

**Patient Information to be retained by patient**

# Colposuspension

 affix patient label
 

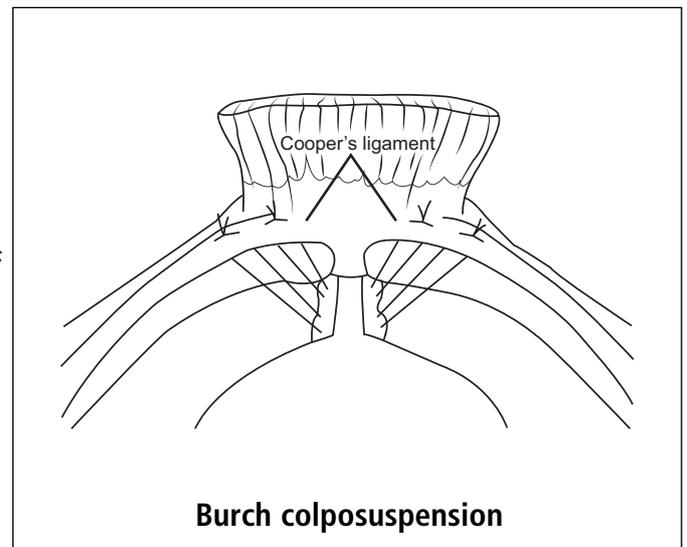
This information leaflet has been developed to help your understanding of what is involved with colposuspension.

## What is a colposuspension operation?

Colposuspension is the operation to cure stress urinary incontinence (urinary leakage due to coughing, sneezing, laughing or exercise) which is caused by weakness in the bladder neck and pelvic floor, usually as a result of pregnancy. The aim of this operation is to support the neck of your bladder within your pelvis and hold it securely in this new position. To achieve this, stitches are placed around your bladder neck in order to support the bladder neck and the urethra (water-pipe from the bladder to the outside).

## What does it involve?

1. A cut is made in the lower part of your abdomen, just below the pubic hairline.
2. Through this cut, the neck of the bladder is located and stitches are placed in the tissue on either side of the bladder neck and attached to a ligament on each side of the pelvis.
3. These stitches are tied and therefore support the bladder neck.
4. A small fine drain may be placed in the wound to remove any excess blood which may accumulate.
5. A catheter is placed in your bladder through your urethra to drain the bladder. You will have a drip in your arm, which will allow you to have fluids until you are able to drink normally.



## What are the benefits?

To help relieve symptoms of stress urinary incontinence.

## Are there any risks or complications?

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

### Common risks:

- Haematoma (blood clot underneath the skin).
- In 5% of cases haemorrhage has been noted (heavy bleeding following surgery).
- 1% of cases develop wound infection.
- 32% develop a urinary tract infection.
- In 12% of cases some damage to the bladder has been noted.
- 1% of cases experience delayed voiding (emptying of the bladder).
- 18% of cases experience an over active bladder.
- In 22% of cases the prolapse can be evident.

There is an increased need for further possible prolapse surgery.

Uncommon but more serious risks:

- The risk of DVT and pulmonary embolism is also noted in 2% of cases.

Uncommon later issues:

- Pain from scar tissue.

Please do speak to your doctor if you are unsure about anything or you have any concerns.

**Are there any alternatives?**

- **Periurethral bulking injection** – an injectable agent which creates a bulk around the urethra thereby improving symptoms of urinary leakage.
- **Autologous fascial sling** – this creates a sling underneath the urethra using a strip of your own tissue (fascia) taken from the wall of your abdomen. A referral will need to be made to a unit out of county as this surgery is not performed in Cornwall.

**Can any other operations be performed at the same time?**

If you have a prolapse of the vagina, then after the colposuspension has been performed, the vagina will be examined. We may perform a vaginal repair operation if there is still a significant prolapse. 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.

## Patient Information to be retained by patient

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 anaesthetic team.

### What happens after the operation?

Following the 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:

- mask supplying oxygen
- narrow tube into your vein to give you fluids
- sometimes a small drain is placed at the edge of the wound to remove excess blood that may accumulate
- 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. 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.

- You may be given a hand held device to control your pain. This is 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.

### How long will I stay in hospital?

You will usually be able to go home after 1 to 3 days depending on your recovery.

### When will my stitches be removed?

Usually skin stitches are absorbable and therefore do not require removal. You may feel suture material at the edges of your wound – this should dissolve over a few weeks. You may find that the edges of the scar feel numb to the touch.

**When can I drive?**

Please refrain from driving for 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.

**When can I resume intercourse?**

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

**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 wound has 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.

**Will I need any follow up?**

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.

**Will I be incontinent after the operation?**

The success rate of colposuspension is about 90-95% for a first procedure. However a small number of women (about 18%) may experience overactive bladder symptoms that may lead to incontinence – this is usually short term. Occasionally the need to have to rush to the toilet may also indicate an infection. To treat this you may need a course of antibiotics.

**What should I look out for?**

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 of the legs.

**Patient Information to be retained by patient****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](http://www.rcog.org.uk/recoveringwell)

[www.bsug.org.uk/pages/information-for-patients/111](http://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



**CONSENT FORM 1**  
**PROCEDURE SPECIFIC PATIENT AGREEMENT**

NHS number: .....

Name of patient: .....

Address: .....

Date of birth: .....

CR number: .....

AFFIX PATIENT LABEL

# Colposuspension

*An operation to cure stress urinary incontinence*

**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 urinary stress incontinence.*

**Significant, unavoidable or frequently occurring risks:**

- *Haematoma, haemorrhage, wound infection, urinary tract infection, damage to the bladder, delayed voiding, over active bladder, prolapse still evident, failure to relieve stress incontinence.*

**Uncommon but more serious risks:**

- *DVT and pulmonary embolism.*

**Uncommon possible later issues:**

- *Pain from scar tissue.*

**Any extra procedures which may become necessary during the procedure:**

- *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: Colposuspension CHA3315 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: Colposuspension CHA3315 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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