NHS
Royal Cornwall Hospitals
NHS Trust

Sacrocolpopexy

affix patient label

What is a sacrocolpopexy?

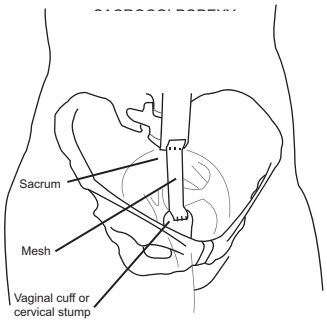
This is an operation which is used to treat a prolapse of the vaginal vault. The 'vault' is the term used for the top of the vagina after a hysterectomy has been performed. Sometimes the ligaments that support the vaginal vault become stretched and weakened. This causes the vaginal vault to drop down and become noticeable as a lump at the entrance to the vagina.

What are the benefits of this operation?

The benefits are to improve or resolve the symptoms of prolapse eg to remove the feeling of lump in your vagina.

How is the operation performed?

'Sacrocolpopexy' means connecting the vagina to the sacrum (the bone at the base of your spine). This suspension is with the help of synthetic mesh. The operation is usually performed using a keyhole approach using 4 small cuts, however in some cases an open 'bikini line' may be required.



Sacrocolpopexy

Is the operation permanent?

Although the operation is designed to be permanent, this cannot be guaranteed. There can be increased pressure in the tummy trying to push the vagina down, which may cause the mesh to become loose. This pressure is increased by heavy lifting, exercise, coughing and obesity. Women who have had a prolapse usually have weak tissues and therefore even if the vaginal vault remains well supported, a prolapse of a different part of the vagina may occur.

Are there any risks or complications?

No surgery is without risk. The following risks are associated with this surgery:

Common risks:

- Bleeding (blood transfusion is required in 5% of operations).
- Wound problems.
- Infection (tissues or mesh).
- Pain (period-like discomfort common, but often in your back and shoulders).
- Difficulty passing urine. It is occasionally necessary to have a bladder catheter for a week or two afterwards. There may be difficulty opening the bowels and laxatives may be required.
- There is up to a 30% chance of requiring further surgery for symptoms of prolapse. This can be kept to a minimum by allowing an adequate period of rest following the operation and by avoiding heavy lifting, coughing and straining to open your bowels/constipation.

Uncommon but more serious risks:

- Blood clots (in leg or lung) – the risk of these serious complications increases with age, and also if you have other significant medical problems.
- Anaesthetic problems.

- Surgical complications – eg where the instruments damage other internal organs (happens in 1 woman in every 100 procedures, with 1 woman in every 4,000 procedures dying). If internal organs are damaged (eg bladder, ureter, bowel), or there is severe bleeding we may need to perform an open operation to repair any damage (this may not be obvious until later). Rarely, this may require prolonged use of a urinary catheter or bowel surgery (colostomy).
- Inflammation of sacral bone (osteomyelitis).

Occasionally we are unable to complete the operation.

Uncommon later risks:

- Erosion of the mesh into the vagina.
- Bladder or bowel problems (irritability or leaking, bowel obstruction).
- Pain from scar adhesions or with intercourse.
- Pain or inflammation of mesh requiring removal.

Can any other operations be performed at the same time?

After the sacrocolpopexy has been performed, your vagina will be examined to make sure that the prolapse has been properly corrected. We may perform a vaginal repair operation if there is still a significant prolapse. If you leak urine when you cough or sneeze etc (stress incontinence) you may be offered additional operations such as a colposuspension (operation performed through your tummy to secure the neck of your bladder) or a urethral bulking, but this would be discussed beforehand.

The pre-operative assessment: Before your visit, we will invite you to a pre-operative clinic where you will be assessed for surgery. This may be a telephone or face to face interview. A member of the nursing staff will ask questions about your previous medical history and will arrange for some tests, such as a blood test. You may also have a chest X-ray and ECG. You will be given advice on whether or not you need to stop taking your medications on the day of the operation, and when to stop eating and drinking before your operation.

How do I prepare for my operation?

You need to have a bath or shower before you come into the hospital. Please leave any jewellery at home. If you are unable to remove any piece of jewellery, a protective tape will be placed over it.

When will I be admitted to hospital?

You will come in on the day of your operation. Please bring into hospital any tablets or medicines you may be taking.

