

SACROCOLPOPEXY AND SACRAL HYSTEROPEXY

Vaginal prolapse is a common condition and can cause symptoms such as a sensation of a vaginal lump, vaginal discomfort, constipation and difficulty emptying the bowel or bladder. An operation is only indicated when the prolapse is symptomatic. The majority of women will have improvement of symptoms following an operation.

Pelvic floor physiotherapy has been shown to decrease symptoms and prevent progression of vaginal prolapse. Physiotherapy is also recommended for women having surgery to support the repaired area in the long term.

Some women will be suitable to try a vaginal pessary instead of surgery. This is a device which is inserted in the consulting rooms. The pessary supports the vagina and will be changed every 4 to 6 months.

Depending on the site of the prolapse, it may be best to perform the surgery through the abdomen (stomach). The vagina or uterus is then supported by a mesh (permanent material) which is attached to the back of the tail bone (sacrum) to provide strong support. A vaginal repair may also be required at the same time.

Sacrocolpexy is more complex surgery than vaginal surgery, however it is very successful at supporting the top of the vagina or uterus. Recently there has been controversy regarding the use of mesh in gynaecology. This mainly relates to surgery for prolapse using mesh via the vagina rather than intra abdominal mesh as in the sacrocolpopexy. Both the Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG) and the Urogynaecology Society of Australasia (UGSA) support the use of mesh for this operation and this mesh is still available for use in Australia.

For UGSA patient information:
<https://www.ugsa.com.au/patient-resources/>

For patient information on prolapse surgery options:
<https://www.safetyandquality.gov.au/our-work/health-conditions-and-treatments/trans-vaginal-mesh>

What happens during surgery?

- The day prior to surgery you will need to take a bowel prep, this will clear your bowels to allow access to the surgery site. Please take this the afternoon before your surgery and then consume clear fluids only until your fasting time.
- The surgery is performed under general anaesthetic (you are completely asleep).
- The operation may require an incision on your abdomen or be performed laparoscopically (key hole surgery).
- The top of the vagina or the cervix is then anchored using the mesh (a synthetic material) to the back of the tail bone (sacrum). This provides very strong support to the vagina or uterus.
- The lining of the abdomen is then used to cover the mesh.
- A vaginal repair may also be required at the same time.
- At the end of the operation a catheter (tube in the bladder) will drain urine from the bladder and will stay in for 1-2 days.

Are there any complications?

- If you are having key hole surgery, there is a possibility that this may need to be changed to a laparotomy (large cut on the abdomen) during the operation due to complications or difficulties during the surgery. You may then require a longer hospital stay and recovery time.
- Wound complications such as haematoma, infection or incisional hernia which can occur at a later date and require further surgery.
- Damage to the bladder during the surgery which would require repair during the surgery and a catheter for approximately one week. A cystoscopy (look inside the bladder) will be performed at the end of the operation to check for any damage.
- The ureter (the tube running from the kidneys down to the bladder) could be damaged during the surgery. A cystoscopy (looking inside the bladder) will be performed at the end of the surgery to check that no damage has occurred.
- Damage to internal structures including large blood vessels and bowel. This may require further surgery and require longer hospital stay and recovery times.
- The prolapse symptoms may recur in the future and require further treatment.
- Some women experience pain with sexual intercourse or difficulty with intercourse due to scarring following the surgery. This may require further surgery.
- Functional problems, such as urinary incontinence or difficulty emptying the bowel or constipation may not resolve or could develop after prolapse surgery and need different treatment or further surgery.
- Heavy bleeding during or soon after the surgery requiring blood transfusion or return to the operating theatre.
- General risks of having an operation including the anaesthetic, pain and discomfort, infection in the surgical site or urinary tract, clots in the legs which can travel to the lungs, lung infections, stroke and heart attack.
- Whenever mesh is used, there is a small risk (about 7%) of mesh coming through the vagina at a later date. This may cause bleeding and discomfort. Further surgery may then be required.

Recovery time

Most women stay in hospital for 2-3 days. You will be allowed home once you are feeling well and once you are able to pass urine without difficulty.

It is important to rest after the operation and allow the area to heal. Generally it is recommended:

- You restrict activity for two weeks.
- After 2 weeks do light activity only.
- No driving for 2 weeks, then resume only if comfortable in the driving position.

- Avoid heavy lifting for 6 weeks, including shopping bags, washing baskets and children.
- Abstain from sexual activity for 6 weeks.
- Avoid playing sport for 6 weeks.

If you have concerns following the surgery, please phone Dr Higgs' rooms on 07 53155361 or contact Buderim Private Hospital (07 5430 3303) and ask to speak to a nurse on the surgical ward (Ward 1A or 4B).