Does it work?

We're not certain. We don't know if this new type of vaginal tape operation works as well as other kinds of surgery for incontinence. There aren't enough studies yet.

What is it?

Transobturator tape (or TOT for short) is similar to an operation called tension-free vaginal tape (TVT). But the way the tape is put in and fitted is different in TOT. This may make TOT safer because there is less chance that your bowel or blood vessels will be injured.

During both operations using vaginal tape, a surgeon makes a small cut in your vagina through to your urethra (the tube that carries urine from your bladder to outside your body). He or she then places the tape under the middle part of your urethra. Your body makes scar tissue that grows into the tape and keeps it in place. This gives extra support for your urethra, making it less likely that you'll leak urine.

If the surgeon uses the TVT method, the tape ends are passed upwards through a space behind your pubic bone. They are brought to the surface through two tiny cuts in your abdomen, just above your pubic area. But in vaginal tape using TOT, the tape ends are passed sideways through a natural space in your hip bone (called the obturator foramen). They are brought to the surface through tiny cuts just to the side of the lips of your vagina.[1]

Unlike the TVT method, in the TOT method tape doesn't go near your bladder. This reduces the chances of damage to your bladder, damage to your bowel (the tube that takes waste away from your stomach) and injury to blood vessels, which can cause serious bleeding (haemorrhage). The TOT method also avoids cutting your abdomen.

The National Institute for Health and Clinical Excellence (NICE), the government body that decides which treatments should be available on the NHS, says this type of operation is safe enough and works well enough for use in the NHS. But you should understand the risks of TOT before you agree to it.[1]

How can it help?

One good study has looked at how well the TOT method works compared with TVT.[1] [2] More than 8 in 10 women were cured whichever operation they had.
The results show that the two methods work as well as each other in the short term. But we don't know how long the benefits of this operation last because this is such a new treatment and there are no long-term studies.

**Why should it work?**

If you have stress incontinence, the muscles that keep your bladder closed are weak. Things like sneezing and coughing put extra pressure on the muscles and urine leaks out.

TOT tape helps keep your bladder closed.

**Can it be harmful?**

The main side effect of TOT is finding it hard to pass urine afterwards. This affects about 1 in 20 women.[2] Another problem that can happen is that the tape rubs against your vagina or urethra, which can wear bits of the tape away. If this happens, the tape may not work as well. In studies, this happened to about 1 in 50 women.[2]

Other side effects are rare, but they include:[3] [4] [5] [6]

- Heavy bleeding (haemorrhage)
- Damage to your urethra
- Damage to your bladder
- Damage to your vagina
- Bruising
- Infection.

**What's the evidence for transobturator tape (TOT)?**

**References**


**Glossary**

**haemorrhage**

Haemorrhage is a word doctors use for bleeding. Any time blood escapes from a vessel, it's called a haemorrhage.

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