NHS
Royal Cornwall Hospitals
NHS Trust

Laparoscopic sacrohysteropexy and laparoscopic sacrocolpopexy for pelvic organ prolapse

affix patient label

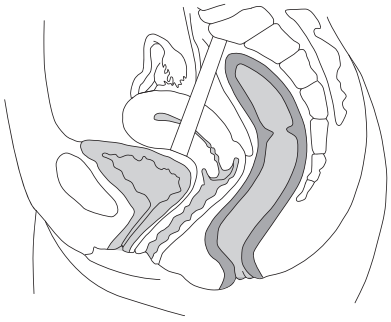
This information leaflet has been developed to help your understanding of what is involved with laparoscopic sacrohysteropexy and laparoscopic sacrocolpopexy. These are operations available to treat pelvic organ prolapse.

What is pelvic organ prolapse?

Pelvic organ prolapse is a very common condition in women worldwide. This occurs when the original support structures of the uterus (womb) or the vagina are broken away for various reasons, leading to prolapse of pelvic organs (womb, bladder, bowels, or the top/vault of the vagina if your womb has been removed).

What is a laparoscopic sacrohysteropexy?

This is an operation to treat womb prolapse by suspending your womb from your tailbone (sacrum), restoring normal anatomy.



Sacrohysteropexy

Are there any alternatives?

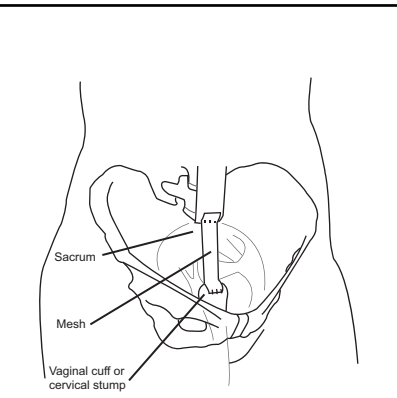
A common approach to treatment for womb prolapse is a vaginal hysterectomy, where the womb is removed, often leaving a shortened vagina. However, this may not treat the loss of support that made the womb prolapse originally. This means that there is a high risk of recurrence of prolapse after vaginal hysterectomy.

Sacrohysteropexy offers a better approach, where the womb is restored to its normal position using the support of a permanent polypropylene mesh. It is now possible to carry out such a procedure by laparoscopic (keyhole) surgery rather than a large open abdominal operation.

What does it involve?

A fibreoptic telescope is inserted through a small 'belly button' incision (cut), allowing us to look inside your pelvis, and three other small incisions are made in your abdomen, allowing access for our operating instruments.

One end of the non-absorbable mesh is attached around your womb from inside and the other end is attached to your sacrum (tailbone). The mesh is buried below your peritoneum (a thin pelvic layer) to minimise scar formation (adhesions).



Sacrocolpopexy

- In 22% of cases the prolapse is still evident.

There is an increased need for further possible prolapse surgery.

What is a laparoscopic sacrocolpopexy?

If your womb was previously removed, we attach the mesh to the front and the back of the upper end of the vagina (vault) and suspend it from the tailbone as above. This is called a laparoscopic sacrocolpopexy.

CHA3317 V4
Revised 02/2024 Review due 02/2027

Can any other operations be performed at the same time?

If there is still a clinically significant bulge of the front or back wall of the vagina after suspending the womb or vault, we can repair this vaginally during the same operation, without the use of mesh. If there is no bulge in the vaginal walls then there is no need for a vaginal repair. However in a small number of people this can develop later, so there may be a need to carry out a vaginal repair at a later date.

In some women a bladder prolapse can mask a weakness in the bladder neck and when the prolapse is repaired, the weakness becomes evident through urine leakage when you cough, sneeze or laugh (stress urinary incontinence). If this symptom occurs after surgery, this can be treated by a separate operation later.

Why do I need this operation?

Surgery is an option when:

- non-surgical methods (such as pelvic floor exercises, weight loss if applicable, pessaries etc) have been tried without significant improvement in your prolapse symptoms. Symptoms include a bulge in the vagina, a pressure or dragging sensation, prolapse related bowel or bladder symptoms or interference with sexual intercourse.
- your prolapse is affecting your quality of life.

What are the benefits?

