Central Manchester University Hospitals NHS
NHS Foundation Trust

Saint Mary's Hospital
Gynaecology Service – Warrell Unit

An operation for Stress Incontinence – Colposuspension

Information for Patients

INVESTORS IN PEOPLE
POSITIVE ABOUT DISABLED PEOPLE

Stress Incontinence

Stress incontinence is a leakage of urine occurring on physical exertion. It may occur when coughing or sneezing, walking or exercising. It is caused by a weak sphincter (a muscle at the bladder outlet), or by poor support to the bladder outlet from the pelvic floor muscles and ligaments.

Why am I being offered a Colposuspension?

Most often exercise for the pelvic floor muscles are used as the first form of treatment for stress incontinence; you may already have tried this. If the leakage continues and remains a problem despite exercises, then an operation may be required. If you have any other conditions affecting continence, such as a prolapse, it may be repaired during the same operation. The doctor will discuss this with you.

What is a Colposuspension?

Colposuspension is surgical treatment for stress urinary incontinence (SUI). SUI is caused by a weak sphincter (a muscle at the bladder outlet), or by poor support to the bladder outlet from the pelvic floor muscles and ligaments.

The operation involves creating a hammock of stitches which are attached to tissues at the back of the pubic bone. This hammock supports the bladder outlet during physical exertion. It can be done through a bikini line incision or with keyhole surgery.

What are the benefits and how long will it work for?

85-90% women are substantially improved. This means you may get back to physical activity – running, dancing, gym and resuming sexual relations (if hindered beforehand).

What are the alternative treatments?

Other treatments for stress incontinence include periurethral bulking injections, tension-free vaginal tape or the fascial sling procedure. Further information on these can be given to you on request or your doctor can discuss them with you.

What will happen before the operation?

Here are some tests that you may have before your operation:

EPAQ questionnaire: You will be asked to complete a questionnaire about your bladder, vagina and bowel symptoms as part of your assessment as well as 6 months after surgery for stress incontinence. This is done on a computer and can be completed at home or in the clinic.

Urodynamics: This test is carried out before surgery for stress incontinence. This is a more advanced test to find out the cause of your bladder problems and to see how well your bladder empties. It involves filling your bladder with water via a thin tube in your bladder. The tube is removed as soon as the test is over.

Pre op: You will be invited for a pre-operative check up by a nurse and you may need some other tests depending on your general health. These may include blood tests and a heart tracing. They will also advise you on what type of pain relieving medication you might need for your return home from hospital.

How is the operation performed?

You will be admitted to hospital on the morning of your operation and after completing some paperwork with your nurse you will be taken to theatre. You will be given a general (asleep) or spinal (awake but pain free) anaesthetic.

The operation will be done either with keyhole surgery or with a bikini line incision. Stitches are put into the vaginal wall on either side of the bladder neck and are tied to some strong fibrous tissues behind the pubic bone. At the end of the operation a catheter may be put through the abdominal wall into the bladder to rest the bladder for 24 hours (a suprapubic catheter). Your stay in hospital may be up to 4 days.

What will happen after the operation?

Your nurse will monitor you closely afterwards, checking your blood pressure, pulse and any vaginal bleeding regularly.

It is important that the amount of urine is measured the first few times that you pass urine after clamping the catheter. Any fluid you drink or pass out will be measured and recorded on a chart. When you are passing urine easily you will be allowed to go home.

What happens after I get home?

Full recovery usually takes about 6 weeks. During this time you should slowly build up the amount of activity you do.

You should not drive until you feel can comfortably make an emergency stop. This is usually 3-4 weeks. You should refrain from sexual activity for 4-6 weeks. You should be able return to a light job after 6 weeks and a heavier or busy job after 12 weeks. You will be seen in clinic again after 6 months.

What are the risks of surgery for stress urinary incontinence?

General Risks of Surgery:

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

Haemorrhage (Bleeding): There is a risk of bleeding with any operation. The risk from blood loss is reduced by knowing your blood group beforehand and then having blood available to give you as a transfusion if needed. It is rare that we have to transfuse patients after their operation. However, your risk of bleeding may be higher if you are taking an anti-clotting medication 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 any of the wound sites. A significant infection is rare. The risk of infection is reduced by our policy of routinely giving antibiotics with major surgery. Urine infections are relatively common in patients having an operation for incontinence. If this happens, you are likely to require a course of antibiotic medication.

Deep Vein Thrombosis (DVT): This is a clot in the deep veins of the leg. The overall risk is at most 4-5% although the majority of these are without symptoms. Occasionally this clot can migrate to the lungs which can be very serious and in rare circumstances it can be fatal (less than 1% of those who get a clot). The risk of you developing a blood clot is significantly reduced by using special stockings and injections to thin the blood (heparin).

Risks of continence surgery:

Failure: 10% of women do not gain benefit from the operation, although a further operation can be done.

Difficulty passing urine: Approximately 10% of women will have some difficulty in emptying their bladder in the short term and if this happens, we may send you home with a catheter for up to a week. If you still have difficulty emptying your bladder after 10 days (less than 3%), then the options will be either learning how to catheterise yourself (you may need to do that few times a day after passing urine, to get rid of any urine left behind in your bladder), or a further operation. Your doctor/ nurse will explain this further.

