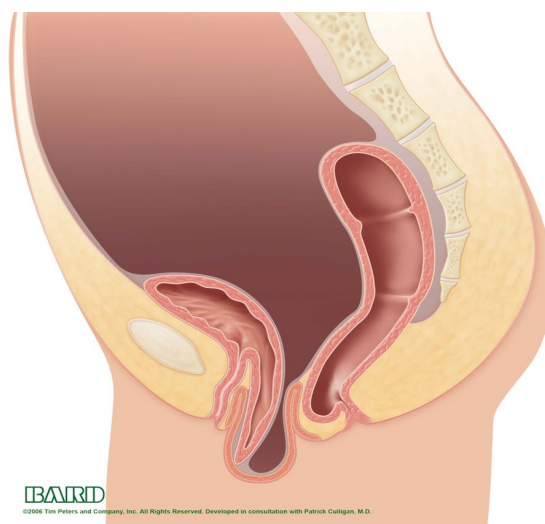


## SACROCOLPOPEXY

### Introduction

If the supports of the vagina are very weak, which can happen sometimes months or years after a hysterectomy, the top of the vagina can start to bulge or flop down.

This may be more likely if you have a bad chest, have very stubborn bowels or have a very heavy job. An extreme example is shown below.



In mild cases all you may feel is a dragging sensation when you are on your feet or towards the end of the day. In more severe cases you may feel a soft lump appearing from the vagina from time to time, if very severe a pronounced lump may be present all the time. A lump such as this may have a very unpredictable effect on your bladder; it may make it difficult to empty the bladder when going to the toilet, cause you to leak urine, or even stop you leaking.

It is important to remember that curing the bulge may cause other problems with the bladder and we need to take this into consideration. If this should happen we will discuss with you the best ways to sort these problems out.

### OPTIONS AVAILABLE

A prolapse such as this is not dangerous or life threatening but can be uncomfortable and embarrassing. Unfortunately this problem will not go away by itself and physiotherapy will not help. Usually the lump will get bigger if not treated, which is one option, other alternatives are **pessaries** and **surgery**.

If you do not want an operation, or if we feel this would be risky, we sometimes use a **shelf pessary**. These are made from hard black plastic and can look rather odd. Surprisingly they are comfortable as they are made in a variety of sizes and can be very effective.

## Information for Patients

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Once inserted into the vagina you should hardly be able to feel the pessary; it acts as a shelf or support for the prolapse to rest on. One drawback for some ladies is that sexual intercourse is not possible with one of these in place. They also need replacing by a doctor every 4 - 6 months. For some ladies however they are well worth considering.

### THE OPERATION

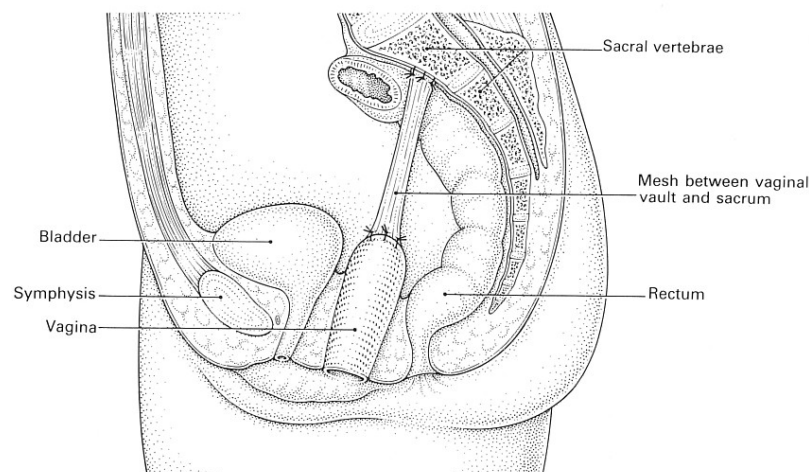
If the pessaries do not appeal to you or they do not help we would then suggest surgery. The problem in these cases is that the vagina has become detached from its supports, so any surgery would need to attach it to something firm and solid that will not give way.

