

**Patient  
Information**

# Sacrocolpopexy

## Introduction

This leaflet gives you information about vaginal prolapse and its repair known as Sacrocolpopexy.

## What is Sacrocolpopexy?

Sacrocolpopexy is a procedure for women who have developed vaginal vault prolapse (prolapse of the top of the front passage) following a hysterectomy (removal of the uterus).

Sacrocolpopexy will correct the prolapse using a permanent mesh. The mesh is used to attach the top of the vagina from inside to the ligaments over the sacrum (base of the lower back). This mesh will support the vagina and prevent it from dropping down. The operation is performed under a general anaesthetic (while you are asleep) either using laparoscopy (keyhole surgery) or through a laparotomy (abdominal cut).

## What is a vaginal vault prolapse?

When you have had a hysterectomy, the term 'vault' is used to describe where your uterus (womb) would have been attached to the top of the vagina (front passage). A vaginal vault prolapse is where the top of the vagina slips down into the vagina. In time it may protrude (bulge) out of the body through the vaginal opening.

With a vaginal vault prolapse you can often have a weakness and prolapse of the walls of the vagina as well such as rectocele (a bulge of the back wall of the vagina) or a cystocele (prolapse of the front wall of the vagina).

Sometimes, further vaginal surgery is needed to correct such prolapses at the same time as a Sacrocolpopexy procedure. Your surgeon will discuss this with you.

## What conditions lead to vaginal prolapse?

Prolapse happens over a period of time. It is usually caused by the weakening or injury to the supporting muscles and ligaments of the pelvic floor.

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This can be as a result of childbirth, connective tissue weakness, being overweight, heavy lifting, chronic constipation, smoking and a lack of hormones after the menopause or a combination of these. A lot of women will have a prolapse of some level after childbirth; it is not unusual and unless you have symptoms you will not need treatment.

## What are the symptoms of prolapse?

Symptoms may vary depending on the type and degree of prolapse. Usually symptoms are worse at the end of the day. The symptoms can include:

- A dragging feeling, heaviness or lump in the vagina
- Difficulty in opening your bowel or bladder
- Difficulty with intercourse or having a loose sensation in the vagina

Pain is not usually a symptom of prolapse.

## Alternative non-surgical treatments

### Do nothing

If the prolapse (bulge) is not troubling you then surgery may not be necessary. If however, the prolapse is outside the vagina and exposed to the air, it can become dried out and after time ulcerated. Even if the prolapse is not causing you any symptoms, in this situation we would recommend supporting it back inside the vagina with a pessary (see below).

### Pelvic Floor Exercises (PFE)

The pelvic floor muscles run like a bowl at the bottom of your pelvis. These muscles support your pelvic floor organs (uterus, vagina, bladder and rectum). Any muscle in the body needs exercise to keep it strong so that it works properly. PFE helps to strengthen the pelvic floor muscles to give more support to the pelvic organs.

These exercises may not get rid of the prolapse completely but they can make you more comfortable. The exercises are best taught by an expert, usually a physiotherapist and can help to strengthen the muscles even if surgery is needed at a later date. Please discuss this with your surgeon for referral to a physiotherapist.

**Patient  
Information****Vaginal pessaries****Ring pessary**

This is a ring made of PVC which is inserted inside the vagina to push the prolapse back up.

This usually gets rid of the dragging sensation and can, but not always, improve your bladder and bowel symptoms. The ring pessary will need to be changed every 6 to 12 months. This can be done by your GP or practice nurse.

We can show you an example of a ring pessary in clinic, please ask. Some couples find that the ring pessary can interfere with intercourse. Ring pessaries are not always suitable and do not always stay in place. If this is the case a shelf or Gellhorn pessary may be recommended.

**Shelf pessary**

This is a different shape pessary which cannot be used if you are sexually active. The shelf pessary must be checked every 6 to 12 months and is usually inserted in hospital by a specialist nurse or doctor.

**Gellhorn pessary**

This pessary is made of silicone which is softer than the shelf pessary. The Gellhorn pessary is not suitable for sexually active women. This pessary will also need to be checked every 6 to 12 months by a hospital specialist nurse or doctor.

**What are the benefits of Sacrocolpopexy?**

This operation is successful in 90 of every 100 operations. The vaginal vault will be firmly supported and any prolapse symptoms you have had should resolve.

If the operation is done using keyhole surgery there will be less disruption to other organs such as the bowel and bladder. The recovery time will also be quicker.

