

Laparoscopic Sacrocolpopexy for Vaginal Vault Prolapse

You have been given this leaflet as you have been advised to have sacrocolpopexy for your vaginal vault prolapse. It explains what vaginal vault prolapse is and why it has been recommended you have this operation. It also describes what will happen when you come into hospital, the potential benefits as well as the risks, recovery from the operation and what to expect when you go home.

What is a laparoscopic sacrocolpopexy?

This procedure is performed if you have developed a prolapse at the top of your vagina after a hysterectomy. This is called a vaginal vault prolapse. If you have a prolapse of vaginal walls that is high up in your vagina you can also benefit from a laparoscopic sacrocolpopexy.

A piece of mesh is stitched along the back wall, the top and, if necessary, the front wall of the vagina. The mesh is in turn secured to the ligament over the lower backbone (sacrum). The effect of this is to support the vagina and prevent it from prolapsing down, restoring it to its normal position in your body. Eventually, new connective tissue grows into the mesh, which forms a new strong ligament. The mesh will remain permanently in your body.

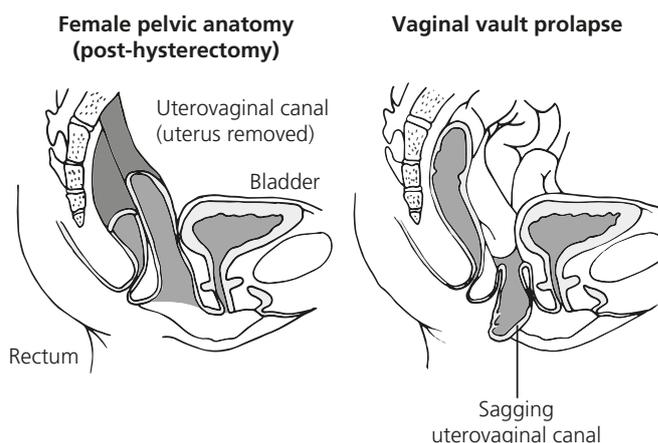
The operation is performed while you are asleep under a general anaesthetic using small cuts, called keyhole surgery (laparoscopically).

What is a vaginal vault prolapse?

When you have had a hysterectomy (removal of the uterus (womb)) then the term 'vault', is used to describe where your uterus would have been attached to the top of your vagina.

A vaginal vault prolapse is where the top of the vagina slips down into the vagina itself. Vaginal vault prolapse commonly occurs following a hysterectomy. Because the uterus provides support for the top of the vagina, this condition occurs in up to 40% of women after a hysterectomy.

In a vaginal vault prolapse, the top of the vagina gradually falls toward the vaginal opening. Eventually, the top of the vagina may protrude out of the body through the vaginal opening, effectively turning the vagina inside out.



A vaginal vault prolapse is often accompanied by a weakness and prolapse of walls of the vagina. This may cause a rectocele (a bulge of the back wall of the vagina) or a cystocele (a prolapse of the front wall of the vagina). Sometimes, vaginal surgery is also required at the same time as sacrocolpopexy procedure. Your surgeon will discuss this with you.

Conditions leading to vaginal prolapse

A prolapse is collapse of the vaginal walls away from their normal positions inside the body. Prolapse occurs over a period of time, to varying degrees, and is usually caused by damage to the supporting muscles of the pelvic floor during childbirth. Being overweight, heavy lifting, chronic constipation and a lack of hormones after the menopause can produce further weakening of these muscles, creating a prolapse. Many women will have a prolapse of some degree after childbirth; it is not unusual and unless you have symptoms you do not need to seek treatment.

If your prolapse protrudes from your vagina, you may find you have to push the bulge back inside your vagina in order to empty your bladder and help to empty your bowel. Occasionally, you may find that the bulge causes a dragging or aching sensation which can be particularly worse towards the end of the day.

There are different levels of prolapse. The symptoms can include:

- a 'dragging' feeling or lump down below and a feeling of 'vaginal fullness'
- low backache
- constipation or straining to open your bowels, and a feeling of not having emptied them properly
- discomfort or pain during intercourse.

Alternative treatments

If the prolapse (bulge) is not troubling you greatly then you do not have to choose to have surgery. If, however the prolapse is outside your vagina and exposed to the air, it can become dry and sore. Even if it is not causing any symptoms, in this situation (if you would prefer not to have surgery) we would recommend supporting it back inside the vagina with a ring or shelf pessary (see overleaf).

