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TRANSOBTURATOR TAPE – PERINEAL HAMMOCK

Synopsis of Video

The aim of this film is to show the different anatomical structures crossed by the transobturator tape T.O.T.

This film was realized on a female cadaver (body donation), 85 years old, not embalmed.

In a first part : the procedure is realised as described in the original publication with the subject in the gynaecologic position and with an urethral catheter. An anterior vaginal incision was made over the middle third of the urethra, followed by lateral dissection of the space between the anterior wall of vagina and urethra towards the obturator foramen. A short incision was made in the thigh, 1 cm away from the lower margin of the ischiopubic ramus and just outside the labium majus, on the plane of the urethral meatus. The index is slid in the vaginal incision towards the obturator foramen. A special tunneler (Helical™) was passed through this incision of the thigh towards the finger at the inferior brim of the obturator foramen and led by the finger to the vaginal incision.

The tape is inserted by a route inside medially to outside laterally. The tunneler is passed on the other side in the same way. The tape is put without tension. We verified that the vaginal wall is not perforated on each side. The vagina is closed.

In second part : dissection is carried out in femoral, perineal and pelvic area.

Femoral dissection : incision of the skin in front of the ischiopubic brim then the skin of the thigh is taken off and the tape is followed in the subcutaneous to the gracilis muscle aponeurosis : the tape is just one centimetre far of its bony insertion. The adductor muscles are cut and the external obturator muscle is removed. The anterior and posterior branches of the obturator pedicle are underlined when they go out the obturator canal they are at 4 centimetres of the tape on the opposite side on the obturator foramen

Perineal dissection: the skin of the labium majus is now taken off on the midline appear the anterior triangle of perineum bound by the ischiocavernosus muscle laterally, bulbocavernosus muscle medially, superficial transverse muscle of perineal muscle posteriorly. The perineal membrane and the deep transverse muscle of the perineum are severed to the tape. The tape is followed on the middle line towards the posterior part of urethra. The levator ani muscle (pubococcygeus) is above.

Pelvic dissection : by abdominal incision the retropubic space is showed : urethra, bladder, ATFP, levator ani muscle, obturator pedicle : the tape is not visible in the pelvic cavity : after incision of the ATFP, the tape is found at the perineal level.

In third part : an anatomical frontal slide on the pelvis sum up the different regions crossed by the tape. The transobturator tape T.O.T. is a new concept in the treatment of female stress urinary incontinence : its purely perineal transversal route and the only muscular structures involved without risk of injury for bladder, vessels and nerves.