

# SACROCOLPOPEXY

## Information for patients

The following provides information for patients having a sacrocolpopexy operation for vaginal vault prolapse. It is hoped that most areas will be covered but if you have any questions, then please don't hesitate to ask your surgeon.

### WHAT IS A VAGINAL VAULT PROLAPSE?

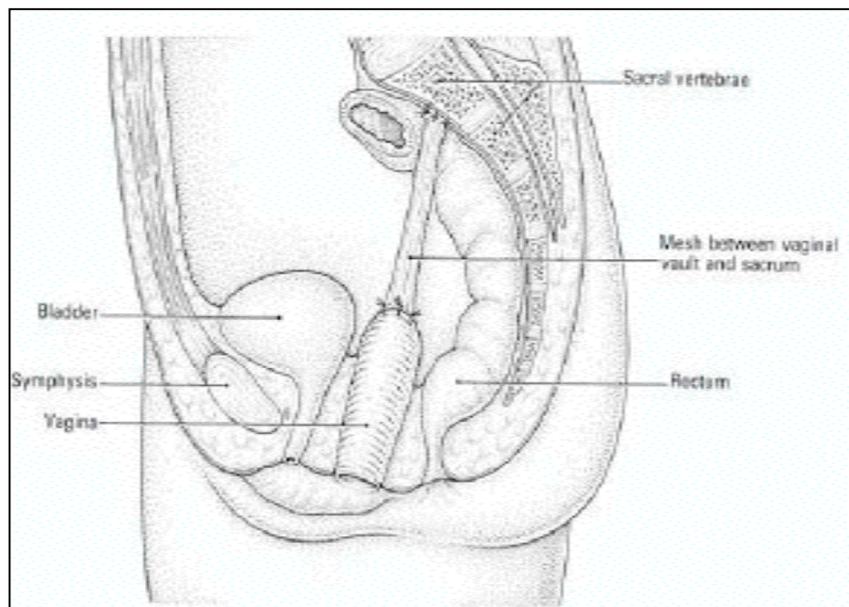
The vaginal vault is the area at the top of the vagina. The vaginal vault is normally held in position by some ligaments and muscles. However, sometimes as a result of a hysterectomy or getting older the top of the vagina can start to drop down – this is known as a prolapse. Some patients have some lower abdominal dragging sensations. Other patients can feel a lump in the vagina which makes them feel uncomfortable and can affect their bladder and bowel control.

### WHAT IS A SACROCOLPOPEXY?

Sacrocolpopexy is an operation which lifts the vagina back up to its normal position. A synthetic mesh is stitched to the top of the vagina (vaginal vault) and then attached to a ligament on the sacrum.

### WHAT DOES A SACROCOLPOPEXY INVOLVE?

A sacrocolpopexy is normally performed through a "bikini-line" cut just below the top of the pubic hair. If you have had a previous Caesarean section or hysterectomy through your tummy, then almost certainly the same scar will be used. When your tummy is open the surgeon will identify the top of the vagina and then use a mesh to lift the vagina back into the body so that it is supported in the correct position. The surgery normally takes 1-1.5 hours and is usually done under a general anaesthetic, which means you are asleep. At the end of the surgery you will be transferred to the recovery area, where your blood pressure and pulse is measured, etc. Following this you will be transferred to the ward where you will usually be kept in hospital for 4-5 days.



## **HOW SUCCESSFUL IS THE OPERATION?**

In most cases the operation has at least a 90% success rate in terms of supporting the top of the vagina. Some ladies are still aware of some mild weakness lower in the vagina which may require a subsequent vaginal repair, although often this isn't necessary. The long term results are good but it is quite common for ladies with prolapse to develop weakness elsewhere in the vagina (perhaps the walls of the vagina) and over a lifetime around 1:3 ladies have to have further surgery.

## **WHAT RISKS DOES THE OPERATION HAVE?**

No procedure is free of risk and sometimes complications can occur even when a procedure is done by the very best surgeon. The most serious and frequently occurring risks are:

- \* Failure of the operation to achieve its aim
- \* Bleeding – this occurs rarely but can sometimes be serious
- \* Infection – antibiotics are normally given at the time of operation and for two days afterwards to try and prevent this.
- \* Damage to nearby organs, (e.g.) damage to the bladder or bowel. This is more likely to occur if you have had previous surgery on your tummy which can result in adhesion formation
- \* Formation of prolapse in another part of the vagina, (e.g.) the lower walls
- \* Deep vein thrombosis (DVT) – blood clot in the veins
- \* Erosion of the mesh – in around 1% of cases the mesh can work its way into the vagina. If this does occur then it can sometimes be dealt with easily by trimming some of the mesh under a short anaesthetic. More rarely (approximately 1:200 cases) the mesh can work its way into either the bladder or bowels which is a more serious complication.
- \* Worsening bladder control. Sometimes when the vaginal vault is dropping down it can cause a kink in the water pipe which stops urine leaking when you cough or sneeze. When the water pipe is straightened around 1:20 (5%) of ladies can develop stress incontinence which is leaking of urine when you cough, sneeze or exercise. Pelvic floor exercises are sometimes helpful although some ladies need a day case procedure where a special tape is inserted underneath the bladder.

