



Saint Mary's Managed Clinical Service
Division of Gynaecology

PATIENT INFORMATION LEAFLET

AN OPERATION FOR PROLAPSE - SACROSPINOUS FIXATION – SACROSPINOUS HYSTEROPEXY

Prolapse is a bulge or lump in the vagina caused by weakness of the muscles and tissues that support the vaginal walls and/or uterus (womb). You are being offered a sacrospinous fixation or a sacrospinous hysteropexy operation as you have a prolapse of the top of the vagina or uterus which bothers you and treatment with a vaginal pessary has not been successful.

WHAT IS A SACROSPINOUS FIXATION?

After a hysterectomy the top of the vagina, where the neck of the womb (cervix) used to be, is called the vault. The vaginal vault can come down, forming a bulge in the vagina known as a vault prolapse. A sacrospinous fixation involves supporting the vaginal vault using stitches to fix it to a strong ligament inside the pelvis. The operation is performed through the vagina and is often performed at the same time as other prolapse operations such as vaginal hysterectomy, anterior/posterior repair.

WHAT IS A SACROSPINOUS HYSTEROPEXY?

A sacrospinous hysteropexy treats a uterine prolapse without removing the uterus. Some people prefer this as they do not wish to have a hysterectomy. We would advise delaying an operation for prolapse until you have completed your family. Pregnancy puts a lot of strain on any repair and is likely to increase the chance of the repair failing and the prolapse coming back. Having an operation can potentially affect your ability to become pregnant and we do not know much yet about the effect a sacrospinous hysteropexy may have on a developing pregnancy.

WHAT ARE THE BENEFITS?

A sacrospinous fixation or a sacrospinous hysteropexy treats vault or uterine prolapse in approximately 80-90% (8-9 in 10). Often there is also some prolapse of other parts of the vagina and the operation is not quite as good at treating this (although we can combine it with other types of repair). We have found 80% (8 in 10) are cured of their prolapse symptoms after the operation.

Our tissues continue to stretch and give way over time. This can result in further prolapse developing. We have found that approximately 35% (approximately 1 in 3) have some prolapse that can be measured on examination 5 years after the operation. However, many of these people did not have any bothersome symptoms or need anything doing about it.

WHAT ARE THE ALTERNATIVE TREATMENTS?

The alternatives to sacrospinous fixation or hysteropexy are:

Do nothing. Prolapse is not a dangerous or harmful condition. If it is not bothering you, you could decide to do nothing about it. If the prolapse is very large, we may suggest checking it is not stopping your bladder from emptying properly before you make your final decision not to have treatment. We would also suggest having your prolapse treated if it is rubbing on your underwear and getting sore.

Vaginal Pessary. If you have not already tried a pessary, we would encourage you to do so. There is a large range of plastic pessaries available to support the prolapse. These are worn inside the vagina and, once in, you should not be aware they are there. They are fitted by a nurse or doctor who will advise you on the type and size of pessary that might suit you best. We usually suggest you have the pessary changed every 6 months. Some GP surgeries will change pessaries for you.

Pessaries are good at treating the symptoms of prolapse. 70% of women (7 in 10) who use a pessary find it successfully treats their symptoms. However, not everyone finds a pessary to suit them. The main downside of a pessary is that it needs to be changed. Sometimes the pessary can rub the vaginal walls causing bleeding or discharge. This can be treated with an appropriate cream.

A Different Operation. There are many different operations used to treat prolapse. Deciding which operation to have depends on many factors including:

- The type of prolapse you have.
- What treatments you have had in the past.
- Any medical problems you may have.

It is not possible to list all the possible operations in this leaflet. If you decide you want a different operation for your prolapse, your doctor will explain the options open to you.

WHAT WILL HAPPEN BEFORE THE OPERATION?

If you have not already done so, you will be asked to complete an electronic questionnaire to help us identify your troublesome symptoms. You may also be asked to fill in a bladder diary to give us some information on how your bladder is working.

Most people requesting a sacrospinous fixation or hysteropexy will not need any other tests. However, if you are having a lot of problems with your bladder or bowels, the doctor may suggest extra bladder or bowel tests. They will explain why they have suggested the test, what it involves and give you a leaflet explaining them in more detail.

Before you come in for your operation, you will be asked to attend a pre-operative check with a nurse. This may or may not be on the same day as your clinic appointment. It is important that we arrange this for you as it gives us an opportunity to make sure we can reduce your risk from surgery as much as possible. It will not be possible to go ahead with your operation until these checks are done. Routine tests, such as blood tests and a heart tracing, may be done at this appointment. You may need other tests depending on what medical problems you have. **Please bring a list of all your medications, and any allergies you might have, with you when you attend.**

Before you come into hospital for your operation, you should make sure you have a supply of simple pain relief, such as Paracetamol, as this will not be supplied for you to take home.

HOW IS THE OPERATION PERFORMED?

Before you go to theatre for your operation, you will be given some elasticated stockings to wear. These reduce the risk of a clot in the leg, known as a deep vein thrombosis (DVT).

