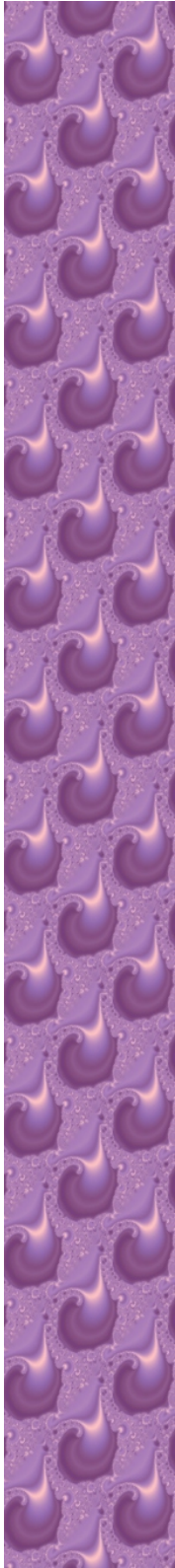


# **Laparoscopic and Abdominal Sacrocoldpopexy**

Surgical treatment for vaginal  
vault prolapse following  
hysterectomy

Your Questions Answered

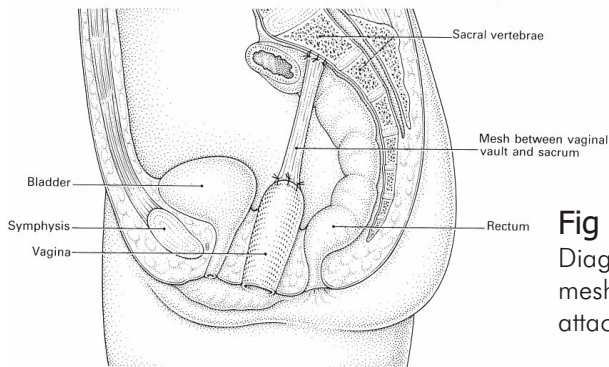


## What is a vaginal vault prolapse?

The vagina is held in position by the body's natural supporting structures. A vaginal vault prolapse is when these supporting structures become weakened and the vagina slips down from its normal position. Weakness of these supporting structures may be due to your hysterectomy, aging, changes in your hormone levels and vaginal childbirth.

## What is sacrocolpopexy?

Sacrocolpopexy is an operation which lifts the vagina back up to its natural position by attaching a synthetic mesh from the top and back of the vagina to one of the bones at the back of the pelvis (the sacrum). The mesh provides the vagina with the right amount of support to keep it in the correct position.



**Fig 1.**

Diagram showing how the mesh holds up the vagina by attaching it to the back of the

## How is Sacrocolpopexy done?

There are two ways sacrocolpopexy can be done:

### 1. Abdominal Sacrocolpopexy

A "bikini" line cut is made just below the pubic hair line and through this the mesh is inserted. The same type of cut is often used to do a hysterectomy, you may have had this cut before. Occasionally your surgeon may use a midline cut to perform the sacrocolpopexy. Stitches or staples are used to close both types of cut.

## 2. Laparoscopic Sacrocolpopexy

A small needle is inserted through the belly button and gas is gently blown into the abdomen (tummy). The gas expands the abdomen to make it easy to see the vagina and other pelvic organs. A small camera (laparoscope) is then inserted through the belly button and two or three more tiny cuts are made low down in the abdomen to perform the operation. The cuts may need to be sewn up but sometimes they do not as they are so small.

Both types of operation are performed under a general anaesthetic. This means you will be asleep for the procedure. Both operations normally take about two hours.

Your surgeon will discuss with you which type of operation is most suitable for you. Factors such as previous surgery will affect which type will be used.

