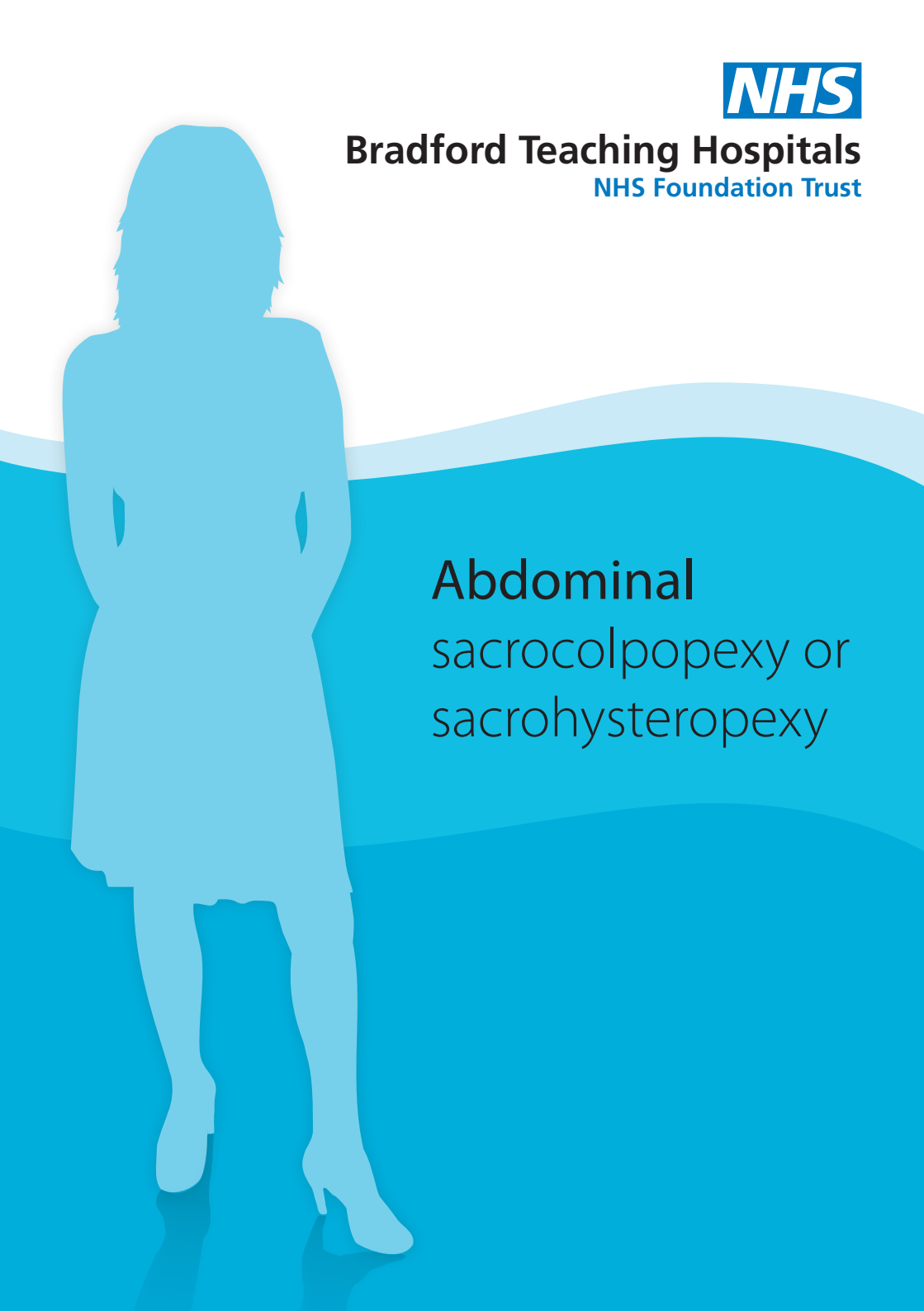
NHS
Bradford Teaching Hospitals
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Abdominal
sacrocolpopexy or
sacrohysteropexy

Abdominal sacrocolpopexy or sacrohysteropexy

Sacrocolpopexy is an operation carried out to treat a prolapse involving the top of the vagina (vaginal vault) in patients who have had a hysterectomy (removal of the womb) in the past. Sacrohysteropexy is an operation to treat a prolapse of the womb where a patient prefers not to have the womb removed.

The aim of the operation is to reduce the prolapse and restore the shape and function of the vagina. If you have a prolapse of the bladder or bowel, this could be repaired at the same time – if this is the case the doctor will discuss this with you and give you some more information.

How is the surgery performed?

This operation is usually performed under a general anaesthetic although on rare occasions an epidural or spinal anaesthetic may be recommended by the anaesthetist. The surgery is performed through a cut in your abdomen usually just below the pubic hairline. A strip of artificial material (mesh) is attached between the top of the vagina and the ligaments in front of the lower part of the spine (sacrum). The wound is closed with either non-dissolving clips or stitches (which will be removed on the fifth day after surgery by either a ward nurse or a nurse from your GPs surgery) or dissolving stitches (which do not need to be removed). A catheter will be inserted into the bladder – this is usually left in for 1 or 2 days.