**Risks**

There are risks associated with all operations. You need to be aware of these when deciding the right treatment for you. The risks are:

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- Wound or bladder infection; this is usually treated with a course of antibiotics
- Damage to the bladder or ureters (tubes which drain the kidneys) with a risk of about 1 in 200 women
- Very rarely there may be damage to the bowel; the risk of this happening is about 1 or 2 in 1000 women
- Excessive bleeding; there is a 1 in 100 chance that this may happen during the operation
- Venous Thrombo-Embolism (VTE) this is a when blood clot forming in a leg vein, or lungs, which happens in about 1 in 250 women Treatment will be given to reduce this risk
- Prolapse recurrence. If you have 1 prolapse repaired the risk of having another prolapse during your life is high
- Mesh erosion/exposure (wear through to the surrounding tissues or vagina). This is rare with a risk of 1 to 2 per 100. If this happens need a repeat operation to trim the mesh.

## Changes in bladder and bowel function

Sacrocolpopexy helps to return the bladder and bowel to a normal position.

This usually will also improve their function. However in some women the straightening of the vaginal walls when prolapse is repaired can uncover an existing weakness of the bladder neck and lead to a new incontinence problem.

Some patients suffer from constipation following sacrocolpopexy surgery but this will get better over time. It is important to try and avoid being constipated following surgery to reduce prolapse happening again.

## Abdominal incision (cut)

Although the aim is to do the surgery through laparoscope (keyhole incisions), sometimes this is not possible. The need for a laparotomy (wider cut in the abdomen) is required. Occasionally, the operation needs to be converted from laparoscopy to laparotomy (abdominal cut) during surgery, especially if there is significant bleeding or damage to surrounding structures.

## What will happen to me before the operation?

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Before your admission for surgery you will be asked to attend a pre-admission clinic. This is to make sure that you are fit and well for your surgery.

You will be seen by a nurse practitioner or a doctor who will ask about your general health, past medical history and any medication that you are currently taking. Any necessary investigations (for example, blood tests, ECG, chest X-ray) will be arranged. You will also be given the opportunity to ask any further questions that you may have.

Information about your admission, hospital stay, operation and pre- and post-operative care will be posted to you.

### **What will happen to me when I come into hospital?**

You will be asked to come in on either the day before or on the same day as your operation.

You will be seen by the anaesthetist and the surgeon (or a senior member of the team) who will explain what will happen during the operation including the purpose and risks involved. You will also have the opportunity to ask any outstanding questions not covered during the pre-admission clinic. If you have not already done so you will be asked to sign a consent form.

### **How will the Sacrocolpopexy be carried out?**

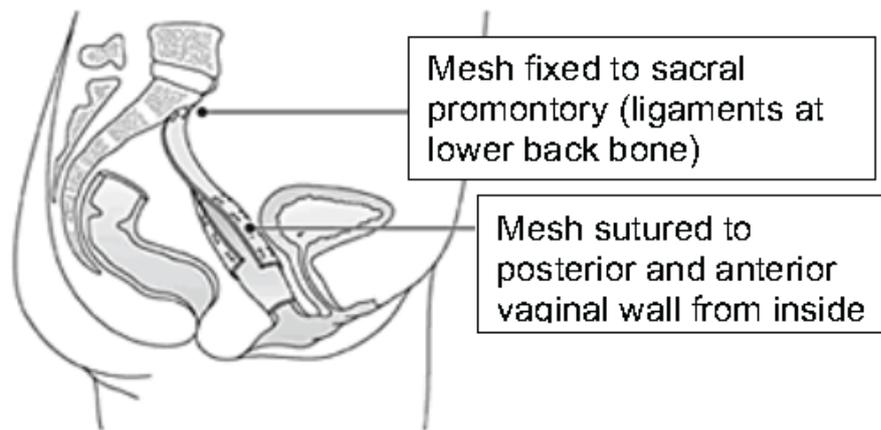
The operation is performed under general anaesthetic. You will have a drip (thin tube) in your arm, this is needed for your intravenous fluid and medicines. A catheter (a tube for urine drainage) is inserted into your bladder once you have been given the general anaesthetic and are asleep.

There will be 4 or 5 small cuts will be made on your abdomen. This is to allow an access for the camera and the instruments to go into to the abdomen. A piece of mesh is stitched along the back wall, the top and, if necessary, the front wall of the vagina.

The mesh is in turn secured to ligaments over the sacrum (lower backbone). This is to support the vagina and stop it from prolapsing [dropping] down, returning it to its correct position.

