

Women's Services

Abdominal Colposuspension

What is an abdominal Colposuspension and why do I need one?

A colposuspension is an operation to treat stress incontinence which is the leakage of urine when coughing, sneezing or performing any physical activity. The leakage of urine occurs due to weakness of the muscles around the waterpipe (urethra), neck of the bladder and the pelvic floor. This can follow childbirth, a chronic cough, obesity and conditions that increase the pressure in the abdomen, for example constipation.

The operation is usually performed under general anaesthetic (where you are put to sleep), or occasionally a spinal anaesthetic (see Bradford Teaching Hospitals – Anaesthetic choices leaflet). You will have a cut in the lower part of your abdomen above the pubic hairline. Stitches are put next to the bladder neck to lift it up.

The operation can take up to an hour and the length of your hospital stay depends on how soon you are able to pass urine properly. This is usually between two and four days, but may be longer.

There are several different operations for this type of leakage of urine, Colposuspension is considered to be the most successful with a success rate of 70% - 90%.

Are there any possible complications or risks?

- Risks relating to having an anaesthetic - Abdominal surgery usually requires 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
- Urine infections – are fairly common, usually because you have had a catheter (a tube into your bladder). This can be treated with a course of antibiotics.
- Difficulty in not being able to pass urine after the operation – This can happen to between 12 to 25% of women. This problem needs time to resolve but in rare cases a catheter needs to be left in place longer than usual or if it has been removed and you are unable to pass urine the nursing staff may need to replace the catheter for a few days.
- 10 to 20% of women find that they need to use a little more force to pass urine, and may also notice a change in the direction of the urine.
- Up to 20% of women find they need to pass urine more often. This problem can be helped by being given instruction on how to train the bladder to hold more urine for longer periods of time or if necessary, being prescribed tablets.

- Damage to the bladder, ureter (the tube leading from the kidney to the bladder) and the urethra (the waterpipe) can occur (this occurs in less than 1% of patients), as the operation is carried out very close to these organs. If there was any damage this would be repaired at the time of the operation.
- Sometimes, a prolapse (protrusion) of the back wall of the vagina occurs following this operation. This can occur in up to 15% of women, some of whom may need surgery for this at some time in the future.

Are there any alternatives to surgery?

Pelvic floor exercises: 40 - 60% of women can gain some benefit from these exercises if they are performed correctly after appropriate instruction.

HRT (Hormone Replacement therapy): this may have a limited benefit only.

No treatment: you could choose to have no treatment but this would mean you would continue to have stress incontinence.

Are there any other alternatives to abdominal Colposuspension?

There are many surgical alternatives to a colposuspension and your surgeon will discuss the procedures that would be appropriate for you, prior to you deciding on a particular operation.

Wristbands: 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 of 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 the 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 of staff to replace it.

After the operation: You will have a catheter (a thin hollow tube) inserted into your bladder to drain the urine. This may be inserted through the abdomen or via the urethra (the pipe from where you normally pass urine) to your bladder. Depending on where the catheter is placed affects when it will be removed.

Visitors: You will probably be sleepy on the day of your operation, so 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 to reduce the disturbance to other ill patients on the ward.

There are visiting times on the ward which we ask your visitors to keep to. These are:

Monday to Friday: 11am to 12am and 6pm to 7.30pm

Saturday, Sunday and Bank Holidays: 1pm to 7.30pm

Going home

- Once you are passing urine without any problems you should be ready to go home. Any stitches or clips can be removed at home; this can be done by the district nurse or your practice nurse.
- You should ideally have someone to help you at home for the first few days at least.
- You will be expected to take things easy at home for the first few weeks. No heavy lifting, stretching or standing for long periods.
- You will be given a telephone appointment, when one of the urogynaecology nurses will telephone you at home six weeks after your operation and a hospital appointment for a check up twelve weeks after your operation. The timing of your return to work should be a joint decision between you and your doctor depending on the type of work you do.
- Driving should be avoided for at least four weeks after you go home.
- Constipation can be a problem after your operation, a diet that includes plenty of fresh fruit and vegetables and drinking plenty of fluids should help.
- You need to avoid sexual intercourse until six 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 a day.

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.

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