What should I bring to hospital?

You will need to bring with you nightwear, loose day clothes, towels, sanitary towels, personal hygiene items, lip balm, tissues, slippers and loose fitting underwear. We also recommend that you bring in books, magazines to read and also a small amount of money to buy things such as a newspaper etc.

What happens before the operation?

When you arrive on the ward, you will be asked to sit in the waiting room. The nurse will call you through, check your details, help you to change into a gown and give you an identity wristband. Please remove nail varnish at home and do not wear makeup. If you wear acrylic nails please remove from both index fingers. We will do some basic checks such as pulse, temperature, blood pressure and a urine sample. You will also need to remove contact lenses, glasses and false teeth prior to going to theatre.

Visit by the surgical team: A doctor will come and see you and confirm the operation with you. If you have not already signed a consent form in the clinic, we will ask you to sign one which gives us permission to perform the operation. If you have any questions, please ask.

For improving patient care, the team will also ask you to complete a questionnaire about your symptoms. This information and procedure-related data will be entered onto our local and a national database. All personal information is confidential and not shared outside of the hospital.

Visit by the anaesthetic team: One of the anaesthetists who will be giving you anaesthetic will come and see you. Please tell the anaesthetist about any allergies, chest problems, dental treatment and any previous anaesthetics you have had, and also any anaesthetic problems within the family.

Preparation for surgery: We will give you anti-embolic stockings to help reduce the possibility of blood clots during your stay in hospital. These should be pulled up at all times and not be allowed to roll down. We may give you a pre-medication drug a few hours before your operation, which may cause drowsiness and a dry mouth. A member of staff will go with you to the operating theatre and will hand you over to the care of a member of the anaesthetic team.

To prevent thrombosis (clots in your legs), we will ask you to wear anti-embolic stockings while you are in hospital. You will also be given an injection every day of a medicine to keep your blood thin.

You should be able to walk the day after your operation and we will encourage you to shower by the second day.

What happens after the operation?

Following your operation you will be taken to the recovery room. Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. You may find you have a:

- mask supplying oxygen
- narrow tube into your vein to give you fluids
- anti-embolic stockings – to prevent clots in the legs (thrombosis). We will ask you to wear these while you are in hospital. You will also be given an injection every day of a medicine to keep your blood thin.
- a catheter (tube) draining the urine from your bladder – this is usually removed on day 1 or 2 following surgery. This may be longer if surgery for incontinence was performed at the same time. You will be encouraged to drink and pass urine. After the second void a bladder scan will be performed to ensure that you are emptying your bladder properly. If you are unable to successfully empty your bladder you may need to go home with a catheter, usually for 1 week. A small valve may be attached to the catheter for you to open every 3-4 hours, or before if you have the sensation to void. An early morning appointment will be arranged for you in the Emergency Gynaecology Unit to have the catheter removed. You will return later that day for a post void bladder scan to ensure the bladder is emptying satisfactorily. Alternatively, some patients remove the catheter at home having had instruction on the ward prior to discharge. This avoids having to attend the early visit.

Will I have any pain or discomfort?

Pain levels can vary from person to person. There are a variety of methods of pain relief that we can use so that you remain comfortable. Some patients are given a hand held device to control their pain called a patient controlled analgesia system (PCA), which enables you to give yourself appropriate levels of pain relief according to how you are feeling.

Nurses can also give injections of strong pain relief and when you start eating you will be able to take tablets. You may feel sick, especially in the first 24 hours, and various medicines are available to control this. A drip will be used to give fluid to you while you are unable to drink.

How long will I be in the hospital?

You will usually be fit to go home 1-2 days after the operation, although this may vary.

When can I resume intercourse?

To allow time for internal healing, we advise that you wait for the review in the clinic before resuming sexual intercourse. This may be around 12 weeks.

When can I drive?

Please refrain from driving for 10-12 weeks or as advised by your consultant. After that, once you are comfortable sitting in a car and able to perform an emergency stop safely without pain or discomfort, it is safe to drive.
We recommend travelling short distances initially, gradually building up to longer journeys. It is advisable to check with your insurance company regarding any restrictions.

How can I help myself?