The operation can be performed with a general anaesthetic (asleep) or regional (awake but pain-free) anaesthetic. The anaesthetist will discuss this with you. During the operation, a cut is made in the wall of the vagina. The sacrospinous ligament in the pelvis is located and stitches are put in it to sew it onto either the vagina (sacrospinous fixation) or cervix (sacrospinous hysteropexy). The stitches are slowly absorbed over time; eventually they are replaced by scar tissue which then supports the vagina or uterus.

A dose of antibiotics will be given during the operation to reduce the risk of infection. Sometimes a catheter tube is inserted along the urethra into your bladder during the operation and left in place until the following morning. Sometimes an antiseptic soaked bandage (a pack) is placed in the vagina to prevent bleeding from the wound. A catheter is always put in if you have a pack inside the vagina.

WHAT WILL HAPPEN AFTER THE OPERATION?

The catheter tube will be removed the morning after your operation. Most women find they only need simple pain relief such as Paracetamol. Once you are eating, drinking and passing urine normally, you will be able to go home. Most people go home the day after their operation. We will give you some medicine to take home to help your bowels move without the need to strain.

WHAT HAPPENS AFTER I GET HOME?

It is normal to feel more tired than usual after an operation and this may last several weeks. It is important to take rest and allow your body to heal. However, we would advise gentle exercise, initially around the home, to help prevent a DVT. Try to avoid strenuous exercise that leaves you short of breath, heavy lifting or straining on the toilet as this can put a strain on the repair.

You can start having sexual intercourse again 6 weeks after the operation.

You can drive as soon as you can make an emergency stop without it hurting. This usually takes 4 weeks. If you work, you may need a certificate for your employer. This can be supplied (on request) before you go home from hospital.

We would like to see you in the out-patient clinic 6 months after your operation to check it has healed well and see what effect it has had on your symptoms. We will ask you to repeat the electronic questionnaire as part of this follow up appointment.

WHAT ARE THE RISKS OF SURGERY FOR PROLAPSE?

Unfortunately, all operations carry some risk. It is important that you are aware of these risks and consider them when making a decision whether or not to have surgery for your prolapse.

Risks of all operations:

Anaesthetic Risks. This is very small unless you have specific medical problems. This will be discussed with you.

Bleeding. The risk of serious blood loss is very small, and it is rare that we have to give a blood transfusion after prolapse operations. However, your risk of bleeding may be higher if you are taking

an anti-clotting drug such as Warfarin. It is very important that you share with us any religious objection you may have to receiving blood in a life-threatening emergency.

Infection. There is a risk of infection at the wound site or in your bladder, which is reduced by giving you a dose of antibiotics during the operation. The risk of a serious infection is very small.

DVT. This is a clot in the deep veins of the legs. The risk of a DVT is about 4 in 100 and many cause no symptoms. In a very small number of cases, bits of the clot can break off and get stuck in the lungs causing a serious, and rarely fatal, condition (pulmonary embolism). The risk of a DVT is higher in women who smoke or who are overweight. The risk can be reduced by wearing special stockings and sometimes using injections to thin the blood.

Risks of prolapse operations:

Pain, including pain on intercourse. Mild pain for a few days or weeks after the operation is normal as the wounds from surgery heal. Some people also have increased back or hip pain after the operation as we need to position you with your legs in stirrups to perform the operation. Rarely, more severe or long-lasting pain can develop after surgery, even when the operation has otherwise been successful. There are many reasons for this, and it is not always possible to get rid of it.

Worsening or persisting problems with your bladder or bowels. Many people with prolapse also have problems with their bladder or bowels. Fixing the prolapse does not always make these better. Some problems, such as bladder leakage on coughing, laughing, sneezing, may get worse.

Damage to the bladder or bowel. During the operation, the surgeon will make cuts and place stitches very close to the bladder and bowel. Rarely, the surgeon may make a hole in them by accident. Usually this can be repaired straight way. However, it may affect your recovery and your surgeon will want to explain what has happened when they see you on the ward the next day. If damage is not recognised until after the operation, it can need another operation to fix it.

ARE THERE ANY OTHER RISKS?

Risks specific to a sacrospinous fixation or sacrospinous hysteropexy include:


Failure to treat the prolapse. 20% (1 in 5) who have a sacrospinous fixation or hysteropexy do not feel the surgery has helped the prolapse symptoms. A prolapse can come back after this operation.

Buttock pain. 10% experience pain in the buttock for the first few weeks after surgery. This usually gets better by itself, and simple pain relief is usually all that is required. It is also quite common to get stabbing or burning rectal pain that settles with time. Rarely, there will be immediate severe pain caused by nerve damage which requires returning to the operating theatre to have the stitches cut.

If you require any further information or clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.

CONTACT DETAILS

 **Warrell Unit Nurses: (during office hours only):** (0161) 701 6150 or 701 6776

 **For urgent out of hours enquiries:** Emergency Gynaecology Unit (0161) 291 2561
24 hours; 7 days. *EGU is based at Wythenshawe Hospital on Ward F16*