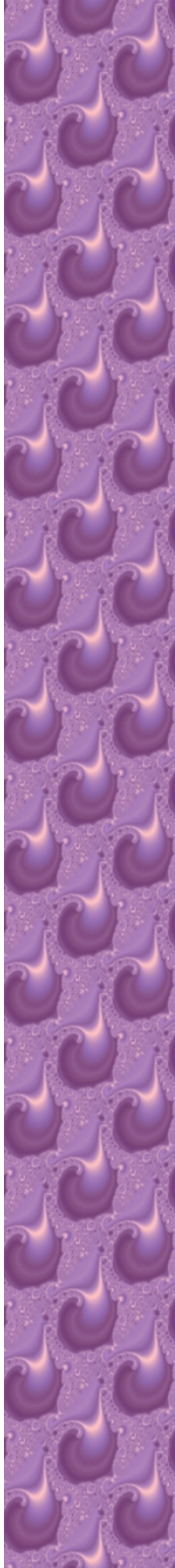
## **What will happen when I get admitted to hospital for the operation?**

The procedure is similar to when you had your hysterectomy. When you arrive in hospital you will be welcomed by a nurse, who will explain what care you will receive and answer any questions you have. You will also be seen by your surgeon or one their team and an anaesthetist before your operation. You will normally come in the day before your operation.

To prepare you for the operation we will give you anti-bloodclot stockings. We will also give you daily injections of heparin, which will thin your blood. Stockings and heparin significantly reduce your chances of getting a blood clot. Treatment is important as major surgery puts you at a higher risk of forming a blood clot, which can be very serious or even fatal.

You will also receive two drinks 2-4 hours apart to clean out your bowel before the operation. Do not have food or water for 6 hours before your operation. You may be asked to shave the upper pubic area if you are having an abdominal sacrocolpopexy. You may also be given antibiotics to prevent infection.

When it is time for your operation one of the nurses from the ward will help take you to theatre.



## **What will happen after the operation?**

When you wake up you will be in the recovery area of the theatre suit in your bed. A nurse and sometimes an anaesthetist will be with you.

You will have an oxygen mask in place, this will help you breathe more easily and allow you to recover from the anaesthetic faster.

You will also have a drip up (intravenous infusion), usually in your arm. This is so we can give you fluids to stop you becoming dehydrated and medications such as antibiotics. When you are drinking normally we will take the drip out.

You will have a catheter in your bladder which drains your urine away. This is normally left in for about 24-48 hours as it is sometimes difficult to urinate straight after the operation. It also lets the doctors and nurses know that you are getting enough fluid.

In addition a drain is usually left coming out from the abdomen to remove any fluid which may gather inside after the operation. It is important as it helps to tell us how you are healing inside.

Once you are alert a member of the nursing staff will come and take you back to the ward. The nursing staff will continue to monitor you and ensure you are comfortable.

## **Will I be in pain after the operation?**

There may be some discomfort and pain after the operation. For pain relief most women use patient controlled analgesia (PCA) a device which allows you to control how much pain killer (analgesia) you receive by pressing a button. Other forms of pain relief will be available to you if needed.

## **Will the stitches need to be removed?**

If non absorbable stitches or staples have been used they will need to be removed about 3-5 days after your operation. If absorbable stitches have been used they will normally dissolve and fall out between 7-10 days. It is important to keep your wound(s) clean and dry

## **When will I go home?**

If everything goes well and you have no complications you will usually go home 2-3 days after a laparoscopic procedure and 4-5 days after an abdominal procedure. Before you go home we like to make sure your wound is healing and that your bladder and bowel function is back to normal.

## **What about the recovery period?**

The recovery period is 4-6 weeks for an abdominal procedure and 2-3 weeks for the laparoscopic procedure. You should try not to strain yourself during this time as this may decrease the effectiveness of the operation. You need time to heal.

Initially avoid strenuous activities such as lifting, heavy housework and running. The best rule is that if it feels uncomfortable try to avoid it. Slowly try to do more exercise until you are back to your normal routine. Going for short walks can help you achieve this.

You may also feel more tired during your recovery period and perhaps a bit low, but as you start to recover you should find this improves.