Bladder overactivity (less than 10%): Any operation around the bladder can increase the risk of making the bladder overactive, leading to symptoms such as urgency (needing to rush to the toilet) and frequency (needing to visit the toilet more often than normal).

Are there any other risks of the Colposuspension?

Prolapse: There is a 10-15% risk of developing prolapse of the back wall of the vagina (rectocele) or top of the vagina following colposuspension. This may require an additional prolapse operation in the future.

Suture complications: The suture material used to stitch the vagina in this operation is permanent. Rarely, these stitches can migrate into the bladder after a number of years. This can cause problems with recurrent urinary infection and you would need a further operation to remove these stitches.

Post-operative pain lasting (more than 6 months) or pain on intercourse: This may arise from the vagina as a result of the changed position of the vagina after an operation. It is unusual (less than 1.5%) but unpredictable. Some people develop pain in their groin following surgery. This is rare but can require an operation to release the stitches.

Visceral trauma: During the operation it is possible for injury to occur to an abdominal organ such as the bladder, bowel or ureter. This would be repaired at the same time, if recognised during the operation. If the problem is not recognised until after the operation, it may need an abdominal operation to repair the damaged organ.

If you go home with a catheter

Arrangements will be made for you to return to the Warrell Unit for the catheter to be removed the following week. Your bladder emptying can then be re-assessed.

On occasion some women may need to learn how to put a catheter in and out to empty their bladder.

General advice

- Try to drink 1½-2 litres (3-4 pints) of fluid each day – mostly plain water.
- Avoid things that may irritate your bladder eg. Tea, coffee, fizzy drinks, alcohol, very acidic juices, chocolate, tomatoes.
- Keep you bowels regular by eating plenty fruit and vegetables, wholemeal bread and cereals. Constipation can affect your bladder emptying.
- See your GP for medicine to help your bowels if you do become constipated.

If you experience any difficulties/problems, please ring:

Out-patient nurse answerphone:
(0161) 276 6911

For urgent out of hours enquiries:
Emergency Gynaecology Unit
(0161) 276 6204 (24 hours; 7 days)

Things I would like to know before my operation.

Please list below any questions you may have, having read this leaflet.

1.

2.

3.

What are you hoping this operation will do?

Please describe what your expectations are from surgery.

1.

2.

Other sources of information

Bladder and Bowel Foundation:

www.bladderandbowelfoundation.org/bladder/bladder-treatments.asp

British Society of Urogynaecology:

www.bsug.org.uk/patient-information.php

NHS choices:

www.nhs.uk/conditions/Incontinence-rinary/Pages/Introduction.aspx

Violence, Aggression and Harassment Control Policy

We are committed to the well-being and safety of our patients and of our staff. Please treat other patients and staff with the courtesy and respect that you expect to receive. Verbal abuse, harassment and physical violence are unacceptable and will lead to prosecutions.

Suggestions, Concerns and Complaints

If you would like to provide feedback you can:

- Ask to speak to the ward or department manager.
- Write to us: Patient Advice and Liaison Services, 1st Floor, Cobbett House, Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL
- Log onto the NHS Choices website www.nhs.uk - click on 'Comments'.

If you would like to discuss a concern or make a complaint:

- Ask to speak to the ward or department manager – they may be able to help straight away.
- Contact our Patient Advice and Liaison Service (PALS) – Tel: 0161 276 8686 e-mail: pals@cmft.nhs.uk. Ask for our information leaflet.

We welcome your feedback so we can continue to improve our services.

Please use this space to write down any questions or concerns you may have.

No Smoking Policy

The NHS has a responsibility for the nation's health.

Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted within any of our hospital buildings or grounds.

The Manchester Stop Smoking Service can be contacted on Tel: (0161) 205 5998 (www.stopsmokingmanchester.co.uk).

Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. Should you require an interpreter ask a member of staff to arrange it for you.

تنص سياستنا على عدم السماح لافراد عائلة المرضى او اقاربهم او اصدقائهم بالترجمة لهم. اذا احتجت الى مترجم فيرجى ان تطلب ذلك من احد العاملين ليرتب لك ذلك.

ہماری یہ پالیسی ہے کہ خاندان ، رشتہ دار اور دوست مریضوں کےلئے ترجمہ نہیں کرسکتے۔ اگرآپ کومترجم کی ضرورت ہےتو عملے کےکسی رُکن سے کہیں کہ وہ آپ کےلئے اس کا بندوبست کردے۔

ইহা আমাদের নীতি যে, একজন রোগীর জন্য তার পরিবারের সদস্য, আত্মীয় বা কোন বন্ধু অনুবাদক হতে পারবেন না। আপনার একজন অনুবাদকের প্রয়োজন হলে তা একজন কর্মচারীকে জানান অনুবাদকের ব্যবস্থা করার জন্য।

Nasze zasady nie pozwalają na korzystanie z pomocy członków rodzin pacjentów, ich przyjaciół lub ich krewnych jako tłumaczy. Jeśli potrzebują Państwo tłumacza, prosimy o kontakt z członkiem personelu, który zorganizuje go dla Państwa.

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我们的方针是，家属，亲戚和朋友不能为病人做口译。如果您需要口译员， 请叫员工给您安排。

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