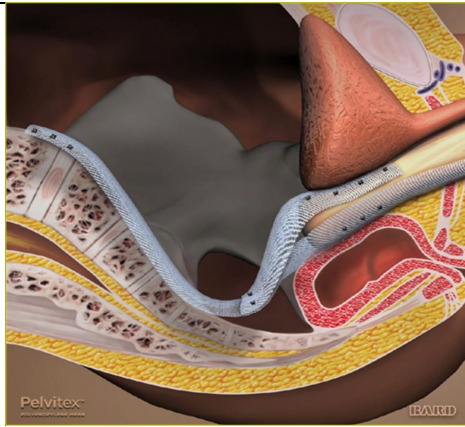
There are various ways of doing this which we will discuss with you, but the one we feel most appropriate is called a **Sacrocolpopexy**. This is done under a general anaesthetic and we would give you a suppository to empty the bowels before the operation.

The operation involves making a cut low down in the abdomen, a “bikini” line incision as for a hysterectomy or a caesarean section. We then carefully push the vagina back into its normal position and sew a piece of nylon mesh onto the top and back of it.

Once we have decided the correct length and tension required, the other end is sewn onto the sacrum, the bone at the lower part of your back at the back of the pelvis. This holds the vagina firmly in place in the correct position.

This is shown in the diagrams below. The vagina tends to concertina as the top flops down, and the mesh holds it supported and stretched out to its normal length.





Depending on the situation it may then be necessary to insert further stitches to lift up the bladder or alternatively work from below to repair the vaginal walls.

### Risks of surgery

Most women who have this operation will have already had previous surgery. This can sometimes leave the bowel or bladder stuck in an abnormal position. Because of this we may have to free the bowel or bladder to perform the operation. If this should be necessary there is a very small risk of damage during the operation, which would then need repairing at the time. There is also a very small risk of 'kinking' of the bowel which could cause a temporary blockage after the operation, or problems with the bladder. Both are treatable.

### After the operation

We would usually leave a drain and catheter in place for 24 - 48 hours and also give you antibiotics for a few days. We would suggest you wear special leg compression stockings and injections would be given to prevent clots forming in the veins of your legs. This is a routine procedure after any surgery.

The suture (stitch) in the skin will usually dissolve by itself and does not need to be removed and usually you would be allowed to go home after 4 - 5 days. Obviously everyone is different and this will depend on whether you are passing urine and feeling well. It also depends on your age, health and home circumstances. We find that patients usually recover quickly from this operation, often faster than from after a hysterectomy.

If you have some aches or numbness around the wound, these will settle; give things a little time and don't overdo things while the operation heals. At this stage it is better to take things easy and be cured, rather than to rush things and then find the operation has not been a success because you overdid things in the first few weeks.

From past experience we always try to judge the repair correctly to improve the prolapse and the bladder. Occasionally, as outlined above, bladders can behave in unpredictable ways following surgery. If this occurs we will deal with it as necessary. Rest assured this happens rarely as we always try to cover for any problems that may arise.

# Information for Patients

## WHEN YOU GO HOME

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Problems that you may notice when you get home could be, increasing redness around the wound, or signs of a urine infection (cystitis). If either of these should occur, a short course of antibiotics will help. Your GP can prescribe these. If you have any concerns after your operation you can always contact us on the numbers listed below. If we are not in the clinic leave a message and we will get back to you.

Normally women feel a little tired after operations such as this, but by the time we see you after 6 weeks you should be well on the mend and hopefully feeling that the operation has been worthwhile.

Past results suggest that this procedure will last, but we are dealing with very weak tissue (or else it wouldn't have given way to start with!) and for this reason we can never give a 100% guarantee. Rest assured however that we will do our absolute best to ensure maximum success.

<b>Good Hope Hospital</b>	<b>0121 424 9624</b>
<b>Solihull Hospital</b>	<b>0121 424 4391</b>
<b>Urogynaecology CNS Solihull</b>	<b>0121 424 5382</b>

### Our commitment to confidentiality

We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you confidential.

We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. If we need to share information that identifies you with other organisations we will ask for your consent. You can help us by pointing out any information in your records which is wrong or needs updating.

### Additional Sources of Information:

Go online and view NHS Choices website for more information about a wide range of health topics <http://www.nhs.uk/Pages/HomePage.aspx>

### You may want to visit one of our Health Information Centres located in:

- Main Entrance at Birmingham Heartlands Hospital Tel: 0121 424 2280
  - Treatment Centre at Good Hope Hospital Tel: 0121 424 9946
  - Clinic Entrance Solihull Hospital Tel: 0121 424 5616
- or contact us by email: [healthinfo.centre@heartofengland.nhs.uk](mailto:healthinfo.centre@heartofengland.nhs.uk).

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email [patientexperience@uhb.nhs.uk](mailto:patientexperience@uhb.nhs.uk).

