

Sacrospinous Fixation

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This leaflet has been written to try and answer questions you might have about sacrospinous fixation, however, it is not intended to replace the personal contact between you and the doctors and nurses. [It should be read together with the leaflet about prolapse](#) in which available treatments are described and compared.

If at any time you have any worries or questions not covered by this leaflet, please feel free to discuss them with a member of staff.

What is a Sacrospinous Fixation?

It is an operation to correct a prolapsed uterus (dropped womb) or vault (top) of the vagina (in case of a previous hysterectomy), in which case the prolapse is called a vault prolapse. It is usually carried out under general (fully asleep) or spinal (similar to an epidural) anaesthesia.

Alternative treatments for prolapse

These are described in their own information sheets and are compared in the information sheet about the treatment of prolapse.

How is a sacrospinous fixation operation done?

The operation is carried out through the vagina (front passage). The prolapse is anchored with very precisely inserted stitches to the sacrospinous ligament (a strong ligament of the pelvic bones). Any degree of prolapse of the walls of the vagina, either the front wall (near the bladder), or back wall (near the back passage), can be repaired at the same time.

At the end of the operation a catheter is usually inserted into the bladder and a vaginal pack (gauze) may be inserted into the vagina (front passage). The following morning the pack and the catheter are removed. Once you feel quite well and have managed to pass water you will be allowed home. This is usually after one to two days.

How successful is the operation?

As with all operations for prolapse it is not guaranteed to be completely successful as the reason for the prolapse occurring in the first place is that the tissues in that area are slightly weak. This operation is, however, very successful overall, with initial success rates of about 90% in curing the vault prolapse. Prolapse of the vaginal walls may still be present and may require a vaginal repair. Recurrence of the operation as a result of weakness of the repaired tissue can occur after some time.

Benefits of treating prolapse

The main benefit of treating a prolapse is to make you feel more comfortable. Occasionally it can improve bowel or bladder function but this is not always the case. Generally if a prolapse is not treated it will not result in any harm except for the feeling of discomfort.

Risks

As with any surgical procedure and general anaesthetic there is a degree of risk involved.

The general risks are described in the leaflet about "Prolapse".

Specific to this operation, about one in four patients will experience a degree of pain in the right buttock or numbness at the back of the right thigh for a few months. Very rarely this continues for longer.

What should I expect after my operation?

- Immediately after your operation you will have a drip in your arm to give you fluid until you are able to eat and drink properly. This may include a system where you can press a button to administer pain relief to yourself as required (patient controlled analgesia or PCA)
- You will have a catheter (tube) in your bladder to drain urine, which is likely to be removed the following day. If you have a pack in the vagina this will also be removed the following day.
- You will be given an injection to thin your blood and help prevent thrombosis (blood clots) until you are fully mobile.
- You will be encouraged to move about after the operation which may be the same day as your surgery. Moving around should prevent you from developing any postoperative complications such as clots in your legs and lungs and should also prevent you from getting a chest infection.

After your operation you will be seen by a doctor who will explain to you how your operation went and if there were any changes to the previously planned operation. You will be informed of your progress at all times. Don't be afraid to ask the nurses or doctors if you have any questions.

You will usually be in hospital one to two days.

How long will it take for me to recover?

It takes about six to eight weeks to get back to normal. It is important for you to be as active as possible, as being bed-ridden can mean there is an increased risk of thrombosis (blood clots) occurring in the leg veins and lungs. Although you need to be active, you should be sensible and make sure you have periods of rest when you begin to feel tired.

You are advised to gradually start doing a little more each day without tiring yourself. Do whatever you feel able to do without too much effort: avoid lifting, straining and intercourse until you are seen again in the outpatients clinic in approximately six to eight weeks' time.

It is recommended that you avoid the following until at least 12 weeks after surgery:

- Sit up exercises.
- Lifting children or heavy objects.
- Gardening.
- Heavy housework.
- Aerobic exercises.

Follow-up

You will be sent an appointment for a follow up consultation in clinic 8-12 weeks after your operation.

Contact information

If you have any problems after you have gone home or if you have any questions about the information in this leaflet, please feel free to speak to one of the nurses on the ward:

For further advice please telephone:

Ward 3E – 0151 430 1522 (24 hours)

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