Sacrocolpopexy

This information leaflet has been developed to help your understanding of what is involved with a Sacrocolpopexy. It is intended to be a guide and is not expected to cover every possible detail.

What is an Abdominal Sacrocolpopexy?
A sacrocolpopexy is an operation which is used to treat a prolapse of the vaginal vault. The "vault" is the term used for the top of the vagina after a hysterectomy has been performed. Sometimes the ligaments that support the vaginal vault become stretched and weakened. This causes the vaginal vault to drop down and become noticeable as a lump at the entrance to the vagina.

How is the operation performed?
"Sacrocolpopexy" means connecting the vagina to the sacrum (the bone at the base of the spine). It is usually performed using a laparoscope (key hole). Rarely it may be necessary to perform the operation through the abdomen via a cut at the lower part of the abdomen.

A piece of non-absorbable mesh is stitched to the vaginal vault and the other end is stitched to the sacrum.

Can any other operations be performed at the same time?
After the sacrocolpopexy has been performed, the vagina will be examined to make sure that the prolapse has been properly corrected. We may perform a vaginal repair operation if there is still a significant prolapse. Women who leak urine when they cough or sneeze etc (stress incontinence) may be offered additional operations such as a colposuspension or a TVT but this would be discussed beforehand. Most women who have this type of prolapse have gone through the menopause and therefore we may offer to remove the ovaries to protect against future ovarian cancer.

What are the alternative treatments for my prolapse?
Surgery is performed to relieve the symptoms of prolapse. Therefore, if your symptoms are not bothering you then you do not need to have an operation. It may still be possible to treat symptomatic woman without surgery by using a pessary. This is a device which is placed inside the vagina and which prevents the vaginal vault from dropping down. A pessary needs to be changed every 6 months by a doctor or nurse. It may be difficult to have satisfactory sexual intercourse when some types of pessaries are fitted. Your doctor will try to fit a pessary if you request but it is not always possible, and depends on the size and shape of your vagina.

The pre-operative visit:
One or two weeks before your surgery we will invite you to a pre-operative clinic where you will be assessed for surgery. You will be seen by a member of nursing staff, who will ask questions about your previous medical history and arrange for some tests i.e. blood test and you may also have a chest x-ray.

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What to do before coming to hospital?
You will come in on the day of your operation.
Please bring into hospital any tablets or medicines you may be taking.

What to bring to hospital?
You will need to bring with your nightwear, loose day clothes, towels, sanitary towels, personal hygiene items, lip balm, tissues, slippers and loose-fitting underwear. We also recommend that you bring in books, magazines to read or a newspaper.

What happens before the operation?
You need to have a bath or shower before you come into the hospital. Please leave any jewellery at home. If you are unable to remove any piece of jewellery, a protective tape will be placed over it.

When you arrive on the ward, the nurse will check your details and will show you to your bed and help you to change into a gown and give you an identity wristband. If you are wearing any nail varnish or make up, you will be asked to remove this. We will take some basic tests such as pulse, temperature, blood pressure and a urine sample. You will also need to remove contact lenses, glasses and false teeth.

Visit by the gynaecology team:
A doctor will come and see you and explain the operation to you. If you have not already signed a consent form in the clinic, we will ask you to sign one which gives us permission to perform the operation. If you have any questions, please ask.

Visit by the anaesthetic team:
One of the anaesthetists who will be giving you anaesthetic will come and see you. Please tell the anaesthetist about any allergies, chest problems, dental treatment and any previous anaesthetics you have had, and any anaesthetic problems within the family.

If your operation is in the morning, you must have nothing to eat or drink after midnight. If you are having your operation in the afternoon, you may have a light breakfast and a drink no later than 6am. The breakfast can consist of cereal and toast; you must not have a large cooked meal as this could affect you during the operation.

Preparation for surgery:
We will give you anti-embolic stockings to help reduce the possibility of blood clots during your stay in hospital. These should be pulled up at all times and not be allowed to roll down. We may give you a pre-medication drug a few hours before your operation, which may cause drowsiness and a dry mouth. A member of staff will go with you to the operating theatre and will hand you over to the care of a member of anaesthetic team.

What happens after the operation?
After the operation you will be taken to the recovery room.

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Coming around after general anaesthetic:
Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. You may find you have a:

- Mask supplying oxygen.
- Narrow tube into your vein to replace lost fluids.
- A catheter (tube) draining the urine from the bladder until you are able to go to the toilet yourself.
- If you have had surgery for incontinence at the same time, a catheter may be left in the bladder through the abdomen (suprapubic). If you have a suprapubic catheter,
  the catheter will be clamped the next day and you will be encouraged to pass urine. The suprapubic catheter will then be released to check that you are emptying your bladder completely before it is removed. If the nurses are happy with the amount of urine passed, and the amount left behind in the bladder is satisfactory, the catheter be removed.
- To prevent clots in the legs (thrombosis), we will ask you to wear anti-embolic stockings while you are in hospital. You will also be given an injection every day of a medicine to keep your blood thin.
- You should be able to walk the day after the operation and we will encourage you to shower by the second or third day.

