

Sacrocolpopexy

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What is a Sacrocolpopexy?

A sacrocolpopexy is a procedure designed to cure vaginal vault prolapse, (when the uppermost part of the vagina slips downwards). This usually occurs after a hysterectomy.

Reasons for the procedure

The operation is designed to restore the vagina to its normal position and function.

Benefits of the procedure

You would no longer need to use a pessary.

Nature of the procedure

At the beginning of the operation, a mid-line vertical cut is made in the lower part of the abdomen, from just under your belly button, to just above the bone. Through this cut, the highest point of the vagina is located, lifted and then attached to a ligament on the sacrum using a synthetic mesh-type material.

The operation itself usually takes approximately one hour and will be done under a general anaesthetic, which means that you are asleep. After the operation you will be transferred to the recovery room, where the nurses will take care of you until you are awake and ready to return to the ward.

The usual stay in hospital for this operation is approximately 3 - 4 days.

Alternatives to the procedure

Treatment for this type of prolapse does not necessarily involve surgery. A more conservative approach includes physiotherapy, although its effects are limited if the prolapse is large.

It is sometimes possible to elevate the prolapse using a pessary (ring or shelf). The pessary is placed in the vagina to lift the prolapse into its normal position. Once sited, it is usually comfortable to use although sometimes, if the prolapse is large, the pessary does not always stay in position. The pessary needs to change regularly. The medical team will be able to advise you on whether this is a suitable treatment for you.

Consequences of not having the procedure

You would continue to use the pessary as described in the section on alternatives to the procedure.

Special preparations

If going ahead with a sacrocolpopexy, you are usually invited to attend the pre-operative assessment clinic for a few routine tests a week or two before your admission. The tests will include taking blood and a urine sample. Sometimes a heart trace – known as an electrocardiogram or ECG – and/or a chest X-ray may also be taken. Your blood pressure, height and weight will be recorded.

The doctor will examine you to make sure you are fit for an anaesthetic. She/he will explain what the operation entails and answer your questions.

You will be required to sign a form to give consent to the operation.

How will I feel afterwards?

On return to the ward, you will be sleepy from the anaesthetic. You will have a drip in your arm to give you fluids until you are able to drink.

For the first 24 hours you will be in control of your pain relief via a patient-controlled analgesia (PCA) machine. This will be explained to you beforehand.

There will be a catheter draining the urine from your bladder. This is usually removed by the second day after your operation.

The day following your operation you will have an assisted wash with help from the nurses. You will be helped to sit out of bed during the morning and take a small walk in the late afternoon. You will be able to eat a light meal and drink the morning after your operation, depending on how you feel.

By the second or third day after your operation you may have a bath or shower. You can safely wash your wound, but make sure you dry it thoroughly afterwards.

You will be encouraged to walk as soon as possible to prevent blood clots in the veins in your legs - known as deep-vein thrombosis or DVT - and pelvis.

Discomforts of the procedure/what happens after the procedure?

The day following your operation, the fluids and the PCA pump will be removed.

The first or second day after your operation your catheter will be removed.

You may require medicine or enemas three days after your operation to help empty the bowel and avoid straining.

Occasionally, a small drain is stitched into the wound so any bleeding runs safely away. This is normally removed one or two days after the operation. The wound is usually closed with stitches and/or staples which may be removed before you go home. If you go home before they are removed, the district nurse will be informed and she will remove them.

Risks of the procedure

All operations under general anaesthetic carry risks, including chest infections, heart attacks and blood clots affecting the legs and possibly the lungs. However, these complications are rare and we take considerable precautions to avoid them. Unexpected bleeding can occur if the operation itself has been difficult but this is uncommon. If this happens, a blood transfusion and extra fluid may be needed. The long-term success rate of the sacrocolpopexy is between 85-90% so you are unlikely to have any problems. There is a very small risk of further prolapse developing in another section of your vagina, such as the back wall that supports the bowel. If this does develop, it may require further surgery.

Wound infection

The wound may become increasingly swollen and painful, sometimes producing a discharge. This usually settles with a course of antibiotics.

Very occasionally, in severe cases, it is necessary to perform a small operation to release an abscess if it forms within the wound.

Urine infection

Pain or burning when passing urine and/or frequency of passing urine may indicate infection, which will require treatment with antibiotics.

