Saint Mary's Managed Clinical Service
Division of Gynaecology

NHS
Manchester University
NHS Foundation Trust

PATIENT INFORMATION LEAFLET

COLPOSUSPENSION - AN OPERATION FOR STRESS URINARY INCONTINENCE

WHAT IS STRESS INCONTINENCE?

Stress incontinence is a leakage of urine which occurs during physical exertion such as coughing or sneezing, walking, exercising or during sex. It is caused by a weak muscle at the bladder outlet (sphincter), or by poor support to the bladder outlet from the pelvic floor muscles and ligaments.

WHY AM I BEING OFFERRED A COLPOSUSPENSION?

Pelvic floor muscle exercises are usually used as the first kind of treatment for stress incontinence; you may already have tried this. If the leakage continues and remains a problem despite exercises, then more invasive treatment may be offered.

You may also be offered treatment at the same time as treatment for other conditions such as prolapse. The doctor will discuss this with you.

WHAT IS A COLPOSUSPENSION?

Colposuspension is surgical treatment for stress urinary incontinence (SUI).

You will be given a general (asleep) or spinal (awake but pain free) anaesthetic.

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.

The operation can be done through a bikini line cut or with keyhole surgery. The stitches that support the bladder outlet can be permanent or dissolvable. Your doctor will discuss this with you before surgery.

At the end of the operation a catheter will be inserted via the urethra (urine pipe). Rarely, it may be necessary to put a catheter through the abdominal wall into the bladder to rest the bladder for 24 hours (a suprapubic catheter). Your stay in hospital is likely to be 2-3 days.

WHAT ARE THE BENEFITS AND HOW LONG WILL IT LAST FOR?

85-90% of people are greatly improved. This means you may get back to physical activity.

The operation may be less successful if you have already had unsuccessful surgery for SUI.

WHAT ARE THE ALTERNATIVE TREATMENTS?

Other treatments for SUI include: periurethral bulking injections or Fascial sling. Further information about these is available in the NICE Patient decision aid: Surgery for stress incontinence NG123 Patient decision aid on surgery for stress urinary incontinence (nice.org.uk) and 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 before surgery as well as 6 months after surgery. This is done on the computer and can be completed at home or in the clinic.

- **Urodynamics:** This test is carried out before surgery. This is a 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. They will also advise you on what type of pain relieving medication you might need for your return home from hospital.

WHAT WILL HAPPEN AFTER THE PROCEDURE?

Your nurse will monitor you closely, checking your blood pressure, pulse and any vaginal bleeding regularly. Any fluid you drink or pass out will also be monitored and recorded.

It is important that the amount of urine is measured the first few times that you pass urine after removing the catheter. This is to check that the bladder is fully emptying.
If have problems passing urine, you may need to go home with a catheter for a short period of time. If this happens, we will give you an appointment to have the catheter removed in our outpatient clinic in 1-2 weeks so your bladder emptying can be re-assessed.
On occasion some people may need to learn how to put a catheter in and out to empty their bladder.

After the operation you may have light vaginal bleeding (like the end of a period). This may last for a few weeks. Do not use tampons for 6 weeks following surgery.

WHAT WILL HAPPEN AFTER I GO HOME?

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

You should not drive until you can comfortably make an emergency stop, usually 3-4 weeks.

You should refrain from sexual activity for around 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 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 if needed. It is rare that we have to give blood to patients after their operation. However, your risk of bleeding may be higher if you are taking an anti-clotting medication such as Warfarin, Clopidogrel, or Apixaban. It is very important that you share with us any objections you may have to receiving blood.

Infection: There is a risk of infection at 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 surgery for incontinence.

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 is significantly reduced by using special stockings and injections to reduce the rate of blood clotting (heparin).

Risks of continence surgery

Failure: 10% of women do not gain benefit from the operation, although further surgery 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, then we may need to teach you how to empty your own bladder with a small catheter.

Bladder over-activity: 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 COLPOSUSPENSION?

Prolapse: There is a 20-30% 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 usually 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 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.

GENERAL ADVICE

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

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

☎ Urogynaecology Clinical Nurse Specialists - (0161) 701 6150 or (0161) 701 6776

Appointment queries (08:30-16:00) - (0161) 701 4455 (choose option 3 “Urogynaecology”)

☎ **For urgent out of hours enquiries:**

Emergency Gynaecology Unit (based at Wythenshawe Hospital)

(0161) 291 2561 Open 24 hours, 7 days a week

💻 https://mft.nhs.uk/saint-marys/services/gynaecology/Urogynaecology/