

- Fever
- Severe lower abdominal pain
- Heavy vaginal bleeding or an offensive vaginal discharge
- Stinging or burning sensation when you pass urine

#### Useful contacts

- Women's Health Concern [www.womens-health-london.org](http://www.womens-health-london.org)  
Helpline: 0845 123 2319
- Royal College of Obstetricians and Gynaecologists (RCOG)  
[www.rcog.org.uk](http://www.rcog.org.uk)
- Secretary to Mr. Toozs-Hobson (0121 607 4707), Mr. Parsons (0121 607 4711) or Mrs. Latthe (0121 607 6833) if you have further queries.
- Urogynaecology Dept, Birmingham Women's NHS Foundation Trust (0121 627 2756)

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Birmingham Women's   
NHS Foundation Trust

# ***Sacrospinous Fixation and Vaginal Mesh Suspension for the Repair of Vault prolapse***

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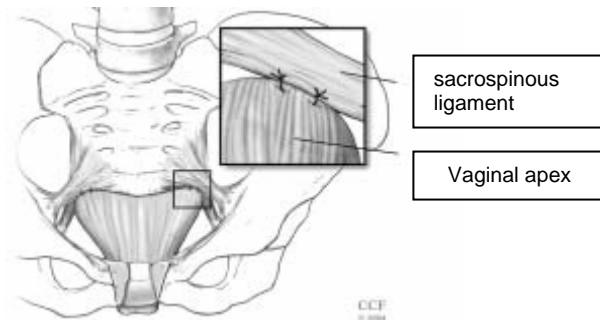
**Patient Information Leaflet**

## What is vault prolapse?

The vagina is the tube that goes from the womb to the outside and is made of muscle. It supports the bladder at the front (anterior) and the bowel at the back (posterior). The top of the vagina is called the vaginal vault. Vaginal vault prolapse can occur in 1-15% of women who have had a hysterectomy. Sometimes the front and back walls of the vagina have also collapsed (or prolapsed). If this is the case you may be advised to have a vaginal wall repair performed at the same time as the vaginal vault repair.

### Common symptoms include:

- A 'dragging' feeling or lump down below and a feeling of 'fullness'
- Frequency and/or an urgency to pass urine, and a feeling of not having completely emptied the bladder
- Constipation or straining to open the bowels and a feeling or not having emptied properly
- Pain during intercourse or a lack or reduction of sensation during sex



Please remember to check with your own insurance company that driving after a major operation does not affect your cover.

## Returning to normal

This is mostly common sense.

- Avoid heavy lifting, heavy housework and sport until you feel comfortable usually between 6 and 12 weeks.
- Light housework, cooking a small meal is acceptable.
- Ironing a little at a time, sitting down, is reasonable.
- Don't carry heavy bags or shopping or dig the garden!
- Avoid resuming sexual intercourse until after your follow up appointment.
- It is important to eat a diet that is high in fibre (fruit & vegetables) and to drink plenty of water. This will help you to avoid becoming constipated. You may also buy a mild laxative from your pharmacist.
- You will probably feel more tired than usual for a few weeks and may feel a little down. This is nothing to feel worried about and should pass with time.
- Try to get plenty of fresh air.
- Go for short walks every day.
- If anything hurts or is uncomfortable stop and rest.

**REMEMBER** - Everyone is different and so people will recover at different rates. It is difficult to put exact time limits on various stages of recovery, so listen to your body. It will soon tell you if you are doing too much, by making you feel tired. If this happens, take it easier the next day.

## Follow up

You will normally be given an appointment to be seen in the outpatient's clinic in 6-12 weeks. In the meantime please contact your GP if you experience:

### **Will I have any pain?**

There are different ways of treating pain after your surgery. This is discussed in a separate leaflet, which you will be given.

### **Will I have any bleeding?**

After your operation you may experience vaginal loss for up to 3 weeks. This is normal and should get less with time. If however the bleeding should be heavy, bright red or with clots or the vaginal discharge becomes offensive please contact either the hospital or your GP for reassurance.

### **Going home**

Although this operation does not involve a cut in your tummy you will be in hospital until you feel well enough to go home. This is usually 3 to 5 days. Stitches used will be dissolvable and do not need removing.