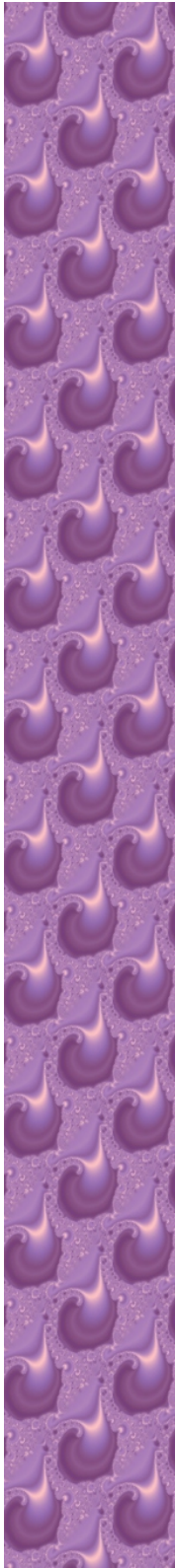
Eat high fibre foods such as fruit and vegetables and drink lots of fluids to stop you getting constipated after your operation. You may need mild laxatives initially to treat any constipation, the hospital or your GP can provide these.

## **How will the operation affect sex?**

Initially sexual intercourse may be a bit painful. Sex is best avoided for the duration of your recovery period as it may impair the healing process inside.

## **When can I go back to work?**

When you feel ready to. Most women return to work after 3-4 weeks following a laparoscopic operation and 6-8 weeks after an abdominal operation. If your work is very strenuous you may need to take another 2 weeks off. A sick note can be obtained from the hospital or your GP.



## **When can I start driving?**

You can start driving once you can do an emergency stop without any discomfort. Practice doing this in the car before deciding you can drive. People normally start driving at the end of their recovery period.

## **What follow up will I have?**

You will be given an outpatient appointment for about 6-8 weeks after your operation. This will allow you to tell the doctor how you are and ask any questions.

If you have any urgent problems before this time contact your consultant's secretary at the hospital or come into hospital. If you have any other issues your GP will be able to help you as they will have been informed by the hospital about your operation.

## **How successful is this operation?**

Studies have shown us that abdominal sacrocolpopexy have success rates ranging from 74-98.8% and that laparoscopic procedures have a success rate of around 92%.

Because laparoscopic procedures are newer than abdominal procedures, there is less knowledge of how successful laparoscopy is in the long term.

## **What risks does the operation have?**

No procedure is free of risk and sometimes complications can occur. The most serious and frequently occurring risks are:

- Failure of the operation to achieve its aim
- Bleeding at time of the operation. This is normally small but if excessive it can require blood transfusion
- Damage to nearby organs. This may require further surgery or conversion to a laparotomy (a large midline cut to open the abdomen) if serious
- Formation of prolapse in another part of the vagina, which could require further surgery to correct the problem in the future

- Rejection of the mesh by the body requiring its removal
- Infection of the mesh requiring its removal
- Erosion of the mesh into nearby organs which may cause problems such as persistent vaginal discharge and bleeding from the vagina This may require further surgery
- Development or worsening of urinary symptoms including stress and urge incontinence
- Development of infection which may require antibiotics
- Formation of deep vein thrombosis (clot in leg) and pulmonary embolus (clot in lung) which can be potentially life threatening
- Anaesthetic risks (see below for more information on this)
- Pain

Risks specific to laparoscopy include:

- Conversion to a laparotomy if there is damage to blood vessels or nearby organs such as bladder or bowel
- Abdominal bloating
- Shoulder tip pain due to gas under the diaphragm (the muscle of breathing)
- Infection to the discs between the bones of the back (vertebrae)

## **Where can I find out more information?**

If you have any questions or do not understand any of the terms used in this booklet, contact a member of the medical staff involved with your care.

Tel: 0121 627 2758(Ward 8)

For more information on your anaesthetic you can visit a useful website supported by the Royal College of Anaesthetists and the Association of Anaesthetists of Great Britain and Ireland

<http://www.youranaesthetic.info/>

This leaflet is also available in other languages and in large print. Ask at the hospital for these



## Questions for your doctor or nurse

A series of horizontal dotted lines for writing questions.