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After time your own cells will grow into the mesh, which will form a new strong ligament and will stay in the body



**Figure 1: Diagram of Sacrocolpopexy**

## After the operation

When you wake up from the anaesthetic, you will have a drip in your hand to give you fluids. The surgeon may place a vaginal pack (swabs inside the vagina) to stop any bleeding into the tissues. The vaginal pack and catheter are usually removed the day after surgery.

### Will I have pain?

Most patients will have some pain or discomfort for the first few days after surgery. You will be offered pain relief to help to reduce the discomfort. This may be by injection, tablets or suppositories.

You will be encouraged to take pain relief as being pain-free will help to recover more quickly.

Due to the anaesthetic, being in pain and strong pain relief some patients may feel nauseous (sick) after the operation. You will be offered medication to help with this.

Many women get wind pains for a few days after the operation. This can be uncomfortable but should not be long lasting. Eating, walking about and medication can help with this.

### Will I bleed?

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After the operation you may have some vaginal bleeding and you will need to wear a sanitary pad. We advise you not to use tampons. Your vaginal discharge should change to a creamy discharge over the next 2 to 3 weeks. If you have any new pain, fresh bleeding or bad smelling discharge after you go home, you should contact your GP.

**Will I have stitches?**

You have some stitches on the small incisions on your abdomen which normally dissolve 2 to 3 weeks after the operation. If you had a vaginal repair, the stitches will also be dissolvable. Threads may come away for up to 3 months which is normal.

If you need to cough your stitches will not come undone. You will be wearing a sanitary towel and coughing will hurt less if you press on your pad firmly to give support between your legs.

**When can I return to my usual routine?**

After a Sacrocolpopexy, most women stay in the hospital for approximately 2 days, but it could be longer, if necessary. When you are discharged depends on the reasons for your operation, your general health and how smoothly things go after surgery.

Recovery time varies from woman to woman. It is important to remember that everyone's experience is different, and it is therefore best not to compare your own recovery with that of others on the ward.

**Sex after the operation**

The healing usually takes about 6 to 8 weeks, so penetrative intercourse is not advised during this period. Some women find penetrative intercourse uncomfortable at first but it gets better with time and may improve if you use a lubricant, such as vaginal moisturisers or topical oestrogen cream or pessaries.

**Weight and exercise**

Reduced levels of activity and an increase in appetite may add to you putting on extra weight. It is important to continue to exercise following surgery. Cycling and swimming are equally as good.

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Information****Follow up**

A follow-up appointment will be arranged after surgery to assess your recovery. This will be either as a telephone follow up, clinic appointment or a questionnaire. The clinic appointment will be sent to you through the post.

You should contact your GP or Ward 9a if you notice any of the following:

- An increase in you temperature
- Swelling around your wound or tummy
- Pain that is getting worse
- Discharge from you wounds or vagina
- Blood in your urine
- If you are unable to open you bowel.

**Contact information**

If you have any problems or concerns after going home, please contact your GP for advice. Alternatively you can contact one of the Urogynaecology Nurse Practitioners.

**Urogynaecology Nurse Practitioner**

The Women's Centre

Gloucestershire Royal Hospital

Tel: 03004226246

Tel: 03004226278

Monday to Friday, 8:00am to 4:00pm

For out of hours emergencies please contact:

**Ward 9a**

Gloucestershire Royal Hospital

Tel: 03004226668 or

Tel: 03004226780

**Further information****Bladder & Bowel UK**

Tel: 0161 607 8219

Monday to Friday, 9:00am to 4:30pm

Email: [Bladderandboweluk@disabledliving.co.uk](mailto:Bladderandboweluk@disabledliving.co.uk)

Website: [www.bladderandboweluk.co.uk](http://www.bladderandboweluk.co.uk)

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## References

Sacrocolpopexy using mesh for vaginal vault prolapse repair.  
National Institute for Health and Clinical Excellence, June 2017

Website: <https://www.nice.org.uk/guidance/ipg583>

### **British Society of Urogynaecology**

Website: [www.bsug.org.uk/userfiles/file/patientinfo/Sacrocolpopexy%20for%20Vult%20Prolapse-%20SCP%20BSUG%20F1.pdf](http://www.bsug.org.uk/userfiles/file/patientinfo/Sacrocolpopexy%20for%20Vult%20Prolapse-%20SCP%20BSUG%20F1.pdf)

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