

Procedure Name: TVT (Tension-free Vaginal Tapinkg, TOT) (Trans Obturator Taping)

Brief Description of Procedure:

TVT, TOT is a proceudre to help control urinary leakage. Stress Urinary incontinence is the body's inability to prevent accidental leakage when pressure (stress) is exerted on the abdomen.

Ex: coughing, sneezing, laughing, or strenuous lifting. This procedure is minimally invasive to help restore the body's natural functioning of the urinary tract and has lasting results with few complications. A narrow strip of material is implanted trough small incisions in your vagina and groins or pubic hair line. During this surgery, the tape is positioned under the urethra (urine carrying tube) like a sling or a hammock to support it and return it to its normal position. The urethral slings are made of both synthetic and natural materials. Your physician will determine which material will be best for you. Both materials anchor to the patient's own body tissue.

Describe anesthesia type that is typically given:

General anesthesia is used for this surgery. You will be given anesthesia by an anesthesia specialist. Final preparations before your surgery may include: Attaching monitoring instruments to check your breathing, oxygen level, heart rate, blood pressure, and other body functions. General anesthesia, after you are unconscious, anesthesia may be maintained with an inhalation anesthetic alonek, with intravenous anesthetics, or most commonly with a combination of the two. For this anesthetic, inhalation anesthetics are given through an airway device. The airway is inserted after you become unconscious. It is also common during general anesthesia for you to be given other medicines intravenously to maintain stable vital functions and to help prevent or decrease pain or nausea after the procedure. Some effects may persist for many hours after anesthesia has ended. Even if you feel alert and normal, your judgment and reflexes may still be affected for some time after your procedure, especially if you continue to take medicines, such as those to control pain or nausea. Local is injected around the surgical site.

What patients that smoke can expect when having surgery:

After surgery your anesthesiologist will check your breathing and lung sounds to determine if a breathing treatment is needed. Smokikng increases airway irritation, which leads to wheezing and coughing. Expect an increase in the amount of oral secretions. Further breathin treatments and medications are sometimes needed.

Average length of surgery time:

Approximately 30 minutes



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Average length in immediate recovery time:

Approximately 30 minutes

Average length for time of discharge:

Must be able to urinate before being discharged. If after 3-4 hours you still are unable to urinate, a small catheter will be inserted through the urethra to drain the bladder. You will be taught before discharge how to self catheterize at home if unable to empty bladder.

When can you go back to work:

Depending on your occupation, you and your doctor will discuss when you may return to work. At your post-operative visit with your surgeon he will discuss any further need to be off work based on your occupation.

What will my weight bearing limit be after surgery:

Patients must avoid lifting over 10 lbs. for three to six weeks. Nothing in the vagina - no sex, no tampons, no douching until after your first post-op appointment. You will have vaginal bleeding after your procedure that will last 3-5 days.

What kind of post discomfort can you expect:

You may experience incisional pain. You may experience bladder discomfort or spasm in your bladder. You may experience a scratchy sore throat 12-24 hours post-op from the airway device. Your surgeon will write a prescription for pain medicine to help control the pain.

Surgical Safety Checklist:

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