

## **BURCH COLPOSUSPENSION**

There are various surgical options for women who have urinary stress incontinence. Most women will have improvement with pelvic floor physiotherapy. For women who continued to be troubled by their incontinence after physiotherapy, surgery may be an option.

Studies have found this operation to cure or significantly improve stress incontinence in about 85% of women.

A number of permanent stitches are placed near the neck of the bladder to the behind the pubic bone. These stitches provide support to stop urinary leakage.

This surgery may be performed with a cut on the lower abdomen or with laparoscopic (key hole) surgery.

### **What happens during surgery?**

- A full (general) anaesthetic is required.
- An incision is made in the lower abdomen or 3 small incisions in the abdomen if key hole surgery is performed.
- Permanent stitches are placed from the neck of bladder to the back of the pubic bone to provide support.
- A cystoscopy (a telescope to look inside the bladder) is performed to check for any bladder damage. If this is found the stitches are repositioned immediately.
- A catheter is placed at the end of the surgery will be left for 1-2 days.

### **Are there any complications?**

- Some women continue to have stress incontinence following the surgery (about 15%) or the stress incontinence returns at a later time.
- Damage to the bladder or bowel during the surgery which would require repair during the surgery. A cystoscopy (a telescope to 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 (a telescope to look inside the bladder) will be performed at the end of the surgery to check that no damage has occurred.
- Difficulty passing urine following surgery and the need to leave a catheter in place for a number of weeks.
- Rarely the stitches need to be removed following the surgery to allow normal urination and the incontinence may then recur.
- Symptoms of urgency incontinence (when you need to pass urine it feels very urgent and you need to rush to the toilet) may develop or worsen following the surgery and may need other treatments including long term medication.

- Rarely, if damage to bladder or bowel occurs and the repair breaks down, a fistula (hole between the vagina and bladder, or vagina and bowel) can occur. This would result in continuous leakage and require further surgery to repair.
- If you are having key hole surgery, there is a small 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.
- Wound complications such as haematoma, infection or incisional hernia at a later date requiring further surgery.
- Damage to internal structures including large blood vessels and bowel. This may require further surgery and require longer hospital stay and recovery times.
- 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.
- Because this surgery changes the position of the vagina (by bringing the bladder and vagina forward), there is an increased risk of vaginal prolapse of the back wall of the vagina in the future.

### **Recovery time**

Most women stay in hospital for 2-3 days. You will be sent home once you are feeling well.

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).**