Brighton and Sussex University Hospitals NHS Trust

Sacrocolpopexy

Department of Gynaecology

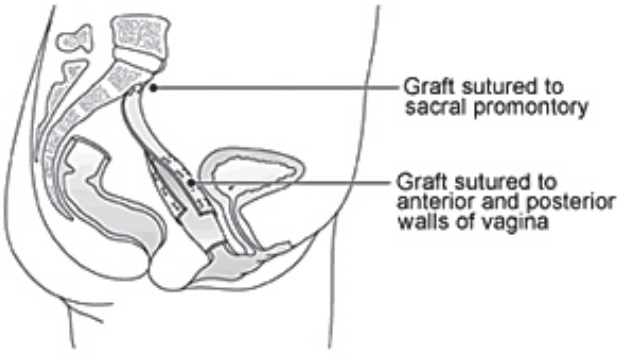
Patient Information

What is a sacrocolpopexy?

This is an operation carried out to correct prolapse of the vaginal vault in patients who had a hysterectomy. This is achieved by attaching the vaginal vault to the top of the lower back bone (sacrum).
A piece of mesh is used for this purpose, as shown in the diagram.

The operation can be carried out under general or spinal anaesthesia. Usually, there is associated prolapse of the front and back walls of the vagina, which is dealt with at the same time.

Sacrocolpopexy



Why do I need a sacrocolpopexy?

The operation is intended to support the vaginal vault and correct associated vaginal prolapse. The condition can cause sense of bulge, discomfort, urinary and bowel problems and sexual difficulties.

What can I expect before the operation?

At your pre-operative assessment and on your admission day, the nurse will go through your hospital stay and explain your operation. Please do let us know about any concerns you have, or if there is any information you think we should know, that will make your stay with us more comfortable.

Prior to coming into hospital you will need make alternative arrangements for any caring or other responsibilities that you have during your admission and your recovery period at home.

You will see an anaesthetist and the doctor performing the surgery before you go to theatre. It is not unusual to feel anxious; the nursing staff will gladly discuss with you how you are feeling and talk you through your emotions.

If you have not already signed the consent form, the doctor will go through it with you before you go to theatre.

You will be asked for permission to enter your data on the national database for continence and prolapse surgery. This is a quality control measure to compare the safety and effectiveness of such procedures at the hospital against other units in the country.

If you have not already completed a quality of life questionnaire, you will be asked to do so before surgery.

You will be given further copies to complete and bring with you when you attend your follow up appointment after surgery. This will enable assessing the benefit of surgery for you.

What does the operation involve?

The operation is done through a cut across or along the abdominal wall. The vaginal vault is located and lifted up by attaching it to the sacrum.

The attachment is made using synthetic mesh. This mesh is extended to the front and back to support the vagina.

This mesh is like a net with holes, through which your body will grow fibrous tissue.

This growth will integrate the mesh into your own tissues, to support the vagina.

At the end of the operation, all instruments are removed and all wounds are closed with stitches.

What are the risks?

There are risks with any operation but these are small. The main risks associated with a sacrocolpopexy are:

Common risks:

- Postoperative pain.
- Urinary tract infection. This may happen as a result of passing a catheter to drain the bladder and is treated with antibiotics.
- Wound infection, which may require antibiotics.
- Bruising and delayed wound healing.
- Initial difficulty in passing urine. This is usually managed by leaving the catheter to drain the bladder for longer. You might go home with a leg bag for few days.

Uncommon risks:

- Pelvic abscess or infection.
- Venous thrombosis and pulmonary embolism (blood clot in leg/lung) can happen after any major operation. You will be asked to wear elastic stockings and given medication to prevent these clots.
- Hernia at site of entry.
- Haemorrhage requiring blood transfusion. Sometimes, bleeding only becomes apparent after surgery and requires returning back to theatre.

- Whilst the operation may improve the sense of bulge, there is small chance urinary, bowel and/or sexual problems may persist. It is hoped however they will at least improve to some degree.