### **When can I return to work?**

You will require time off work following your operation; this will be at least six weeks, until you have had a check up with a doctor either at the hospital or with your GP. A sick note can be given before you go home. Please ask your nurse if you need one.

### **When will I be able to drive?**

Before driving a car you should feel capable of doing an emergency stop. After about three weeks try sitting in the car and depressing the pedals quickly - if it pulls your tummy muscles, leave it and try again in a few days. Also turning round and reversing can be a strain, so if there is any discomfort leave it a few more days.

### **What is a sacrospinous fixation?**

Sacrospinous fixation is the process of placing stitches to firmer tissue (sacrospinous ligament) within the pelvis to lift the vault prolapse back into place. It is done through the vagina, so there is no need to make a cut (wound) on the abdomen. Two slowly-absorbed stitches are placed into the pelvic ligament, which are then passed through the top of the vagina so that the vagina is pulled back into place. Dissolvable stitches are then used to close the vaginal wall.

### **What is a vaginal mesh suspension?**

Mesh suspensions are when, rather than inserting 2 stitches the surgeon passes a needle through the buttock on each side and into the top of the vagina. The needle is attached to a mesh which is then used to support the top of the vagina. The mesh is horseshoe shaped and suspends the top of the vagina in place.

### **What are the risks of these operations?**

The risks are:

- Excessive bleeding requiring blood transfusion.
- Excessive bleeding which may require a further operation to treat.
- Incisional wound complications including hernia.
- Infection which may require antibiotics.
- Injury to adjacent organs which may require further surgery.
- Venous thrombosis (DVT) which may or may not result in a pulmonary embolism (clot in the lung).
- Failure to achieve desired result.
- Pain

Specific problems with sacrospinous ligament fixation include:

- Buttock pain that may last for a few weeks and occasionally longer
- A slightly higher risk of prolapse (20%) of the front wall of the vagina
- Specific problems with the mesh repair include:
- Mesh extrusion (the mesh becoming visible in the vagina), which may cause discharge or pain
- Mesh eroding into the bowel or injury to the bowel at the time of surgery, the needles need to be passed past the rectum (lower bowel) during insertion, care is taken to avoid injury to the bowel but there is a small risk that the bowel could be injured.
- There is a small risk that the mesh could migrate or erode, in time, into the rectum requiring the mesh to be removed.

## Alternatives

Sacrocolpopexy and colpocliesis are the other alternatives and your doctor can discuss these in detail if you wish.

Not all women with prolapse symptoms opt for surgery, and because prolapse occurs at different degrees not all women need to have surgery as first line treatment. The decision to proceed with surgery is taken on an individual basis.

Other treatments include:

- Physiotherapy (Pelvic floor exercises)
- Vaginal pessary (a plastic device inserted into the vagina to hold the prolapse up) can be inserted into the vagina to help improve muscle tone.

## On Admission

On arrival you will be greeted by a member of the nursing staff who will show you around the ward and answer any questions you may have. You will see your surgeon and anaesthetist before your operation and have the chance to discuss any worries you may have.

On the morning of your operation you will be given a pair of anti-embolism stockings to wear and you will be asked to wear these until you go home, you will also have an injection of heparin in your arm or tummy every day. This is to slightly thin the blood. After all major surgery there is an increased risk of a blood clot developing in your leg (deep vein thrombosis). The stockings and injection will lower this risk.

An enema may be necessary before your operation; one of the nurses on the ward will discuss this with you when you are admitted.

A nurse from the ward will come to theatre with you and collect you following your operation.

## After your operation

- When you wake up you will be in the recovery area in theatre in your bed. A nurse will be with you.
- You will have an oxygen mask in place; this will help with your breathing and recovery.
- A drip (intravenous infusion) will be in place. This is to enable us to give you any drugs that you may need such as antibiotics and to give you fluids to stop you from becoming dehydrated.
- A catheter will be in your bladder to drain your urine away. This is removed when you have recovered well enough to have it taken out, usually one or two days.
- A gauze pack will be in the vagina; this is to help stop any bleeding. A nurse on the ward will remove this the following day.