Pelvic floor exercises

Your pelvic floor muscles run from the coccyx at the back to your pubic bone at the front and off to the sides. These muscles support your pelvic floor organs (uterus, vagina, bladder and rectum). Any muscle in the body needs exercise to keep it strong, so that it functions properly. Pelvic floor exercises help strengthen the pelvic floor and give more support to the pelvic organs. These exercises may not get rid of the prolapse but they make you more comfortable. To help you perform these exercises correctly we can refer you to a Physiotherapist. These exercises have little or no risk and even if you need surgery at a later date they will help you feel more comfortable in the meantime.

Vaginal pessary

There are two types of vaginal pessary:

■ Ring pessary

This is a ring made of a type of plastic called PVC. It is inserted inside the vagina to push the prolapse back up. This usually gets rid of the dragging sensation and can sometimes improve bladder and bowel symptoms. It needs to be changed every 4-6 months (this can be done by your GP or Practice Nurse) and is very popular. We can show you an example of a ring pessary in clinic, please ask if you would like to see one. Some couples feel it can interfere with intercourse but other couples are not bothered by it. Ring pessaries are not suitable for every woman and do not always stay in place. If this is the case for you we will need to consider a different type of pessary, such as a shelf pessary.

■ Gelhorn pessary

This is a stronger type of pessary but cannot be used if you are sexually active. Again this needs to be changed every 4-6 months but this normally has to be done in hospital (not by your GP or Practice Nurse).

Sacrospinous fixation

This is an alternative operation that is performed vaginally without the use of mesh. The top (vault) of the vagina is opened and secured to the sacrospinous ligament within the pelvis using sutures. This avoids the risk of mesh exposure or erosion. Women can experience buttock pain

as a temporary side effect but this commonly resolves. Sometimes the vagina may be too short to be able to perform this operation particularly if you have had multiple operations in the past. In approximately 18% of women prolapse will have recurred after 2 years compared to approximately 5% in those having had a sacrocolpopexy. Please ask your surgeon if you would like to consider this operation.

The benefits of laparoscopic sacrocolpopexy

This operation has been performed for a long time and the success rate is 90%. You should feel more comfortable after the operation and the sensation of prolapse or something coming down should have gone.

Laparoscopic sacrocolpopexy only uses small cuts (incisions). This lessens damage to the surrounding organs, such as bowel and bladder. The operation can be carried out in a much shorter time and recovery afterwards is quicker.

Risks of laparoscopic sacrocolpopexy

Most operations are straightforward and without complications. However, there are risks associated with all operations. You need to be aware of these when deciding whether to have this treatment. The risks of having a laparoscopic sacrocolpopexy are shown below:

- Damage to the bladder or one of the tubes (ureters) which drain the kidneys (1 in 200).
- Very rarely, damage to the bowel (1 in 1000).
- Excessive bleeding may occur during the operation (1 in 100).
- Deep vein thrombosis (DVT). This is the formation of a blood clot in a leg vein, which occurs in about 1 in 250 women. We will give you medication and special stockings to wear to help prevent a blood clot from developing.
- Prolapse returning. If you have one prolapse, the risk of having another prolapse at some point during your life is 30%. This is because the pelvic tissues are weak.

- The mesh may wear away (erode) the surrounding tissues or cause inflammation. This is rare (2 to 5 in 100). If this happens you may need a repeat operation to trim the mesh or very rarely to remove the mesh completely.
- Infections can occur which may affect the wound, bladder or lungs, or can develop around the operation site internally. Most infections are easily treated with a course of antibiotics but others can be more severe.
- Abdominal incision (cut). Although the aim is to do the surgery through keyhole incisions (laparoscopically), sometimes this is not possible and we will have to make a larger cut on your abdomen.

Although sacrocolpopexy is a relatively safe operation and serious complications are not very common, it is still major surgery. You and your doctor must weigh up the benefits and risks of surgery, giving consideration to alternative treatments.

Anaesthetic risks - general anaesthesia

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, a person is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia.

Changes in bladder and bowel function

Laparoscopic sacrocolpopexy helps to restore the normal position of the bladder and bowel and therefore improves how well they work. However, in some women the straightening of vaginal walls when prolapse is repaired can unmask a pre-existing weakness of the bladder neck. This can lead to a new incontinence problem. Some women also experience worsening constipation following this surgery. This tends to get better over time. It is important to try to avoid being constipated after your surgery to reduce the chance of the prolapse returning.