- Unmasking of stress incontinence of urine that was hidden by the kink of the urethra associated with prolapse. This will need assessment and is managed by pelvic floor exercises. It may require a small operation that entails the insertion of a mid-urethral tape sling, like tension-free vaginal tape (TVT) sling.

- Late onset difficulty passing urine. This may manifest days or even weeks after being able to pass urine smoothly. The management is the same as initial difficulty passing urine, either by using a catheter with a leg bag and/or clean intermittent self catheterisation.

- The synthetic material may erode into (cut through) the vagina, bladder or bowel. This is very rare but may require excision of the eroding mesh. It can also get infected. Again, this is rare but may require removal of the mesh. The mesh used is synthetic one that has been shown over the year to have very low rates of erosion and infection.

- The bladder and/or bowel rarely get injured during the operation. Any injury is repaired at the time. If such injury is not identified and repaired at the time, there is a risk of fistula, but this is extremely rare.

- The operation may fail or prolase may reoccur with time. This is very rare, as the operation is very effective and durable method to correct the condition.

In order for you to make an informed choice about your surgery please ask one of the doctors or nurses if you have any questions about the operation before signing the consent form.

What can I expect after the operation?

As you come round from the anaesthetic, you may experience episodes of pain or nausea. Please let the nursing staff know and they will assess you and take appropriate action.

A small drain may be placed in the abdominal wound to remove any excess blood.

A catheter is inserted to drain the bladder. This will save you having to go to the toilet, till you are fully mobile after the operation.

You will have a drip to give you fluids, though you will be able to eat and drink normally.

You may have a Patient Controlled Analgesia (PCA pump) to control your pain. This is not common and will be discussed with you before the operation by the anaesthetist.

The nurses will assess you regularly to ensure that the PCA is effective. We will use a pain score to assess your pain 0-10; 0 = No Pain, 10 = Very Strong Pain.

Your nurse will be checking your blood pressure, pulse, breathing, temperature, monitor the wound across your abdomen and check for any vaginal bleeding. S/he will also ask you to move from side to side and to do leg and breathing exercises. This will help prevent any pressure damage, blood clots in legs or lungs or chest infection.

The first 12 hours after the operation

You can expect pain and discomfort in your lower abdomen for the first few days after the operation and will be given pain killers to help control this.

Day 1 after the operation

The drain, drip and catheter that drains the bladder are usually removed the next day.

The nursing staff will assist with washing as necessary and encourage early mobilisation. We would normally expect you to sit out of bed and begin to walk around the day after your operation.

You will be able to go home when you are passing urine without difficulty. You will be asked to pass urine in a jug and will have a scan to measure how much urine is left in the bladder. It is advisable to forget that you need to pass urine and drink and walk as you would normally do. This helps your bladder to work as normal.

You will have a dressing on the wound across your tummy that will be removed the day after your operation and you will be able to shower.

You may also find it difficult to open your bowels at first, we will give you mild laxatives to soften your stools and prevent constipation and straining.

What about going home?

You will be seen and assessed by the Gynaecology team the following day to check on your recovery and decisions will be made about your care, this information will be shared with you. You may then be able to go home. Please feel free to ask questions about your operation and recovery at any time.

The average length of stay following sacrocolpopexy is 1-3 days, in most instances you can go home the second day. As you physically recover from your operation, the nursing team will discuss your convalescence. To ensure you have a good recovery you should take note of the following:

Rest: During the first two weeks at home it is common to feel tired and emotional. You should relax during the day gradually increasing the number of things you do each day. Avoid crossing your legs when you are lying down.

Vaginal bleeding: You might have some vaginal discharge or bleeding for few days after surgery. This should be very slight and you should use a sanitary towel. Tampons should not be used to reduce the risk of infection.

