Gloucestershire Hospitals
NHS Foundation Trust

Patient Information

Sacrospinous fixation and pelvic floor repair

Introduction

This leaflet provides you with basic information about vaginal vault prolapse and how it is repaired with a procedure called pelvic floor repair and sacrospinous fixation. Sacrospinous fixation is a vaginal procedure performed for women who have developed vaginal vault prolapse after a hysterectomy.

What is a vaginal vault prolapse?

A prolapse is herniation (coming down) of the vaginal walls and pelvic organs from their normal positions inside the body. In severe cases it can protrude (bulge) outside the vagina.

When you have had a hysterectomy (removal of the uterus) then 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. Eventually, it may protrude out of the body through the vaginal opening, effectively turning the vagina inside out.

A vaginal vault prolapse is often accompanied by a weakness and prolapse of the walls of the vagina such as rectocele (a bulge of the back wall of the vagina) or a cystocele (prolapse of the front wall of the vagina). This will mean that further vaginal surgery is needed but will be performed at the same time.

What is sacrospinous fixation and pelvic floor repair?

Sacrospinous fixation is an operation to help correct a vaginal vault prolapse. Strong stitches are placed between the vaginal vault and ligaments at the back of the pelvis. This operation may sometimes be performed at the same time of vaginal hysterectomy.

Pelvic floor repair is an operation to help women with a prolapse of the vaginal wall (either front or back or both).

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This involves a cut in the vagina using strong stiches to strengthen the tissues on either the front wall of the vagina near the bladder or the back wall of the vagina near the rectum. With this procedure the bladder and the bowel are held in a better position.

Sometimes during the surgery a dissolvable collagen graft material may be used to give added support to the vaginal wall. This will be discussed with you by your surgeon.

What are the benefits of surgery?

The surgery will provide support to the vaginal vault and strengthen the vaginal wall. The stitch around the ligament helps to hold up the vagina and reduce your prolapse. The stitch will dissolve over several months, but in that time it will be replaced by your own scar tissue and as a result hold your vagina in place. With this operation you will notice some improvement of your prolapse symptoms. In some patients the function of the bladder and bowel may also get better.

What will happen if I decided not to have the operation?

A prolapse can affect quality of life but it is not life threatening. It is difficult to predict what will happen to your prolapse but usually it can get worse with time. You can always try alternative options such as pessaries or physiotherapy treatments before having surgery. As long as you are medically fit, you can have the operation at any stage.

You will also receive information about your admission, the operation and your hospital care. You will be given the opportunity to ask any questions that you may have.

Please take a bath or shower before you come in to the hospital for your surgery. Shaving the pubic hair is not necessary however it is advisable that you trim your pubic hair.

Before your operation you will be given a questionnaire to complete. Your answers to the questionnaire will help us to understand your symptoms and how they affect you on a daily basis.

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Six months following the surgery we will send you a further questionnaire. The results of this will be compared with the pre-operation questionnaire to see if the operation has improved your symptoms.

What happens on the day of the operation?

You will be seen by an anaesthetist and a surgeon (or a senior member of the team) who will explain what will happen during the operation. The purpose of the operation and any risks associated with the surgery will be explained to you. You will then be asked to sign a consent form if you have not already done so. You will also have an opportunity to ask any questions not covered during your appointment at the Pre-admission Clinic.

The operation is usually performed under a general anaesthetic (while you are asleep). Sometimes spinal anaesthetics or epidural anaesthetics may be used.

Spinal and epidural anesthesia are medicines that are given through an injection in or around the spine. This numbs the nerves that supply the tummy, hips, bottom and legs. Once the nerves are completely numb you will not feel any pain from an operation. You will also not be able to move your legs. This is recommended for patients with severe respiratory disease as it avoids potential respiratory risks.

You may be given antibiotics during the operation to reduce the risk of infection.

Your gynaecologist may place a pack (like a large tampon) in your vagina.

A catheter (tube) may also be placed in your bladder to help you to pass urine. The pack and catheter are usually removed the day after surgery.

You will be given anti-embolic stockings to wear. These will help to reduce the possibility of blood clots and will need to be worn throughout your hospital stay. You may also be given injections to keep your blood thin and reduce the risk of blood clots. These are normally given once a day until you go home.

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What should I do about my medication?

Let your doctor and pre-operation assessment nurse know about all the medication you take and follow their advice. This includes all blood thinning medications as well as herbal and complimentary remedies.

What are the chances of success?

This operation has been performed for many years and the initial success rate of the operation is 70 to 90 in every 100 women. You should feel more comfortable following the operation and the sensation of the prolapse (something coming down) should have gone.