Painful sexual intercourse

The healing after the surgery usually takes about 6 weeks. Some women find sex is uncomfortable at first, but it gets better with time. It may help if you use a lubricant such as Replens or topical oestrogen pessaries such as Vagifem. Do expect things to feel a little different; after the operation your vagina will be suspended and therefore under slight tension. Sometimes sensation during sex may be less and occasionally orgasm may be less intense.

Pre-admission clinic

Before your surgery you may be asked to come to a pre-admission clinic appointment. This is to check that you are fit and well for the operation.

A nurse practitioner or doctor will see you at this appointment. We will ask you about your general health, past medical history and any medicines that you are taking. We will organise any investigations you may need (such as blood tests, ECG (heart tracing), chest X-ray). We will tell you about your admission, the operation itself and your care before and after the operation.

You will be given information about not eating or drinking (fasting) before your operation at this appointment.

This is the time to ask any questions you may have or to raise any concerns.

Before you come into hospital

Plan ahead

When you come out of hospital you are going to need extra help at home for the first 2 weeks. Make sure your family know this too!

Smoking

If you smoke, try to stop completely. This will make your anaesthetic safer, reduce the risk of complications after the operation, and speed up the time it takes for you to recover. Perhaps this is a good opportunity to give up completely. If you are not able to stop completely, even doing so for a few days will be helpful. You will not be able to smoke while you are in hospital.

Driving

We recommend that you do not drive for 2 to 4 weeks after the procedure. You will then need to check with your doctor at your follow up appointment whether you are safe to drive. We advise checking with your insurance company that you have insurance cover if you choose to drive earlier than we recommend. It may be helpful to first sit in the car while it is parked to see if you could do an emergency stop, if needed. You must be able to comfortably and safely perform an emergency stop for your safety and that of others.

Medicines

Some medicines need to be stopped or altered before the operation. You should check this with your GP. If you have been anaemic then your GP will advise iron supplements before surgery.

On the day of surgery

You will be seen by the anaesthetist and the surgeon (or a senior member of the team). They will confirm with you the purpose of the operation, what will happen during the operation, and the risks associated with it. You will then be asked to sign a consent form, if you have not already done so. You will also have an opportunity to ask any further questions about anything you are still unsure about.

In the anaesthetic room, next to the operating theatre, a needle will be placed in your arm or wrist. It will be attached to a tube which will supply your body with fluids and medicines during and after the operation. This will stay in place until you are drinking normally after the operation. A monitor will be attached to your chest by leads before you are given the anaesthetic.

The operation

Laparoscopic sacrocolpopexy

The operation is performed under a general anaesthetic through keyhole incisions (laparoscopically).

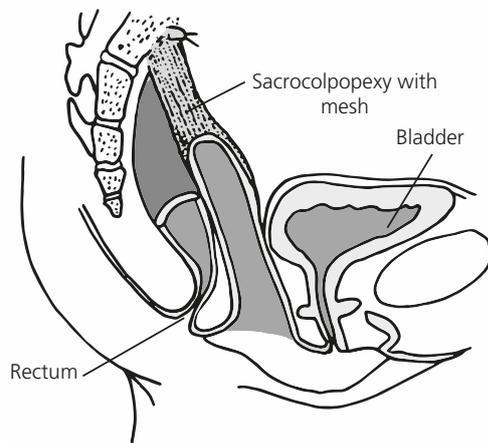
A laparoscope is a narrow telescope, it is inserted through the abdominal wall, usually using the umbilicus (tummy button) so any small

scar is invisible. A light source and a camera is connected, allowing the surgeon and assistants a magnified view of the surgery. Other special keyhole instruments such as scissors are used through 3 additional very small 5mm incisions

A piece of mesh is stitched along the back wall, the top and, if necessary, the front wall of the vagina. The mesh is in turn secured to the ligament over the lower backbone (sacrum). This supports the vagina and prevents it from prolapsing down, restoring it to its normal position within your body. Eventually, new connective tissue grows into the mesh; this forms a new strong ligament which will remain permanently in place.

All the cuts on the skin are closed with dissolvable stitches that disappear on their own after two to three weeks.

