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Urogynaecologist & Reconstructive Pelvic Surgeon

INFORMATION SHEET AND CONSENT FORM

Sacrospinous Colpo(hystero)pexy and cystoscopy

Indications

- Treatment of upper vaginal prolapse (uterine or vault)
- Symptoms often include feeling of bulge and difficulty emptying bladder or bowel, sometimes requiring digitation

Aim

- To restore support to upper vagina and maintain vaginal length
- Restore bladder, bowel and sexual function
- Minimise risk of recurrent prolapse with anterior and posterior repairs

Surgical technique

- The operation is usually performed under general anaesthetic (you are asleep) and antibiotics are given through a drip
- The back wall (occasionally it can be through the front wall) of you vaginal is opened up and the rectum is dissected away from the vagina.
- Dissection out to a strong ligament called the sacrospinous ligament on the right side of the vagina is performed
- Strong absorbable sutures are placed from that ligament to the top of the vagina or cervix
- Anterior or posterior repair is performed if required
- As these sutures resorb, your own tissue replaces the sutures, forming the support for the upper vagina
- The vagina is then closed with stiches, a vaginal pack and catheter are placed overnight

Complications

- Serious complications are rare however your symptoms must be severe enough to accept the risks listed below
  - Return of prolapse 10%
  - Buttock pain 80%, severe in 5%
  - Significant bleeding or injury to bowel, bladder, ureter 1% Rarely further surgery is required
  - New urinary symptoms like leakage or urgency 5%
  - Voiding problems requiring self-catheterisation 10% (usually temporary)
  - Return to theatre for pain (we may need to remove the sutures) or bleeding 1%
  - Painful intercourse 2%
  - Blood loss requiring transfusion 1%
  - Problems emptying bladder needing to self-catheterise 10% (temporary in majority)
  - Urinary tract infection 5%
  - Clot in legs or lung <1%

In hospital and recovery

- Hospital stay is usually between 2-3 days
- When you wake up from your operation you will have a vaginal pack and bladder catheter. These are usually removed the following day and we will assess whether you are emptying your bladder properly. If you are not, the nurses will teach you to self-catheterise and you will go home doing this while your bladder function recovers which is most often within 2 weeks. The risk of this is around 10%.
- You will be given pain medicine to manage post-operative pain and you should take aperients to avoid constipation
- You will require a needle for at least 5 days to minimise risk of blood clots
- A small amount of vaginal bleeding is to be expected for 2 weeks
- It is crucial to avoid constipation, heavy lifting, running or any other stress to your pelvic floor over the first 3 months postoperatively while healing takes place. Sexual intercourse should wait until after review at 6 weeks.
- Time off work is usually 4-6 weeks depending on your occupation
- Worsening pain or urinary symptoms like burning or pain are not normal and you should see your local doctor.
- Dr Mowat will review you around the 6-week mark, but if you have any concerns before this, please ring the rooms
- As a long-term lifestyle measure we recommend avoiding lifting over 15 kgs, excessive exercise, weight gain, constipation and smoking to optimise the chance of a long-lasting repair.