

### What is Sacrocolpopexy?

A Sacrocolpopexy is designed to cure vaginal vault prolapse (when the uppermost part of the vagina starts to slip downwards). The highest point of the vagina is located, lifted and then attached to a ligament on the sacrum using a synthetic mesh or stitches.

### What are the benefits of surgery?

This operation is designed to restore the vagina to its normal position and function.

### Are there any alternatives to a Sacrocolpopexy?

An operation done through the vagina called a sacrospinus fixation. Sometimes pessaries can help.

### What happens before the operation?

You will be given an appointment to attend the Pre-Clerking Clinic. This is held in the Gynaecology Outpatients at Cygnet Wing the week prior to your admission. Please remember to bring a list of your medication with you to your pre-clerking appointment. Your appointment should last for approximately 20 -30 minutes.

The Nurse will take your blood pressure and assess your weight, height 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 will have nothing to eat or drink for at least 6 hours before the operation.

### What risks or complications can happen?

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.

#### General complications of any operation:

**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.

Some patients suffer from sickness following the operation; if you are feeling sick nursing staff will try and treat this using anti-sickness injection.

**Bleeding** – During of after any operation. Very occasionally this requires a blood transfusion or another operation.

**Infection in the surgical wound** – This is treated with antibiotics.

**Blood Clots** – in the legs (thrombosis), which can occasionally move thorough 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** – Adhesions in the tummy. Failure and recurrent prolapse. Infection in the mesh which will have to be removed.

### What does the operation involve?

At the beginning of the operation a cut is made in the lower part of the abdomen just below the pubic hair line, so you may be asked to shave the upper pubic area prior to the operation. Through this cut, the highest point of the vagina is located, lifted and then attached to a ligament on the sacrum using a synthetic mesh or stitches.

### How will I feel after the operation?

You are likely to feel some discomfort when you wake up from the operation. You will probably have a drip in your arm to keep you hydrated this is removed when you are able to drink normally. You will have a catheter (a small tube in your bladder) to enable you to pass urine, this is generally removed 48 hours after your operation. There may also be a drain in your wound to allow excess fluid to drain away this again is generally removed 48 hours later . Your blood pressure and pulse will also be checked regularly.

### How long will I be in hospital?

You can expect to be in hospital 3 – 4 days following your operation. This will enable the medical team to access your wound and check your bladder and bowel function is back to normal.

### Will I have to return to hospital?

You will be seen in the Gynaecology Outpatients Department six weeks after your operation where you will be examined to ensure you are fully recovered.

### What should I do when I go home?

You can gradually resume your normal household routine but do not overtire yourself. Gradually increase the exercise take beginning with short walks. Avoid heavy lifting as this may prevent healing and cause the operation to be unsuccessful.

### When can I resume intercourse?

Sexual intercourse should be avoided for six weeks after your or just before your return visit. This is because the surgery may have slightly altered the angle of the vagina and so intercourse may be uncomfortable in the first six weeks.

**When can I drive?**

You can return to driving generally after 6 weeks. This is because the abdominal wound may still be painful and tender, and it may be difficult to perform an emergency stop.

**When can I go back to work?**

Generally you should not go back to work for 6 weeks however, if you do a heavy lifting job we advise you to refrain from work for longer.