Chest infection

This is more likely to be a complication for cigarette smokers. It may require treatment with antibiotics and/or physiotherapy. Antibiotics are given during your anaesthetic to try to prevent these infections.

Thrombosis and pulmonary embolism

This means clots in the blood, which may affect the legs and lungs. This can be a very dangerous complication. You will be given daily clexane injections to reduce the risk. You will also be asked to wear special stockings which improve the circulation of blood in your legs.

Sometimes there is difficulty in passing urine and a small number of women can develop urinary incontinence. There have also been occasional cases of infection of the mesh following the procedure, although this usually responds to antibiotic therapy.

Aftercare

When you get home

Constipation can occur after a sacrocolpopexy. To prevent this, eat plenty of fibre-rich foods such as wholemeal bread, cereals, fruit and vegetables. Also drink plenty of fluids. If constipation persists, please contact your GP for advice.

You may feel weepy or low at times, which may be due to feelings of tiredness or frustration at not being able to do the things you want to do. This is quite normal. Give yourself time to regain your strength. Recovery rates vary greatly, so do not compare yourself to others. If these feelings do not improve over the next few weeks please talk to your GP.

What problems can occur?

Occasionally, urinary or wound infections can occur. Please contact your GP for advice if you have:

- Increased pain or redness around the wound, or leakage of blood or fluid from the wound itself
- Persistent pain on passing urine, or offensive-smelling urine
- Backache
- Raised temperature

Hygiene

You can have a bath or shower daily, but avoid using scented oils or bubbles as those can cause irritation. Make sure you wash and dry your wound carefully.

Diet

You might have a small appetite at first. If so, try eating small, frequent meals. Try to get a balanced diet with plenty of protein rich foods such as meat, fish and beans. These will help your wound heal. Vitamin C, found in fresh fruit and vegetables, will also help with this.

Lifting

For the first four to six weeks do not lift anything heavier than a full kettle. This means you will need to arrange help with household jobs involving lifting. You can make some jobs more manageable by half-filling items, such as bin bags or saucepans. Leave tasks like carrying heavy shopping bags or lifting children.

Housework

When you go home, make the first one or two weeks a period of rest and recuperation. After this time you will probably feel well enough to resume light tasks around the house.

Begin with chores like dusting and food preparation. You can load and unload the washing machine but **do not** lift heavy baskets of washing. At first, you may also need someone to hang out washing so you do not overstretch. After three to four weeks you can increase the amount of housework you do but tasks such as vacuuming should be left until six weeks after the operation.

Avoid heavy work such as spring-cleaning or moving furniture for at least three months.

Exercise

Gentle exercise is good for you but remember to build up gradually. Be guided by how you feel and do not push yourself. It is important to carry on with the exercises which the physiotherapist shows you.

You can climb the stairs from the day you get home. Walking is good exercise. Start with 10 minutes a day and gradually build up. Swimming is best left for about three weeks because of the risk of infection. More strenuous sports like horse riding and aerobics should be left for at least three months after the operation.

Sex

You can resume sexual intercourse after about six weeks. By this time everything should have healed well. Some women experience painful sex owing to the altered shape and angle of the vagina.

You may be a bit tense at first. Some people find KY jelly (available from the chemist) is helpful. It is important to both talk and listen to your partner. This will help you resolve concerns before they become a problem.

Driving

You should be able to start driving again about six weeks after your operation. Before you do, make sure you can reach the pedals comfortably and that you could manage an emergency stop. It is a good idea to contact your insurance company to find out how soon your policy covers you after an operation. Some insurers will not provide cover for three months after a major operation.

Work

When you return to work will depend on the job you do. You might be able to go back to work after your six week check-up. If you have a more physical job, you might need up to three months off. Please discuss this with your consultant and GP.

Follow-up

Your consultant will arrange to see you in the Outpatient Department, usually three months after your operation. If you have any problems or concerns in the meantime, please contact your GP.

Further information

If you have any further questions or concerns about your sacrocolpopexy, please contact Ward 3E: **0151 430 1522 (Ward 3E)**

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible.

If you have a query or concern, please contact:

0151 430 1144 (PALS)

Have your say

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If you have a comment or compliment about our service or treatment, please raise this with a member of the ward staff in the first instance.

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