Do:

- drink 1.5 litres of water and eat fresh fruit and vegetables, to help prevent constipation
- take regular showers (avoid baths if possible until the wounds have healed)
- light exercise – avoiding lifting, pulling or straining
- pelvic floor exercises after 4 weeks

Avoid:

- vaginal douches
- using tampons for menstrual protection until after any pain and bleeding from the operation has stopped – until this has settled use sanitary towels
- heavy lifting or any sport that involves straining your pelvic muscles
- constipation and straining to open your bowels
- coughing, where possible. Any constant cough needs prompt treatment. Please see your GP as soon as possible.

What if I have any problems?

Following your discharge from hospital, if you are unable to pass urine or have severe vaginal bleeding, abdominal distension or pain in the first week after surgery contact the gynaecology ward immediately via switchboard on 01872 250000.

Contact your GP if you have other problems such as:

- foul smelling discharge from the wound
- high fever
- pain when passing urine or blood in the urine
- difficulty opening your bowels
- pain or swelling in your legs.

When will I have a follow up appointment?

Our urogynaecology nurse specialist will contact you 2-3 weeks after surgery to check on your recovery and answer any questions or concerns you may have. You will be seen 12 weeks after the surgery in the gynaecology outpatients by the team who performed your surgery. A doctor will need to examine you. After this visit you may be able to return to work providing it does not involve heavy lifting. You may also resume sexual intercourse.

Contact us

If you have any questions or need any further information, please contact the RCHT switchboard on 01872250000 and ask for your consultant's secretary.

Urogynaecology nurse specialist

Mobile: 07824 836818

Office: 01872 252299

Further information

For further detailed information of recovery after this operation see:

www.rcog.org.uk/recoveringwell
www.bsug.org.uk/pages/information-for-patients/111

Comments or concerns

If you have a problem when in hospital that the nurses and doctors are unable to resolve, you can contact the Patient and Family Experience team who will be happy to help you.

The Patient and Family Experience team offers assistance, advice and support for patients and their families. The service can help if you have concerns or worries about treatment or care, and may also be able to provide further information about tests and procedures. They also have a library of voluntary and support agencies. Their number is 01872 253545.

Data protection

During your visit you will be asked for some personal details. This is kept confidential and used to plan your care. It will only be used by staff who need to see it because they are involved in your care and we may send details to your GP. Information about you may be used for audit purposes and shared within the NHS. Your consent is required for this which you have a legal right to refuse.

Smoking

RCHT is a no smoking hospital. If you would like help to stop smoking before you come into the hospital, there is a smoking cessation help line that you can call. Visitors must not smoke at all in the hospital or in hospital grounds.

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

Patient copy

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

NHS
Royal Cornwall Hospitals
NHS Trust

NHS number: .....
Name of patient: .....
Address: .....
Date of birth: .....
CR number: .....

AFFIX PATIENT LABEL

Sacrocolpopexy

An operation to improve or resolve the symptoms of prolapse of the vaginal vault

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits and summarised the risks, as below:

- *Improve or resolve the symptoms of prolapse of the vaginal vault.*

Significant, unavoidable or frequently occurring risks:

- *Bleeding, wound problems, infection (tissues or mesh), pain, difficulty passing urine and/or opening the bowels, 30% chance of further surgery for prolapse.*

Uncommon but more serious risks:

- *Blood clots, anaesthetic problems, surgical complications or severe bleeding requiring an open operation (happens in 1 in 100 procedures, with 1 woman in 4,000 procedures dying). Rarely prolonged use of a urinary catheter or bowel surgery is required, removal of abnormal ovaries, inflammation of sacral bone.*

Uncommon possible later issues:

- *Erosion of the mesh into vagina, bladder/bowel problems, pain from scar, mesh or with intercourse.*

Any extra procedures which may become necessary during the procedure:

- *5% risk of blood transfusion*
- *Other (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Sacrocolpopexy CHA3316 which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: ☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

.....

I have received a copy of the Consent Form and Patient Information leaflet: Sacrocolpopexy CHA3316 which forms part of this document.

Patient signature: ..... Name (PRINT): ..... Date: .....

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent.
Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: ..... Name (PRINT): ..... Date: .....

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

Important notes (tick if applicable):

☐ See advance decision to refuse treatment ☐ Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: ..... Name (PRINT): ..... Date: .....

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CHA3316 V4
Revised 02/2024 Review due 02/2027

affix patient label

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