Complications

The following general complications can happen after any surgery:

- **Anaesthetic problems** - With modern anaesthetics and monitoring equipment, these are very rare. The anaesthetist will discuss these with you
- **Bleeding/haematoma** - Sometimes, it is difficult to control bleeding from the veins around the ligament. It is very rare but if it does happen then you might need a blood transfusion
- **Thrombosis** – Any period of inactivity will make it more likely that you develop a blood clot in the leg (Deep Venous Thrombosis, DVT). This is a potentially dangerous condition but the risks of this happening are reduced by you wearing anti-embolic stockings. Daily injections to thin your blood will also reduce this risk.
- **Wound infection** - We will give you antibiotics during the operation to reduce the risk of infection. Despite this, some people may still develop an infection. This will usually clear with a full course of antibiotics but you may need to be stay in hospital for longer than expected

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- **Cystitis** - Sometimes you can get a burning sensation when passing urine this is usually from a bladder infection. This might happen while you are in hospital or after you have gone home. If the doctor thinks you have a bladder infection you will be advised to take a course of antibiotics to clear it. If it happens after you have gone home please contact your GP for advice

The following complications are particular problems of these kinds of operations:

- **Urinary retention/voiding difficulty** (the inability to pass urine) - If this happens, the urine can be drained using a catheter until you are able to void (pass urine) independently, usually within 24 to 48 hours. If it persists you will be taught Intermittent Self Catheterisation (ISC), a procedure where you empty your bladder using a small tube or catheter
- **Painful intercourse** - Some women have problems with sexual relations after any vaginal surgery. This is because the vagina becomes very tight. While every effort is made to stop this from happening, it is sometimes unavoidable
- **Damage to surrounding organs** - This can include damage to the bowel blood vessels. This is rare but will need a repair and can result in a longer recovery period. Damage to the bladder or ureters is very low, less than2 in every 1000 operations. Sometimes damage is not detected at the time of surgery and therefore a return to the operating theatre is needed. If the rectum is damaged a temporary colostomy may be needed but this is rare
- **Buttock pain** - about 1 in every 4 women who have sacrospinous fixation will get pain in their buttock for the first few weeks following surgery. This will get better by itself but you will be given pain relief to help. Long term buttock pain happens in around 1in every 100 patients
- **Urinary incontinence** - Unfortunately a small percentage of women develop stress incontinence after this operation. You may find that you need physiotherapy treatment or even surgery at a later date
- **Recurrence of prolapse** – If you have had a prolapse there is risk of having another one. This is due to a weakness of the vaginal tissue and means that the repair may not work

- **Pelvic pain** – which can be related to adhesions around the pelvis. Adhesions are bands of scar tissue that can make your tissues or organs inside your body stick together. They often form after you have had an operation inside your tummy (abdomen) or pelvis. Most of the time, adhesions do not cause problems, so you might not even know you have them. Others may develop chronic pelvic pain

What will happen to me after the operation?

After the operation you will be transferred to the recovery area and then to the ward. A drip (thin tube) will be inserted in to a vein in your hand to allow fluids to be given. You will also have a catheter (tube) inserted into your bladder to allow urine to drain. Sometimes the surgeon will leave a pack (like a large tampon) inside the vagina to stop any bleeding into the tissues. The drip, the pack in your vagina and the catheter are usually removed the day after the operation.

Once the catheter is removed it is important that the amount of urine you pass is measured. You will be asked to urinate into a disposable bedpan or bowl. The volume of urine will be measured. A bladder scan will then be performed to check if any urine is left in your bladder. If there is a significant amount of urine you will be taught how to do Intermittent Self Catheterization (ISC).

This is a procedure to help drain the urine by passing a small tube into your bladder.

Alternately a catheter will be inserted into your bladder this could sometimes stay in place for a few days.

You will be encouraged to get out of bed and take short walks on the first day after your operation. This will help to reduce the risk of blood clots or any other complications. You will have some pain or discomfort following the operation but we will try to reduce this by giving you pain relief either by injection, tablets or suppositories.

When can I return to my usual routine?

You should be fit enough for light activities within a month following your surgery.

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We advise you to avoid heavy lifting, heavy household chores, driving and sport for at least 6 weeks to allow the wounds to heal. Most women need 6 weeks off work. Please allow 3 months before returning completely to your normal activities.

You should wait 6 weeks before attempting sexual intercourse. You are advised to use vaginal lubricant (such as K-Y jelly®) or vaginal moisturiser (such as Sylk™ or Replens™). These are all available to buy over the counter at your chemist.

Some women may also benefit from vaginal oestrogen therapy. This can be discussed with your GP.

Contact information

If you have any problems or concerns after going home, please contact your GP for advice. If your GP is not available contact:

Urogynaecology Nurse Practitioner
Women's Centre
Gloucestershire Royal Hospital
Tel: 0300 422 6246 Tel: 0300 422 6278 (answerphone)
Monday to Friday, 8:00am to 4:00pm

Ward 9a
Gloucestershire Royal Hospital
Tel: 0300 422 6668
Tel: 0300 422 6780

Please contact Ward 9a for 'out of hours' emergencies only. We hope that you have found this leaflet helpful. If you have any further questions please feel free to ask your surgeon.

Further information

Bladder & Bowel Community
7 The Court
Holywell Business Park
Northfield Road
Southam
CV47 0FS

Tel: 01926 357220
Email: help@bladderandbowel.org
Website: www.bladderandbowel.org

Patient Information

Patient.info
Website: http://patient.info/health/genitourinary-prolapse-leaflet

British Society of Urogynaecology
27 Sussex Place
Regent's Park
London, NW1 4RG

Email: bsug@rcog.org.uk
Website: https://bsug.org.uk/pages/information-for-patients/111

International Urogynecological Association (IUGA)
Your Pelvic Floor
Website: https://www.yourpelvicfloor.org

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