Laparoscopic surgery avoids a large abdominal incision, leaving you with usually four small incisions. This carries a cosmetic benefit and also results in less post-operative pain and less need for pain medication, a decrease in hospitalisation (24-36 hours), and a quicker recovery (two weeks to get over the initial surgery, and a further few weeks before heavier work is undertaken).

By restoring the normal anatomy of your vagina without removing your womb, we do not shorten the vagina and therefore are possibly more successful in retaining normal sexual function.

Are there any risks or complications?

Laparoscopic sacrohysteropexy has an excellent success rate in our unit with a low complication rate. However it is a relatively new procedure so we do not have long-term (more than 10 year) follow up of patients as yet. There is wide experience of sacrocolpopexy, which has been used for a long time and is now recognised as the most effective treatment for prolapse of the vaginal vault.

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
- 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
- Difficulty opening the bowels, which may require laxatives
- 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 women in every 100 procedures, with 1 woman in every 4,000 procedures dying). If internal organs are damaged (eg bladder, ureter, bowel), or 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). If the ovaries appear abnormal, we may remove them.
- Inflammation of sacral bone (osteomyelitis).

Occasionally we are unable to complete the operation.

Uncommon later risks:

- Erosion of the mesh into the vagina, A Laparoscopic Sacrocolpopexy carries some additional risks as the mesh is placed directly under the vaginal skin. We have changed to a finer mesh in latter years and have not seen any mesh erosions and pain/discomfort during intercourse has decreased considerably (affecting around 5% of patients). The mesh is permanent and there is a possibility that it could rub on, or erode into, other structures like the bowel or bladder with time. Reports of this happening are extremely rare.
- Pain from scar adhesions or with intercourse.

Sometimes a laparoscopic approach is not possible and conversion to a laparotomy (open surgery) may be required.

The degree of success of a laparoscopic sacrohysteropexy and laparoscopic sacrocolpopexy depends on many factors. You should keep in mind that even though surgical treatment may repair your prolapse, it may or may not relieve all your symptoms.

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. You will be seen by a member of the nursing staff who will ask questions about your previous medical history and will arrange for any necessary tests. 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 usually 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 take some basic tests 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 explain the operation to 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. If you need stockings to reduce the risk of leg thrombosis these will be prescribed. For improving patient care, the team will also ask you to sign a consent form and 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.

What happens after the operation?

After 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 a:

- face mask supplying oxygen
- narrow tube into your vein to replace lost fluids – a 'drip'
- catheter tube in your bladder draining urine.

Will I have any pain or discomfort?

Most people feel their pain is completely controlled but will experience discomfort. Strong painkillers will be used at the time of surgery. When you return to the ward you may have regular tablet painkillers, or a special infusion that allows you to give boosts of painkiller (Patient Controlled Analgesia, or PCA). Ask a ward nurse to help with other pain relief if you are not coping.

You may feel sick especially in the first 24 hours and various medicines are available to control this. The 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 ready to go home the day after your operation, although this can vary and you may need to stay a little longer.

When can I resume intercourse?

Following sacrohysteropexy and sacrocolpopexy you can usually resume intercourse after 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 lots of fluids and eat fresh fruit and vegetables

Avoid:

- vaginal douches or using tampons till your review back in the clinic
- heavy lifting and sport for 10-12 weeks to allow the wounds to heal
- constipation and straining to open your bowels
- coughing, where possible. Any constant cough is to be treated promptly. Please see your GP as soon as possible.

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 should be able to return to work, avoiding any heavy lifting. You may also resume sexual intercourse.

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.

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 following surgery contact the Eden ward (gynaecology) immediately on 01872 252090.

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.

Contact us

If you have any questions or need any further information, please contact the RCHT switchboard on 01872 250000 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
https://bsug.org.uk/pages/information-for-patients/111

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

Laparoscopic sacrohysteropexy and laparoscopic sacrocolpopexy for pelvic organ prolapse

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

AFFIX PATIENT LABEL

An operation to improve or resolve a pelvic organ prolapse

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 pelvic organ prolapse.*

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 or with intercourse.*

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: Laparoscopic sacrohysteropexy and laparoscopic sacrocolpopexy for pelvic organ prolapse CHA3317 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

Laparoscopic sacrohysteropexy and laparoscopic sacrocolpopexy for pelvic organ prolapse consent

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: Laparoscopic sacrohysteropexy and laparoscopic sacrocolpopexy for pelvic organ prolapse CHA3317 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)

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