Are there any alternatives to surgery?

These would have been discussed with you by your Gynaecologist and are:

Physiotherapy treatment – This would be in the form of pelvic floor exercises, which are taught by the physiotherapist. This may not cure or improve all your symptoms but if properly supervised by a physiotherapist and properly performed can help to reduce the symptoms.

A 'ring pessary' is designed to elevate the weakened muscle and to help the related symptoms. The pessary would need to be fitted by a Gynaecologist and you would be given instructions on its use.

You could choose to have no treatment but your present symptoms would continue.

Advantages of having the operation

- The aim is to relieve your symptoms of a vaginal bulge/swelling and vaginal discomfort.
- The operation may improve continence (your ability to not leak urine) and may make opening your bowels easier.

What are the risks relating to this operation?

Sacrocolpopexy and sacrohysteropexy are major operations. There are risks with all major operations. It is important you are aware of these before you consent to your surgery.

General risks for surgery:

- There is a small risk (1 in 100) of damage to nearby blood vessels.
- There is a 1 in 100 possibility that you may need to return to theatre because of bleeding.
- You could develop a wound infection, chest infection or urine infection.
- You could develop a thrombosis (blood clot) in your leg, which can also move to your lungs (pulmonary embolus)

Specific risks relating to sacrocolpopexy and sacrohysteropexy:

- There is a small risk of injury to the bladder or rectum (back passage)
- You may have difficulty passing urine, retaining urine in your bladder which would mean a catheter would need to be passed to empty the bladder – this is usually a short term problem
- Persistent or new bladder problems such as urinary frequency or urgency
- There may be some pain or discomfort when you have intercourse after the operation
- Rarely a small part of the mesh may appear in the vagina (mesh erosion)
- Recurrence of prolapse – 5% risk
- Women are advised not to get pregnant following a sacrohysteropexy as the risk of problems in pregnancy after sacrohysteropexy are unknown

Risks relating to having an anaesthetic:

These operations usually require a general anaesthetic, which has an increased risk if you are older, have heart or chest problems or you smoke. The risk of death from general anaesthesia is 1 in 100,000.

Pre-assessment clinic

Your name will be added to a waiting list for the operation. When you are given a date to come in to hospital, you will also be given a date to attend pre-assessment clinic, approximately a week before you come for your operation. The pre-assessment clinic is on the Women's Health Unit, Level 3, Women's and Newborn Unit at the BRI.

It is important that you attend this appointment. You will be seen and assessed whether you are suitable to have an anaesthetic. You will also be given more information about coming into hospital, your operation and care afterwards, including pain relief. You will have the opportunity to discuss any questions or concerns

When you come into hospital you will be asked to remove all jewellery, this includes body piercings, you may wish to do this before you come into hospital. If you cannot remove body piercings, it could result in your operation being cancelled.

Giving consent for your operation

Before any operation, you have to give your written consent and sign to say you wish the operation to take place. The consent form will be completed by a doctor, at the outpatient clinic or on the ward.

You can change your mind at any time and withdraw your consent but you must tell a member of staff.

If you sign your consent form at the outpatient clinic, we will ask you to confirm if you still consent to the operation when you are admitted to hospital.

Coming in to hospital

You will be admitted to a ward at the Bradford Royal Infirmary. You will be asked to come in to the ward on the day of your operation and in some cases the day before your surgery. This allows time for the nursing and medical staff, to ensure the relevant blood tests and investigations have been performed and results are available. It will also give you chance to settle in to the ward and ask any further questions you may have.

If you have not been to the pre-assessment clinic it is essential to be admitted in plenty of time to complete blood tests and to obtain consent for your operation.

The surgeon and anaesthetist will see you before your operation.

The anaesthetist will discuss the type of anaesthetic planned and will ask you questions regarding your health, so that they are aware of any health problems you may have. They will also discuss any concerns you may have regarding the anaesthetic and discuss the pain relief you will have after the operation.

Preparation for the operation

Prior to having the general anaesthetic and the operation you will be asked to 'starve'. We will ask you to **not** eat any food or drink any fluids. The nursing staff will advise you about this depending on the planned time of your operation.

When you are in hospital it is essential to wear a wristband at all times to ensure your safety during your stay.

The wristband will contain accurate details about you on it including all the essential information that staff need, to identify you correctly and give you the right care. All hospital patients including babies, children and older people should wear a wristband at all times.

If you do not have a wristband whilst in hospital, then please ask a member of staff for one. If it comes off or is uncomfortable, ask a member to staff to replace it.

It may be necessary to trim pubic hair before your operation. Ideally this needs to be done a few hours before your operation; you may do this yourself.

It may also be necessary to have a small enema to empty your bowel prior to surgery.

The nursing staff will advise you regarding any preparation needed.

