

A colposuspension is an operation to pull the neck of the bladder back to its original position and thus make you continent. It is really only appropriate for what is known as “genuine stress incontinence” which is a form of incontinence which should by this stage have been proved at your urodynamic assessment.

During the procedure, bladder is moved back into its original position and continence will be regained. The overall success rate for this operation is around 80% but this can fall to 60% by five years, particularly if you do not do your pelvic floor exercises for the rest of your life.

### Alternatives to colposuspension

Physiotherapy may be beneficial for mild cases and a tension free vaginal tape may also be appropriate, your doctor will discuss your options with you.

### Before the operation

You will be given an appointment to attend a pre assessment clinic, usually on the Friday two weeks before your operation. Your appointment will last for approximately 20-30 minutes. Please remember to let us know what medications you are taking at this appointment. The nurse will take your blood pressure and weight and a brief personal history will be taken. If necessary, a chest x-ray and ECG (electro-cardiogram) may be arranged. Blood and urine samples will also be required. The nurse will advise you regarding all the preparations necessary before going to theatre. You must have nothing to eat or drink for at least six hours before the operation.

### Risks or complications

We try to make sure that your operation is safe. This may include prescribing medication to reduce the risk of complications.

Most operations are successful with few complications however, every procedure has risks and potential complications. Those most relevant to this operation are listed below:

- **Complications of anaesthesia:** your anaesthetist will be able to discuss with you the risks of having an anaesthetic
- **Pain:** this happens with any operation. The anaesthetist will discuss pain relief with you prior to your operation. The pain team will visit you after your operation to reduce your pain and work alongside the nursing staff.
- **Bleeding:** during or after the operation. Very occasionally this requires a blood transfusion or another operation.
- **Infection in the surgical wound:** this can be treated with antibiotics.
- **Blood clots:** in the legs (thrombosis), which can occasionally move through the bloodstream to the lungs (embolus), causing breathing difficulties. An embolus can occasionally cause death. Nurses will encourage you to get out of bed soon after the operation and will give you injections to reduce the risk of blood clots.
- **Specific complications of this operation:** before you agree to have the operation your doctor will discuss with you the 5 – 10% chance of developing detrusor instability (a form of incontinence where you have to rush to the toilet) and what can be done about that. Also, the extremely small chance that if the operation is too tight or your bladder is not powerful enough to empty itself, you may need to catheterise yourself whenever you want to pass water. Please ask any questions and discuss any concerns you have with staff.

### The operation

The operation is usually done through a crossways cut in your tummy, and sutures will be placed on either side of the bladder neck to pull it up and attach it to the back of your pelvic bone. When you wake up you will have two tubes coming out of your tummy. One is a drain as there is sometimes a bit of blood loss after we have finished and this is likely to come out within 48 hours. The other is a catheter, on the third day after the operation this tube will be clamped and we will see whether you can pass water efficiently or not. If you can, the tube is removed, if not we will unclamp it and empty your bladder that way.

## Recovering

After the operation you will be transferred to the recovery room and then the ward. Most ladies are in hospital three to five days after the operation depending on how long it takes them to pass water efficiently. Thereafter, your recovery is much the same as any other major abdominal operation.

## Returning to normal activities

You should lift nothing heavier than a half full kettle for the first week at home and no heavy lifting or straining (such as vacuuming, bed-making or cleaning out the bath) for at least six weeks. Depending how strenuous your job is you can return to work two to three months after the operation and by three months can assume that the wound and the repair has achieved maximum strength and therefore get back to full normal activity. Sexual intercourse may be resumed when you feel comfortable.

You will be seen in the clinic six to eight weeks after the operation to check that all is going well.