

Sacrospinous Ligament Fixation of Vagina or Uterus

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

What is a sacrospinous ligament fixation?

It is an operation to treat prolapse of the womb (uterus) and/or vagina. The aim of the operation is to attach the upper vagina and/or cervix (lower end of womb) to the sacrospinous ligament. This ligament is part of the pelvic floor structures.

This operation may be performed separately when the patient has already had her womb removed or with or without a hysterectomy or repair of pelvic floor if the upper part of vaginal vault is prolapsing

How is the operation performed?

An incision is made in the upper part of the posterior (back) vaginal wall. Through this incision, the sacrospinous ligament is identified and 2 stitches are used to fix the upper vagina or cervix to the ligament.

This operation is usually performed together with other operations to treat prolapse and may include vaginal hysterectomy and vaginal repairs.

This operation may either be performed with you asleep under general anaesthetic or with you awake under spinal anaesthesia. This can be discussed with your anaesthetist. The stitches are usually dissolvable.

What are the alternative treatments for my prolapse?

Prolapse can be treated using a pessary device which sits in the vagina. These are usually changed every 6 months. The limitation of a pessary is that with certain pessaries it is not possible to have satisfactory sexual intercourse.

An alternative treatment for prolapse after hysterectomy is a sacrocolpopexy where an artificial non-absorbable mesh is used. It is a bigger operation and has a higher complication rate than a sacrospinous ligament fixation.

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.

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 you 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

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 also 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.

Coming round 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:

- 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 will be removed.
- In order 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. Some women experience discomfort in the buttock which is usually temporary. 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?

You will usually be able to go home after one or two days.

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.

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. A doctor may need to examine you. After this visit you may be 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. These risks include:

- Bleeding with a possible need for blood transfusion (5%)
- Haematoma formation (collection of blood) at the top of the vagina that can get infected
- Post-operative infection (5%) is minimised with antibiotics given just prior to surgery. There is a small chance of developing an infection in the vagina or pelvis. Symptoms include an unpleasant smelling vaginal discharge, fever and pelvic pain or abdominal discomfort.
- Urinary retention (10%) - Not being able to pass urine
- Damage to bladder, urinary tract and bowel
- The operation can result in buttock pain (10%). This pain usually settles over time. Long-term pain is very rare
- Urinary tract infection occurs in about 6% of women after surgery.
- There is also a small risk (about 5%), of finding sex uncomfortable after the operation especially if both anterior and posterior repairs are performed together
- Constipation is a common short term problem
- Deep vein thrombosis (a blood clot in the leg) and pulmonary embolus (a blood clot in the lung).

Is the operation permanent?

A sacrospinous fixation has a good success rate but no operations for prolapse can be guaranteed to last for the rest of your life. The risk of requiring a second operation for prolapse in your lifetime is around 20%. This can be kept to a minimum by allowing an adequate period of rest following the operation and by avoiding heavy lifting, coughing and straining to open your bowels/constipation

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.