Most women need to wear anti-embolic stockings (which will be provided on the ward) and are given injections to prevent deep vein thrombosis (blood clot in the leg).

After the operation

When you are ready to return to the ward, a nurse will collect you from theatre. You will have an intravenous infusion (IVI or drip). This will ensure your body receives the fluid it needs as you may be too sleepy to drink.

You may have oxygen via an oxygen mask in place for the first 24 hours.

During the operation, a catheter (a small plastic tube) will have been passed up the urethra (the tube to the bladder), to drain urine and keep the bladder empty. The catheter will be left in for 1 to 2 days. Occasionally when it is removed women find it difficult to empty their bladder and it may be necessary to replace the catheter, until your bladder returns to normal.

You may be very sleepy for 24 hours following surgery. During this time you will be aware of the nursing staff regularly checking your blood pressure and for signs of bleeding.

The nurses will give you small amounts to drink as soon as possible. We will give you plain water initially as tea, coffee and juice tend to make you feel sick.

Pain relief will usually have been discussed with you before the operation.

Pain relief may take the form of regular injections according to your needs or you may have pain relief via a P.C.A. (patient controlled analgesia). P.C.A. is a pump connected to your intravenous infusion (IVI or drip) and allows you to give yourself pain relief as and when you need it.

Often more than one type of pain relief can be used, for example you may have a P.C.A. and also be given pain-killing suppositories (in the rectum).

Please note that the pain relief is very closely monitored to ensure you are kept comfortable without the possibility of becoming dependent on the pain relief.

Although you may not have visible stitches you may have internal stitches that need time to heal. These stitches do not need to be removed but will dissolve, this can take several weeks.

How long will you be in hospital?

You have had major surgery therefore your hospital stay is dependent on the speed in which you recover from the operation but the average stay is 3 to 5 days after your operation. Occasionally it may be necessary to stay longer until your bladder or bowels are functioning normally.

Visitors

You will probably be sleepy on the day of your operation therefore we suggest that you only have one visitor that day.
A group of people visiting can be quite disturbing when you do not feel well.

After the first day we would appreciate if you could limit visitors to 3 at any one time. This helps to maintain safety, minimize the risk of hospital acquired infection and also reduces disturbance to other ill patients who may be on the ward.

Visiting times on the ward, which we ask you to abide by, are:

- Monday to Friday: 11.00am to 12 noon and 6.00pm to 7.30pm.
- Saturday, Sunday and Bank Holidays: 1.00pm to 7.30pm.

Your family is welcome to telephone but we will not give any details of your surgery to them.

Hygiene

You should have a bath every day using clear water.

You may have slight vaginal bleeding or discharge which may last for up to six weeks. You should use sanitary towels or panty liners but must not use tampons until the bleeding from the operation has ceased. If your blood loss becomes heavy or offensive (foul smelling) you should see your GP because you may have an infection which will need treatment.

Diet

We do not usually recommend that you eat anything for at least 24hours after your surgery; you will then be assessed as to when you can eat. We will usually suggest something light to start with, such as soup or toast.

Constipation can be a problem after your operation. A diet that includes plenty of fruit and vegetables, also to drink 1 to 2 litres of fluid per day should help to reduce this.

Rest and activities

You will need to take things easy for the first few weeks when you get home. After 3 to 4 weeks you should be feeling much better and becoming more active. Normal activities can be resumed within 6 weeks, except for heavy lifting or particularly strenuous activity.

How long should I wait before I have sexual intercourse?

We would advise you to wait until you have fully recovered from surgery before you consider having sexual intercourse. This would normally be at about 6 weeks after your operation.

When can I start to exercise?

Swimming is an excellent form of exercise and may begin once your wound has healed. Other more strenuous forms of exercise can usually begin at about 6 weeks after your operation. Remember to start gently, doing too much too soon may do you more harm than good.

Before you leave hospital you should receive advice in an information leaflet from our physiotherapist. This will give you detailed explanations of exercises designed to strengthen your pelvic floor muscles as well as some common sense advice

How soon can I drive?

We suggest that you do not drive for 6 weeks. It is not only the physical effort that driving requires; you also need to be mentally alert. The stress of major surgery and an anaesthetic can slow down your reactions. You must feel confident and well before you drive. Start with short journeys.

Returning to work

Very heavy lifting should be avoided in the long term after surgery for prolapse if at all possible. You should be able to go back to work within 6 to 12 weeks depending on your job.

Follow up after the operation

You will be given a telephone appointment. One of the urogynaecology nurses will telephone you at home six weeks after your operation. You will also be given a hospital appointment for a check-up twelve weeks after your operation.

Finally do not be afraid to ask any questions. There is very little we have not heard before however silly it may seem to you. If you need to contact us after you have left the ward please ring Ward 12 01274 364380 - 24 hours.

Smoking: Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds..

Textphone: We use Next Generation Text for people with hearing difficulties. To contact us ring 18001 01274 364380.

If you need this information in another format or language, please ask a member of staff to arrange this for you.

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