

**TVT (Trans-Vaginal Tape) or**  
 **TOT (Trans-Obturator Tape)**  
**Procedure**

**Discharge Instructions**

North Shore, Sea to Sky,  
Sunshine Coast, Powell River,  
Richmond and Vancouver

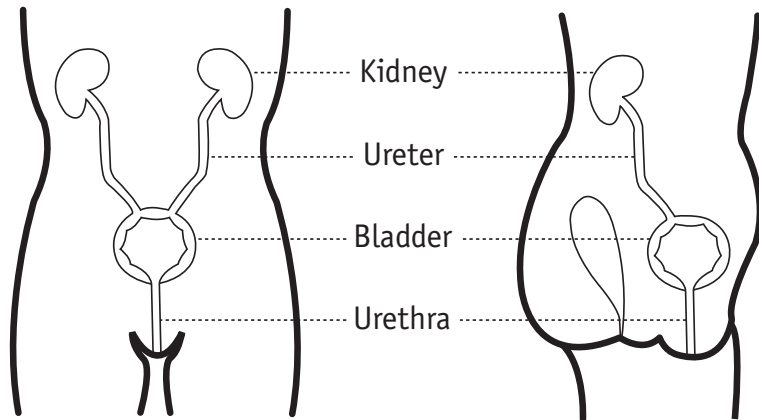
## The Procedure

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TVT or TOT surgery is a procedure done to treat stress urinary incontinence. This is a condition in which urine leaks out on exertion, for example when you cough, sneeze, run or exercise.

The urethra is the tube from the bladder from which urine comes out. The urethra is normally surrounded and supported by muscles. These muscles keep a tight seal around the urethra, thus preventing leakage of urine. Women with stress urinary incontinence have weak muscles in this area. When these women cough, sneeze or exercise, the muscles are not strong enough to close the urethra. This allows urine to leak out.

### Female Urinary Tract



**TVT** is an operation for incontinence. The surgeon places a ribbon-like strip of mesh under the urethra to give it support. This keeps the urethra closed during coughing, sneezing or physical activities. The TVT differs from a TOT in that the two skin cuts for the TVT are in the pubic hair area. The TOT cuts are in the groin. The surgeon may prefer one technique over the other.

The mesh is well tolerated and remains in the body permanently.

This procedure is usually done under general anesthetic (you are asleep), or with a spinal anesthetic.

# After Your Surgery

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## Diet

- You may increase to your normal diet, as you feel ready.
- Avoid straining with bowel movements.
- Include high fiber in your diet to prevent constipation, such as:
  - grains, bran cereals (All Bran, Bran Buds, Fruit & Fiber)
  - fruits (prunes, dates, bananas, apples)
  - vegetables (broccoli, corn, beans, potatoes)
- If needed, ask your Doctor or Pharmacist about a mild laxative or stool softener.
- It is important to drink plenty of fluid (6-8 glasses per day) to stay hydrated and to prevent constipation.



## Activity

- Rest on the day of surgery. The day after surgery, you should be able to return to normal activities (except for heavy lifting and exercise). **You can usually return to work within a week.**
- Avoid heavy lifting (i.e. moving furniture, wet laundry, house cleaning, lifting young children) and/or exercise (e.g. cycling, jogging) for at least 3 weeks, or as discussed with your Doctor.



## Pain



- You may have some pain during the first week after surgery and mild discomfort for the first few weeks. The pain can seem more than expected as you will not have a big cut on your skin.
- Your Doctor may give you a prescription for pain medication or suggest taking an over-the-counter pain reliever such as Ibuprofen. Sometimes muscle aches occur in the inner thighs or low back for a few hours, sometimes lasting for several days. These usually settle with time and Tylenol.
- Note that medications for pain may cause constipation.

## Dressings/Operative Area

- You may have 2 tiny cuts either just above the pubic area or near the creases inside the thighs.
- They will be covered with steri-strips (small tapes). Remove the tapes in 7 days or allow them to fall off.
- Expect some light vaginal flow for 3 days after surgery. It may be pink, yellow or yellow-brown. If some pieces of suture (stitch) material come out, this is part of normal healing.
- **Avoid use of tampons for 1 week after surgery.**

## Urinary Catheter

- If you are unable to empty your bladder after the surgery, you may go home with a catheter in your bladder.
- Call your surgeon the morning after surgery for instructions on follow up.

## Bathing

You may have a shower the day after surgery. Avoid soaking the surgical area until the cuts are healed.



## Follow-up Appointment

Make an appointment for a follow-up with your doctor for 6 weeks after surgery.



## Notify The Doctor Or Go To The Emergency Department If Any Of The Following Happens:

- you are unable to pass urine for more than 8 to 10 hours in spite of drinking fluids
- burning on urinating, frequent or foul smelling urine, blood in the urine
- abdominal distention or pain
- continued or heavy bleeding from the surgical area
- increased or bright red bleeding from the vagina
- foul smelling vaginal flow
- redness, pus-like (yellow or green) discharge or swelling from the cuts
- chills and/or fever of 38.5°C or 101.2°F or higher
- backache which does not seem to be from a previous back injury or strain
- pain not helped by prescribed medication
- nausea and vomiting which does not improve

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