Stitches: The wound across your abdomen will be closed by dissolvable stitches. If after 7 days you notice the stitches have not dissolved then they will need to be removed. This is normally done by your practice nurse and you will need to make an appointment. We advise that you shower daily and keep the wound clean and dry. There is no need to cover the wound with a dressing.

Housework:

Weeks 1-2: We recommend that you do light activities around the house and avoid any heavy lifting (not more than 1.5kgs in each hand).

Weeks 3-4: We recommend that you gradually introduce lighter household chores, dusting, washing up, making beds and ironing. You may begin to prepare food and cook remembering not to lift any heavy items.

Weeks 4-6: By this time you should resume normal daily activities, but continue to refrain from straining until 3 months after surgery, to ensure good healing of the sling.

Exercise: Exercise is important and it is advisable to go for short walks each day, increasing the distance gradually. You will be able to manage the stairs on your arrival home. We encourage you to do pelvic floor exercises.

You should avoid straining or heavy exercise for 3 months, to ensure good healing of the sling. You may return to light exercise, like gentle cycling and swimming after 4-6 weeks. You will be given a physiotherapy booklet titled 'Fit for Life' to guide you.

Diet: A well balanced nutritious diet with high fibre content is essential to avoid constipation. Your bowels may take some time to return to normal after your operation and you may need to take laxatives. You should include at least 5 portions of fruit and vegetables per day. You should aim to drink at least 2 litres of water per day.

Sex: You should usually allow 4-6 weeks after the operation before having sex to allow the vagina to heal over the mesh. If you experience vaginal dryness, you may wish to try a vaginal lubricant from your local pharmacy.

If after this time you are experiencing pain or any problems with intercourse then you should see your GP.

Returning to work: This will depend on the nature of your work. If you work in an office base environment, you will need 4–6 weeks off work. If your work involves lifting and exertion, you will need 3 months off work. The hospital doctor will provide a medical certificate for this period.

Driving: It is usually safe to drive after 12 weeks. This will depend on your level of concentration and ability to perform an emergency stop. It is advisable to check with your insurance company.

What about follow up?

You will be invited for follow up, usually about 12 weeks after surgery. During this follow up appointment, your symptoms will be reviewed, your quality of life will be checked and you will be examined, to assess wound healing.

If you have problems before this you can either contact your doctor or contact the hospital to bring the appointment forwards.

Are there any alternatives to having sacrocolpopexy?

You may decide not to have surgery and want to try vaginal pessaries to control the prolapse without having to have an operation.

Alternative forms of surgery include:

- Laparoscopic sacrocolpopexy, which is the same operation performed through key-hole.

- Vaginal repair with sacroscpinous fixation. In this operation, the prolapse is corrected through the vagina and the vaginal vault is fixed to a ligament (band of fibrous tissue) in the pelvis.

These can be discussed with your doctor.

Useful links:

www.bsug.org.uk/userfiles/file/patient-info/Sacrocolpepexy%20for%20Vault%20Prolapse-%20SCP%20BSUG%20F1.pdf

www.iuga.org/resource/resmgr/Brochures/eng_sacrocolpopexy.pdf

www.nhs.uk/Conditions/Prolapse-of-the-uterus/Pages/Treatment.aspx

www.nice.org.uk/nicemedia/live/11311/42863/42863.pdf

www.minervamedica.it/en/journals/minerva-ginecologica/article.php?cod=R09Y2008N06A0509

Who can I contact with any concerns or questions?

You should contact your GP or the hospital if you notice increased temperature, wound swelling and/or pain, smelling discharge either from the wound or the front passage, blood in urine or motion, abdominal distension and/or failure to open your bowel.

If you have any problems or questions, please use the telephone numbers to contact us.

Princess Royal Hospital, Horsted Keynes Ward:
01444 441881 Ext. 5686

Royal Sussex County Hospital, Level 11:
01273 523191

Urogynaecology Unit at Lewes Victoria Hospital:
01273 474153 Ext. 2178

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