NHS
Royal Cornwall Hospitals
NHS Trust

Sacrospinous fixation

affix patient label

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

What is a sacrospinous fixation?

This is an operation to treat prolapse of the womb (uterus) and/or vagina. The aim of the operation is to attach the upper vagina and/or cervix to the sacrospinous ligament. This ligament is part of the pelvic floor.

This operation may be performed separately when the patient has already had her womb removed or with or without a hysterectomy or repair of pelvic floor if the upper part of the vagina is prolapsing.

What does it involve?

An incision is made in the upper part of the posterior (back) vaginal wall. Through this incision, the sacrospinous ligament is identified and two stitches are used to fix the upper vagina or cervix to the ligament.

This operation is usually performed together with other operations to treat prolapse. These include vaginal hysterectomy and vaginal repairs.

The operation may either be performed with you asleep under general anaesthetic or with you awake under spinal anaesthesia. This can be discussed with your anaesthetist. All stitches are dissolvable.

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 the vagina.

What are the alternatives?

- Sacrocolpopexy/sacrohysteropexy – suspending the vagina/cervix to the tailbone (sacrum) using a non-absorbable mesh.
- Colpocleisis – vaginal closure in women who are not sexually active.

Are there any risks or complications?

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

Common risks:

- Bleeding (blood transfusion may be required in 5% of operations).
- Wound problems (e.g. bruising, infection, slow healing).
- Infection.
- Pain (pain may be noted in buttocks and thigh).

Uncommon but more serious dangers:

- Blood clots (in leg or lung).
- Anaesthetic problems.
- Surgical complications (e.g. damage to other internal organs which happens in 2 women in every 100 procedures, with 1 woman in every 4,000 procedures dying). If internal organs damaged (e.g. bladder, ureter, bowel), or severe bleeding we may need to perform a bigger open operation to repair any damage (this may not be obvious until later). Rarely this may necessitate prolonged use of a urinary catheter or bowel surgery. If the ovaries appear abnormal we may remove them.

Potential later issues:

- Bladder problems (irritability, leaking or inability to empty bladder properly).
- Pain from scar tissue (especially with intercourse).
- Recurrence of prolapse or a new one develop (in up to one third).

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 some tests, such as a blood test. You may also have a chest X-ray. 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 anaesthetic team.

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:

- mask supplying oxygen
- narrow tube into your vein to replace lost fluids
- catheter (tube) draining the urine from your bladder. This is usually removed early the day after surgery. When you have passed urine twice following removal of the catheter, a bladder scan will be performed to check that you have emptied your bladder satisfactorily. In some cases it is necessary to go home with a catheter for one week. If so you will be given an appointment in the Emergency Gynaecology Unit (EGU) to attend for a trial without catheter. If appropriate, we encourage self-removal of the catheter. You will be given instruction on how to do this.

To prevent clots in the legs (thrombosis), 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 the operation. We will encourage you to shower by the second or third day

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 to 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 able to go home after two or three days.

When can I resume intercourse?

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

When can I drive?

Please refrain from driving for 6-8 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, to help prevent constipation
- take regular baths or showers
- 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.

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 outpatient clinic 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.

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 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 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

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.

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
Royal Cornwall Hospitals
NHS Trust

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

AFFIX PATIENT LABEL

Sacrospinous fixation

An operation to treat a prolapse of the womb (uterus) and/or vagina by attaching the upper vagina and/or cervix to the sacrospinous ligament.

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 (eg to remove the feeling of lump in the vagina).*

Significant, unavoidable or frequently occurring risks:

- *Bleeding, wound problems, infection (tissues or mesh), pain.*

Uncommon but more serious risks:

- *Blood clots, anaesthetic problems, surgical complications or severe bleeding requiring an open operation (happens in 2 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.*

Uncommon possible later issues:

- *Bladder problems, pain from scar tissue (especially with intercourse), recurrence of prolapse or a new one develop.*

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: Sacrospinous fixation CHA3314 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

Sacrospinous fixation 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: Sacrospinous fixation CHA3314 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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