel. No:- 01443 - 802553 (this is manned until 1pm Mon-Fri)

Nevill Hall Hospital, Ward 3/2 on:-
Tel. No:- 01873 732410 / 01873 732411