## **WHAT HAPPENS BEFORE THE OPERATION?**

Your surgeon will have normally seen you in the Out Patient department prior to admission. You may be invited to the hospital for a pre admission check up when you have your blood pressure measured, some blood taken and sometimes a recording of your heartbeat (ECG). You are usually admitted to the hospital on the day of your surgery. You will be visited by your surgeon who may ask you to sign a consent form if you haven't done this already. You will also meet the anaesthetist on the ward.

## **WHAT HAPPENS AFTER THE OPERATION?**

Following surgery you will be kept in hospital until you are fully mobile, passing urine normally and have had your bowels open. This normally takes 4-5 days. During this time you will be looked after by the nurses and visited regularly by your doctor/Consultant. Antibiotics are given to try and prevent infection and blood thinning injections are administered to reduce the risk of developing clots in the legs (DVT). A drip is inserted at the time of the operation to provide patients with fluid but this is removed as soon as you are eating and drinking again. You normally have a catheter in the bladder which drains urine away for 24-48 hours. Occasionally a drain will have been inserted into the abdomen at the time of surgery if there is any oozing from the blood vessels – this is normally removed one to two days following the procedure.

### **WILL IT BE IN A LOT OF PAIN?**

The discomfort from a sacrocolpopexy operation is similar to that associated with a Caesarean section or hysterectomy through the tummy. The anaesthetist will prescribe post operative analgesia which treats the pain, although it is common still to have some discomfort after the operation.

### **HOW WILL MY BIKINI LINE INCISION BE CLOSED?**

The surgeon will normally use stitches or clips which often have to be removed the 5<sup>th</sup> day after surgery, although sometimes they can dissolve on their own. You will be advised about this prior to your discharge.

### **WHAT WILL HAPPEN AFTER I GO HOME?**

The main thing you will notice when you get home is that you will feel very tired. It is normal for the body to slow you down to give itself time to recover and it is not unusual to require afternoon naps or a sleep during the day. You are encouraged to be fairly active and perhaps go on short walks if you have the energy, although it will probably take you six to eight weeks to regain your normal energy levels. The most important thing is to avoid heavy lifting for around six weeks post operatively otherwise this can put a strain on the healing vagina. It is fine to lift a kettle but you shouldn't lift heavy shopping, suitcases or a Hoover upstairs! Constipation occurs very frequently after a sacrocolpopexy and it can take several weeks to resolve. Generally things start to improve as you become more mobile and go back to your normal diet. It is good to drink plenty of fluids and add some fruit and fibre in your diet. Sometimes laxatives are required.

### **WHEN CAN I HAVE A SHOWER OR BATH?**

It is fine to have a shower or bath in the hospital and at home. You should avoid going swimming until the wound has fully healed.

### **WHEN WILL I BE ABLE TO DRIVE AGAIN?**

You are allowed to drive as soon as you have got the energy and concentration to control your vehicle and as soon as you can perform an emergency stop without it hurting you – otherwise you will not be safe to be on the road. This may take 3-4 weeks on average. It is usually advisable to inform your insurance company you have had an operation and that your Consultant has given permission for you to start driving again.

### **WHEN CAN I HAVE INTERCOURSE?**

Most ladies don't have the energy to have sexual intercourse for several weeks after surgery. It is fine to try and have sex before coming back to Clinic for a check up, although many women prefer to be seen by their doctor first.

### **WILL I NEED TO BE REVIEWED IN THE OUT-PATIENTS?**

You are normally seen for review six to eight weeks following your surgery.

### **WHEN WILL I BE ABLE TO GO BACK TO WORK?**

Most ladies need to have six to eight weeks off following surgery, although if your job involving heavy lifting, a little longer may be required.

### **WHAT ARE THE ALTERNATIVES TO A SACROCOLPOPEXY?**

Prolapse doesn't always require surgery. Sometimes if the prolapse isn't causing any discomfort or other problems, then a period of observation with check ups every now and again is all that is required. Some ladies do benefit from pelvic floor physiotherapy. Ring or shelf pessaries can help some patients, particularly the elderly or those not fit for operation. There are also other surgical procedures which involve the insertion of mesh into the vagina or supporting the top of the vagina to a ligament (sacrospinous fixation) which your surgeon may discuss.

### **ANY OTHER QUESTIONS?**

If you would like any more information or have any further questions, then please don't hesitate to contact your surgeon.

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