Laparoscopic sacrocolpopexy



After the operation

When you return to the ward you are likely to be very sleepy for the rest of the day. There will be a narrow tube called a catheter in your bladder (to drain away urine). The catheter is normally removed the next day.

Will I have any pain?

You are likely to experience some pain or discomfort for the first few days but we will offer you painkillers to help ease this. Please let us know as soon as you start to feel any discomfort, rather than waiting until the pain becomes worse.

In the majority of cases oral pain relief is all that is required however stronger pain relief can be

given by injection should it be required. Once you are at home simple Paracetamol and Ibuprofen should be sufficient and we suggest you ensure you have some for when you go home.

Having an anaesthetic, being in pain, and having strong painkillers can sometimes make you feel nauseous or sick. We can easily help with this by giving you anti-sickness medications as injections or tablets.

Many women get wind pains a few days after the operation, which can be uncomfortable and make your tummy look distended (swollen). This should not last long and can be relieved with medicines, eating and walking about.

Will I bleed?

After the operation you may have some vaginal bleeding. You will need to wear a sanitary pad. We advise you not to use tampons as these increase the chance of an infection developing. This blood loss should change to a creamy discharge over the next 2 to 3 weeks. If you have any new pain, fresh bleeding or bad smelling discharge after you go home, you should contact your GP.

Will I have stitches?

If you had vaginal repair as well as sacrocolpopexy, you will have vaginal stitches, which are all dissolvable. As they dissolve the threads may come away for up to three months, which is quite normal.

How will I cough?

If you need to cough, your stitches won't come undone and you won't damage the repair. You will be wearing a sanitary towel, and coughing will hurt less if you press on your pad firmly to give support between your legs.

Recovery

Recovery is a time consuming process, which can leave you feeling tired, emotionally low or tearful. Although the scars from laparoscopic (keyhole) surgery are small, this does not shorten the healing process. Your body needs time to build new cells and repair itself. Depending on the surgery you have had, you will need to take 4 to 6 weeks off work to recover.

After a sacrocolpopexy, most women stay in the hospital for approximately 1 day, but it could be longer if necessary. When you are discharged from hospital depends on the reasons for your operation, your general health and how smoothly things go after surgery. Recovery time varies from woman to woman. It is important to remember that everyone's experience is different, and it is therefore best not to compare your own recovery with that of others on the ward.

Sex after the operation

For many women, this area of their life is improved because there is no longer any discomfort during sexual activities. We advise that you avoid penetrative intercourse for about 6 weeks, until you've had your check-up.

Take your time; feel comfortable and relaxed; and don't be rushed. For the first few times you might find a lubricating gel is helpful. You can buy this from the chemist and many other shops. Talk to your husband or partner about this, as you will need extra gentleness and understanding.

Weight

The operation itself should not cause you to gain weight. Initially, because you are feeling better, are not able to be as active as usual and may have an increase in appetite, you might tend to put weight on. By paying attention to what you eat and increasing your activity level as you recover, you should be able to avoid any significant weight gain.

Exercise

It is important to continue to exercise; walking is an excellent way of doing this. Gradually increase the length of your walks, but remember to only walk the distance you can achieve comfortably. Cycling and swimming are equally as good and can be started as soon as you feel able.

Follow-up

We will see you back in clinic again approximately 6 to 8 weeks after your surgery to assess your recovery. This appointment will be sent to you through the post.

National Database

The Government have recently made it compulsory for patients undergoing mesh surgery to be entered onto a national database. As a consequence when you complete your consent form for your operation with the consultant, this will include gaining consent for the addition of your data to this database. If you have any concerns regarding this please mention this to your consultant.

Women's Health Concern

Women's Health Concern produce information leaflets about hysterectomy, prolapse, and associated health conditions.

Website: www.womens-health-concern.org

NHS Choices

NHS Choices has information about a wide range of health problems and symptoms.

Website: www.nhs.uk/Pages/HomePage.aspx

References:

1. Laparoscopic sacrocolpopexy: a prospective study of functional and anatomical outcomes Price N, Slack A and Jackson SR. *Int. Urogynaecol. J*, January 2011.
2. Sacrocolpopexy using mesh for vaginal vault prolapse repair. *National Institute for Health and Clinical Excellence, January 2011.*

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

© Royal Devon and Exeter NHS Foundation Trust

Designed by Graphics (Print & Design), RD&E