Will I be in a lot of pain after the operation?
Pain levels can vary from person to person. There are a variety of methods of pain relief that we can use so that you remain comfortable. Many patients are given a hand-held device to control their pain called a patient controlled analgesia system (PCA), which enables you to give to yourself appropriate levels of pain relief according to how you are feeling.

Nurses can also give injections of strong pain relief and when you start eating you will be able to take tablets. You may feel sick especially in the first 24 hours and various medicines are available to control this. A drip will be used to give fluid to you while you are unable to drink.

How long will I be in the hospital?
People take different lengths of time to recover from surgery, but most would be fit to go home by the day after the operation.

When can I resume intercourse?
We would advise that you wait for the review in the clinic before resuming sexual intercourse to allow time for internal healing.

When can I drive?
Provided you are comfortable sitting in a car, and can perform an emergency stop without pain or discomfort, it is safe to drive. We recommend short distances initially, gradually building up to longer journeys. We strongly advise that you check with your Insurance Company regarding any restrictions.

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Activities to avoid:

- Do not douche your vagina or use tampons till your review back in the clinic.
- Avoid heavy lifting and sport for 6 weeks to allow the wounds to heal.
- Drink lots of fluids and eat fresh fruit and vegetables to avoid constipation and straining to open your bowels.
- Any constant cough is to be treated promptly. Please see your GP as soon as possible**.**

When will I be seen again?

You will be seen in the gynaecology outpatients by your consultant six to ten weeks after the date of the surgery. A doctor may need to examine you. After this visit you may able to return to work providing it does not involve heavy lifting and you may also resume sexual intercourse.

Are there any risks associated with this operation?

No surgery is without risk.

- Pain 2-3%
- Infection 1-2%
- Urinary retention: Some women have difficulty passing urine after the operation and it is occasionally necessary to have a bladder catheter for a week or two afterwards.
- Damage to bladder, bowel and ureters in 1-2%
- There is sometimes brisk bleeding from the sacrum and a blood transfusion may occasionally be required.
- Risks of laparoscopy: risks of serious complication from laparoscopy are rare and occur in approximately 2 in 1000 women. This includes damage to the bowel, bladder, ureters, uterus or major blood vessel which would require immediate repair by laparoscopy or laparotomy (open surgery is uncommon). There may be failure to gain entry to the abdominal cavity and to complete the intended procedure. Risk of hernia at the site of entry (1%)
- Deep vein thrombosis (a blood clot in the leg) and pulmonary embolus (a blood clot in the lung). The risk of these serious complications increases with age, and also if you have other significant medical problems
- Exposure of the mesh in the vagina 2-3%
- Adhesions, mesh erosion in to bowel and bowel obstruction are rare

Is the operation permanent?

Although the operation is designed to be permanent, this cannot be guaranteed. There are strong forces trying to push the vagina down which may cause the nylon tape to become loose. These forces are increased by heavy lifting, exercise, coughing and obesity. Women who have had a prolapse usually have weak tissues and therefore even if the vaginal vault remains well supported, a prolapse of a different part of the vagina may occur.

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What are the benefits of this operation?
The benefits are to improve or resolve the symptoms of prolapse e.g. to remove the feeling of lump in the vagina.

What if I have problems after discharge?
If you are unable to pass urine after discharge or have severe vaginal bleeding, abdominal distension or pain you need to attend the Accident and Emergency Department (A and E) immediately.
Contact your GP if you have other problems such as:

- Foul smelling discharge from the wound.
- High fever
- Pain when passing urine or blood in the urine.
- Pain when passing urine or blood in the urine.
- Difficulty opening your bowels.
- Pain or swelling of the legs.

You may contact Shirley Oaks Hospital:
By Telephone: 020 8655 5500 is our direct line or
By post: Shirley Oaks Hospital, Poppy Lane, Shirley Oaks Village, Croydon CR9 8AB

Your questions and comments:
If you have a problem when in hospital that the nurses and doctors are unable to resolve, contact the Director of Clinical Services at Shirley Oaks Hospital.

Smoking:
Shirley Oaks Hospital is a no smoking hospital.

Data Protection:
During your visit you will be asked for some personal details. This is kept confidential and used to plan your care. It will only be used by staff who need to see it because they are involved in your care and we may send details to your GP.

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